Family Care UK Limited

Larchmere House Nursing Home

Inspection report

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14 July 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Larchmere House Nursing Home on 13 and 14 July 2017. The inspection was unannounced. Larchmere House Nursing Home provides support and accommodation for up to 33 older people with nursing needs. At the time of our inspection there were 29 people living at the service.

At the last inspection on 23 June 2015, the service was rated as Good. At this inspection, we found the service remained Good.

There was a registered manager in post who was registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had systems in place to protect people against abuse and harm. The registered provider had effective policies and procedures that gave staff guidance on how to report abuse. Staff demonstrated good knowledge of the safeguarding policy and procedures.

Risks to people's safety had been assessed and actions taken to protect people from the risk of harm. Risk assessments were personalised to people's needs and reviewed on a regular basis and when required.

Staff recruitment practices ensured that staff were safe to work with vulnerable adults. There were enough staff on duty to provide safe personalised care.

Trained competent staff managed medicines safely. There were regular audits carried out by trained staff to identify any areas for improvement and to ensure there were sufficient levels of stock.

Staff were well trained with the right skills and knowledge to provide people with the care and assistance they needed. Staff received regular supervisions and yearly appraisals.

The principles of the Mental Capacity Act 2005 (MCA) were adhered to for more complex decisions. People's mental capacity was being assessed appropriately and meetings took place to make decisions on people's behalf and in their best interests, when they were unable to do so. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the MCA.

People were assisted with their nutrition and hydration needs. Staff were completing fluid and eating charts

for those that need it. People were involved with improving the food service and menu through weekly surveys carried out by the chef.

People who were at risk of pressure sores had appropriate assessments in place that identified methods to mitigate risk. These were being followed by staff. People were being referred to health professionals when required.

People told us they were very satisfied with the care staff and the support they provided. Relatives told us they were happy with the service their loved ones received.

People and their relatives told us they were involved in the planning of their care. Care plans were being reviewed on a monthly basis by staff. There was a yearly meeting with people and relatives to discuss the care plan and any other concerns they may have.

People at the service had access to a wide range of activities that were designed for their individual needs. People told us they were very happy with the amount of activities on offer at the service.

Staff respected people's privacy and dignity at all the times. The provider had ensured that people's personal information was stored securely and access only given to those that needed it.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Outcomes of the investigations were communicated to relevant people.

The registered manager was approachable and took an active role in the day to day running of the service. Staff felt confident to approach the registered manager with any concerns they may have. The registered manager encouraged people, relatives and staff to voice their opinions of the service through regular meetings and surveys. The registered manager used effective auditing systems to identify any areas of improvement within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good	**Good**
Is the service caring? The service remains good	**Good**
Is the service responsive? The service remains good	**Good**
Is the service well-led? The service remains good.	**Good**

Larchmere House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 14 July 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The service was last inspected 23 June 2015 and was rated Good in all domains.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We focused the inspection on speaking with people who lived at Larchmere House Nursing Home, staff and relatives. We spoke to 10 people living at the service, three relatives, six care assistants, two nurses, activities coordinator, the chef, office administrator and the registered manager. We made observations of staff interactions and the general cleanliness and safety of the home. We looked at eight care plans, four medicines records, three staff files, training records and quality assurance documentation.

Good

Is the service safe?

Our findings

People living at the service told us they felt safe. One person told us, "I feel safe as there is always a quick response. Nurses and carers are always there and there is no need to panic. You can always ring your bell to talk to someone about what is worrying you." Another person told us, "The staff make me feel safe here." One relative told us, "I know she is safe because she is happy and has no worries."

People at the service were protected against potential abuse. The provider had an effective system in place to recognise, record, investigate and track safeguarding incidents. Staff received training on safeguarding and were knowledgeable about different types of abuse and to whom they could report any concerns. One member of staff told us, "We have training to identify the different types of abuse. If I had any concerns, I would report to the nurse in charge. I know I can also contact social services if needed."

People were kept safe as potential risks had been assessed and were part of their care plans. This included the risk of falls and moving and handling. Records showed that risk assessments were being updated appropriately, as people's needs changed. People's risk assessments gave staff guidance on how to mitigate any risk. For example, one person's care plan told staff how to react if the person was to have a seizure, what medicines are used, and how they work for that person. Observations showed that staff were assisting to move people appropriately around the home. Accidents and incidents were being reported by staff and fully investigated by the management team. People's care plans were being updated to reflect any change to risk following an accident or incident.

There was sufficient staff to meet people's care needs, and effective processes in place to cover leave or unexpected absence. People and relatives we spoke with told us they believed there was enough staff to meet people's needs. One person told us, "There are usually 100% staff on duty, but occasionally staff may be ill. When this happens they get others in." One relative told us, "When we visit there always seem to be enough staff, we have no concerns." One member of staff told us, "There are enough staff at all times. We work as a team so we always help each other out." The provider and registered manager had ensured that staff were recruited safely. We looked at three staff files and all had two references, two forms of identification and a Disclosure and Barring Service (DBS) check to make sure staff were suitable to work with vulnerable adults prior to working at the service.

People's medicines were being managed and administered safely by trained and competent staff. We checked people's medication administration records (MAR) and staff were accurately signing who administered them. Only staff who had completed medicine training and had been checked by management as being competent, were allowed to administer medicines. We checked a sample of medicines that had been supplied in blister packs against the MARs. The amounts remaining in the blister packs matched what was recorded as having been administered. Care plans contained information on people's allergies and an up to date list of their medicines.

Good

Is the service effective?

Our findings

People and their relatives told us staff knew people well and provided them with the care they needed. One person told us, "You cannot fault the staff they look after us very well." Another person told us, "The nurses are very good, we are lucky to have them." One relative told us, "All the staff are very good and they know my mother."

Staff had an induction that involved training in core subjects and shadowing more experienced staff members. One member of staff told us, "The induction was useful, we did the main training and spent time with experienced staff." The registered manager carried out regular reviews of new staff during the induction and probationary period. Staff were confident in their roles and told us they had the training and support they needed to meet people's needs. Staff had regular one to one meetings with their line manager. Staff were actively supported to develop in their roles or work towards promotion.

People were asked for their consent before care or treatment was provided and staff encouraged people to make decisions for themselves where possible. When staff were unsure if people were able to give their consent, the principles of the Mental Capacity Act 2005 (MCA) had been followed. Staff had a good understanding of the MCA principles. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to the local authority for those people who needed them. The registered manager had a file that was updated to identify when DoLS were authorised or when they required reviews.

People's food and fluid intake was recorded to make sure they were having sufficient calories and fluids to keep them as healthy as possible. People's weight was checked monthly to make sure that it remained stable. People who had difficulty swallowing were seen by speech and language therapists to make sure they were given the correct type of food, served at the right consistency, to reduce the risk of choking. People told us they enjoyed the food that was available to them. One person told us, "The food is very good here." One relative told us, "My wife has to have liquidised food and fortified drinks, it all looks good. I stay for Sunday lunch myself and it is very good."

People at the service were being supported by staff to attend routine health visits and were being referred to health professionals when appropriate. Care plans identified that the provider involved a wide range of external health and social care professionals in people's care. These included speech and language therapists and tissue viability nurses. People we spoke with told us they had regular appointments with their GP and were referred to their GP when required. People who were at risk of pressure sores had appropriate risk assessments in place. Where a person came to the service with a pressure sore this was clearly recorded in the care plan, included information for healthcare professionals, and gave staff guidance on how to treat the area.

Good

Is the service caring?

Our findings

People at the service told us they were very happy with the staff that worked there. One person told us, "Carers are good they help me make the right decisions on my own." One relative told us, "I think they are amazing. I am happier than I thought I would be (to have my relative here).

Staff were seen to be kind and had time to spend with people. Staff took time to engage with people and showed interest in what people had to say. When staff entered a room, they knocked and introduced themselves and took time to check how people were. When one person was supported to sit in their chair a staff member fetched a blanket and cushion to make them comfortable. One person who was unwell was reassured by staff reminding them that, "The doctor is coming to see you today." Staff also took time to ensure that the person was comfortable and if they needed anything.

People and their relatives were involved with the planning and review of their care. One person told us, "I am involved with the reviews and we have a meeting once a year." One relative told us, "I have seen my wife's care plan and they discuss any changes with me and my daughter. We have a meeting, which includes Matron, my daughter, myself and a note taker. We can say what we think." Records showed that people's care plans were reviewed on a monthly basis and yearly meetings took place with people and their families to discuss their care.

People were treated with dignity, their privacy was always maintained and they were encouraged to be as independent as possible. One person told us, "They let me do as much as possible for myself." One member of staff told us, "When I provide personal care I make sure the person is covered up, doors and curtains closed. I encourage the person to do as much as they can. For example one person can wash their face and front but needs help with their back." This was recorded in the person's care plan. People's friends and relative could visit at any time. One relative told us, "There has never been any restrictions on when we can visit." People's confidential information was being stored in secure locations that only authorised staff had access to.

Good

Is the service responsive?

Our findings

People and their relatives told us staff were responsive to their needs. One person told us, "They always ask us what we want and that is what we get." One relative told us, "They do respond to their needs. They changed my mother's flooring so that it was more suitable to her needs. This gave her more confidence in her abilities."

People had pre-admission assessments that were specific to their needs and gave staff the necessary information to provide safe and effective care. When completing a pre-admission assessment the registered manager would obtain information from the person, their relatives and other professionals involved in their care. Information from the assessment informed the person's care plan. Care plans were personalised and reflected the individualised care and support staff provided to people. Personal profiling identified information on people's history, likes, dislikes, activities and any other information that included spiritual needs. One person's care records stated how important their personal appearance was to them and it was evident from meeting them that staff supported them in ensuring this was respected. We saw that they had their nails painted and lipstick on.

People had access to a range of activities that were personalised to their needs. People were fully supported to participate in activities. During our visit people were being supported to enjoy a pub lunch, preparations were underway for a garden fair, a magic show, singers and balloon modelling had been organised and there were various outings arranged to the coast and garden centres. Staff would spend time with people on a one to one basis and spent time on different activities. Some people chose to be in the garden, which also hosts regular barbecues, music events and wine and cheese evenings. Those with spiritual needs were identified and accommodated with weekly visits from the clergy.

People were free to choose how they wanted to live their lives. People's rooms were decorated to their own tastes and included items that were personal to them. People were also involved with choices of communal areas. A recent redecoration of the communal dining room included input from people living at the service who had the final decision on the colours used. The registered manager told us, "It took a few meetings, we had all the colours up on the wall and people would vote on the one they wanted but a decision was made in the end. People could choose what they wanted to eat at the service and if there were any requests these were accommodated. One person told us, "When I was at home we were foodies. I like dishes flavoured with herbs and garlic. I used to say I did not like the fish it was frozen and dry not fresh. The chef goes to the trouble of getting me fresh fish from Hastings every week. It is wonderful she even gets me asparagus. I really have something to look forward to each week."

People and their relatives were encouraged to communicate their views on the service they received. The provider had a complaints procedure in place that was on display in the entrance hall. People and their relatives told us they knew how to complain and if they had any concerns they would tell the management. All recorded complaints were kept in a complaints file and included all investigations, outcomes and how this was communicated to the people involved.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager. One person told us, "The manager is very good. I know she will sort out any problem." One relative told us, "I know who the manager is, she is very approachable." One member of staff told us, "The manager is very supportive." Another member of staff told us, "The manager leads by example."

There was a registered manager in post who was seen to be open, transparent and encouraged a culture that was focussed on people. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. All staff we spoke to knew that they could approach any member of the management team if needed. People and relatives we spoke to told us that they knew who the registered manager was and felt happy to discuss with them any concerns they may have. The registered manager knew each person who lived in the service and was sensitive to their needs. They were able to tell us about each person's needs, their preferences and how their care was delivered. This ensured a more personalised service for people. The registered manager had ensured that all notifications required as per the Health and Social Care Act 2008 legal requirement were being made to the Care Quality Commission. All the providers' policies were up to date and these were communicated to the staff team.
It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.

The registered manager had ensured that audits were taking place to make improvements across the service in line with the provider's policy. Audits included medicine and monthly accident audit. A recent accident audit identified new protocols for un-witnessed falls and to ensure that staff are contacting safeguarding if injury occurs regardless of the severity. A recent drug audit discovered a box of paracetamol that had passed it's use by date. Actions showed that these were safely disposed of. There was a room area checklist completed that ensured that people's rooms and communal areas were kept clean and in working order. One outcome of the checklists led to new flooring in certain rooms of the home. Care plan audits ensured that people's records were up to date. We found no gaps in people's records and they were being updated monthly or when required.

The provider ensured that people, relatives and staff voices were heard through surveys and meetings. The results of the 2016 residents and relative survey had been communicated to people, their relatives and staff. Outcomes included a weekly food survey being completed by the chef so that discussions and changes could be adjusted quickly such as food portions sizes and temperature. The results of the weekly food survey were being used with menu planning. Another outcome was to improve the areas for people and their relatives to help themselves to drinks and snacks. This had been completed. Staff told us they felt that team meetings were beneficial to them and finding ways to improve the service. One suggestion implemented was a new approach to the deployment of staff.