Anne Gray Care Limited

The Larches - Tiverton

Inspection report

Canal Hill
Tiverton
Devon
EX16 4JD

Tel: 01884257355
Website: www.ccstiverton.co.uk/the-larches-residential-care-home

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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

The inspection took place on 22 November and 4 December 2017 and was unannounced on the first day. The previous inspection was held in September 2015. There were no breaches.

The Larches is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Larches provides accommodation for up to 20 people requiring personal care. At the time of the inspection there were 18 people living at the service. There was a registered manager. 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.

People using the service, their family and professionals all said that The Larches provided a caring and safe service. Medicines were managed and stored safely. We found there were some gaps in medicine administration records but none of these omissions had resulted in harm to any individual.

People were protected from abuse by staff who had been trained to identify safeguarding concerns and knew how to act on them to keep people safe. Risks relating to the care of people living at the service were assessed and appropriate measures were put in place to minimise risks to people.

There were enough staff on duty to support people's needs. Staff recruitment processes were robust and had ensured appropriate staff were employed. Staff turnover was low and staff morale was high. Staff received induction, training and the opportunity to undertake national qualifications.

The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made as appropriate.

People received care from visiting health professionals as required who expressed confidence in the service. People were offered a varied and balanced diet.

People were supported by kind, caring staff who demonstrated warmth and compassion. People and their relatives praised the staff for their caring approach. One person said, "Nothing is too much trouble."

Care plans were written to meet individual needs and in consultation with people and/or their relatives. Attention was given to specific communication needs.

People were offered a range of activities including outings for shopping and coffee. Different spiritual and

religious needs were catered for in the service. Visitors were able to come and go at any time and praised the service for the warm and welcoming atmosphere. People knew how to raise a concern and felt confident these would be acted upon.

There was a range of systems in place to monitor the quality of 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?

Good

The service was safe.

Medicines were safely managed and environmental risks were being managed.

There were enough staff on duty to ensure people's care needs were met.

There were systems in place to ensure people were protected from abuse.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed.

People were cared for by skilled and experienced staff who had regular training and support.

People were supported to eat and drink and maintain a balanced diet.

Staff and teams of healthcare professionals worked well together to deliver effective care.

Consent to care and treatment was sought in line with legislation and guidance.

Is the service caring?

Good

The service was caring.

People were treated with kindness respect and compassion.

People were actively involved in decision making about their care and treatment.

People's privacy dignity and independence was respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

People's concerns and complaints were listened to and responded to.

People were supported at the end of their life to have a comfortable pain-free death.

Is the service well-led?

Good

The service was well led.

The registered manager was quick to respond to feedback and make improvements to the quality assurance processes.

The service had a positive, person centred, open culture which achieved good outcomes for people.

People, the public and staff were engaged and involved.

The service worked well in partnership with other agencies and aspired to continuously improve.

The Larches - Tiverton

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 checked 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 22 November and 4 December 2017 and was unannounced on the first day. The inspection team consisted of one adult social care inspector and one 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. Their area of expertise was in care of the elderly and dementia care.

Information we gathered and reviewed before the inspection came from the previous inspection report and statutory notifications we had received from the service. A notification is information about important events which the service is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgement in this report.

Methods we used included talking to people using the service, their relatives and friends or other visitors. We spent time in communal areas of the home to see how people interacted with each other and the staff. This helped us make an assessment of the environment and values of the home. We spoke with six people about the care they received in the home and with five visitors. We spoke with six staff who held different roles within the home and the registered manager and two providers..

We reviewed the care files of four people in depth and others in part. We looked at a range of staff rotas, three staff recruitment files, staff training records, and medicine administration records. We also looked at records relating to the management of the service. We contacted four health and social care professionals and received feedback from two of them.

Good

Is the service safe?

Our findings

Systems were in place to manage risk and to help keep people safe but some records were not consistently complete. At the time of the inspection, there was no record to show all window restrictors were working. However, a system was put in place immediately following the inspection so windows were checked monthly by the maintenance person with a monthly audit of those checks by the registered manager.

Records were kept of a range of services undertaken by external contractors including testing the fire alarm, emergency lighting and equipment such as hoists. There was a service record to show that the lift and its alarm had been serviced. The provider sent us a certificate to show that water systems had been checked for Legionella. Legionella is a bacterium that can grow in hot water systems and can cause a serious pneumonia like illness. There were Legionella checks in place. For example, the maintenance person regularly ran taps and flushed toilets in rooms which were unoccupied. Showerheads were cleaned regularly by the cleaner.

Individual risk assessments were undertaken and stored in the care records with advice on action for staff to take to reduce the risk of harm. Where people were deemed to be at risk, pressure relieving equipment was in place and monitoring of people's skin was undertaken. People at risk of inadequate nutrition and hydration were assessed using a specific tool and monthly weight charts were kept. We spoke to family members and health care professionals about people who had low weight and were at risk of inadequate nutrition. Relatives had no concerns saying, "They do everything they can… (Name) doesn't want to eat (name) refuses food. The carer will go back and try again or offer them something different".

The service used a pressure/bruise monitoring chart for one person. These charts were not always fully completed but other records showed action had been taken. Family members we spoke to were happy that the service was taking the appropriate action in relation to risk assessments. One said "They do assessments for that (keeping people safe)."Lessons were learnt from incidents. For example, a person left the home without the knowledge of staff. The registered manager said that it had only been for a short time. Appropriate action was taken as result of this because the code to the front door was immediately changed and only staff were then given access to that code. Records relating to the person were updated. Staff were also asked to cover the keypad when entering the code. The correct legal process was also followed for gaining appropriate authorisation. This demonstrated that lessons had been learned from this incident.

Medicines were stored appropriately, for example, separate secure storage for controlled drugs and a fridge for medicines which required a low temperature. Records were kept to show when medicines were administered and that the medicine fridge temperature was checked although there were several occasions when there were gaps in these records. The service used a monitored dosage system and staff responsible for the administration of medicines had received training. We saw staff assisting people to take their medicines in a sensitive way and appropriate pace.

Lessons were learnt from a medicine error. The GP was contacted on the same day and confirmed that the person suffered no ill effects. In addition, the registered manager put a new system in place to highlight any

changes in medication by means of a separate note placed on top of the relevant MAR sheet. Staff said this had reduced errors. This action was supported by additional training for staff. This is an example of good practice, with the service learning lessons from experience and is to be commended.

People were protected from abuse by staff who had received training in safeguarding and whistleblowing. We had received no notifications of allegations of abuse in the two years since the previous inspection. Staff we spoke to understood how to identify potential abuse and how to raise a concern. People living at the service and their family members we spoke to had no concerns about their personal safety at the service. One person said "it's all right (living here)… It's so laid-back here." One relative said "You can come home of a night and know your relative is safe."

There were enough staff to support people's needs. On both days of the inspection, there were four care workers, one domestic, one cook and an activity coordinator on duty. There was also a kitchen assistant to serve tea in the afternoon .One care worker was always a senior with either a senior or manager on-call for backup. Staff told us they felt staffing levels were sufficient. Staffing levels were monitored informally using information about people's specific needs. For example, numbers of people needing two staff for support or for additional observation due to specific mental health conditions. Relatives of people living at the service were happy with staffing levels. One of them commented "The turnover of staff is minimal, they are just a big happy bunch. I can't praise them enough."

Suitable arrangements were in place to ensure the premises were kept clean and hygienic to protect people from infection. People visiting the service were very complimentary about the level of cleanliness. One of them said "they've got some really excellent cleaners here… It's always really clean…they are constantly at it, they have never had any infection control issues."

Good

Is the service effective?

Our findings

Individual care plans showed that people's needs and choices had been assessed effectively in line with current legislation and guidance. The registered manager and staff described people whose needs were changing and how they were seeking better solutions to improve outcomes. For example, a person with a degenerative neurological disease whose mobility was becoming an issue had been referred for specific medical advice. Other professionals we spoke to confirmed that people's care, treatment and support was effectively delivered. One healthcare professional said "They are always on the phone (for advice) if someone has a wound… I've not got any concerns at all."

The service ensured that staff had the relevant skills, knowledge and experience by delivering training in topics such as manual handling, food hygiene, infection control and dementia care. The majority of care staff had also undertaken national qualifications in health and social care. Records showed that training was regularly updated. Staff confirmed that they received training, regular one-to-one supervision and annual appraisals. There was a strong feeling of teamwork with more experienced staff helping newer staff. One member of staff said, "you get the help you need… I know that I've just got to ask. We are like a big family…we all get on." A different member of staff said "they were all (other staff) ever so helpful when I needed help."

We saw that people were supported to eat lunch at a relaxed pace with no sense of hurrying. There was a choice of main meal and a choice of puddings. Those people who had specific issues relating to diet had their weight closely monitored and referrals were made to specialists for advice on how to help them maintain a healthy body weight. Care staff offered alternatives when they saw someone not eating. Relatives of people who had issues with the diet confirmed that they were happy that everything possible was being done. One relative said, "(Name) doesn't want to eat, she refuses food. She shuts her mouth. The carer will go back and try again with food and drink. I feel they do everything that they can." The relative of a different person said, "Their meals are like you cook at home. There's nothing you could say wasn't perfect."

Healthcare professionals reported that the service never delayed seeking additional medical advice or guidance. One professional said, "If they (staff) have got any worries they always contact us. Any questions or queries, they're always quick to ask us." Another professional said, "Requests for visits are appropriate and timely and staff seem to be able to judge when to escalate decision making."

The service had a lift and used clear signage to help people navigate around the building. The rooms were well decorated. Photographs of people living at the service were on display in the dining room with captions of where and when the photographs had been taken. The provider told us that further redecoration was planned for the end of 2017.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that people's liberty was being restricted by means of a keypad on the front door. Care plan records showed that related assessments and decisions had been properly taken. Best interest decision meetings had been held involving people's families and other professionals. These related to specific decisions, such as installing bed rails or the giving of a strip wash rather than a shower.

The provider had followed the requirements of DoLS by submitting applications to the local authority. At the time of the inspection all but one were still awaiting authorisation. Staff confirmed that they had received training to help them understand the requirements of the Mental Capacity Act in general and the specific requirements of the DoLS. The provider had a forthcoming date in the diary for refresher training for themselves.

Good

Is the service caring?

Our findings

The service was held in high esteem by people living there and their relatives. There was an open door policy for visitors. This enabled people to receive additional support on a daily basis from friends and family. Comments from family members referred to the great care and compassion shown to their relatives. They included: "They are wonderful staff. They show so much love to the people"; "The residents are well cared for. When they handle (name) they are gentle and considered"; "They don't just look after your relative, they look after you as well";
"They (the staff) are so friendly and nice. The treat us as if we are part of the home. We can come and go as we please" and "They care for us as well (as the residents) if we get distressed. They respond to your questions."

This written feedback came from a family member: "We feel every effort is made to care for (name). (Their) life has improved significantly since (they) left (their own home) and came to The Larches. I've been very impressed with the care (name) has received."

Healthcare professionals also gave positive feedback. For example, one said, "I've not got any concerns at all… I think they are a brilliant residential home" and "I think they're very good. The residents always look happy." A second professional commented as follows, "The staff are helpful and always show a caring approach…they exhibit good skills of patient involvement and encouragement."

People living at the service were encouraged to express their views at regular residents' meetings. Care files contained evidence that people had been asked about their wishes in relation to their care, support and treatment.

Each person's care plan was prefaced with this explicit statement: "We have developed this care plan to promote a dignified and respectful approach to all wishes, choices and care needs (name)." This served as an expression of the values of the service and made dignity and respect key aspects of that service. Staff said they maintained respect for people's privacy by knocking on doors before entering and keeping doors closed when undertaking personal care. This was confirmed by people living in the service. One of them said, "Any time they come into the bedroom they would just knock on the door." Another person said, "If I need help I have to press the bell… They knock on the door." One visiting health care professional said "Patients are taken to the office for a private consultation with (us).

Good

Is the service responsive?

Our findings

Evidence in the care plans showed that the service specifically asked people about their communication needs and recorded those needs clearly in the person's file. Headings used included "how I communicate with others", "aids and equipment I use to assist with my communication" and "support I need with my communication." For example, where people required hearing aids or glasses this was noted with guidance for staff.
Notices on display in the hall were printed in extra large font so could be clearly read by people with a visual impairment. Staff were able to describe how to facilitate lip-reading by people who were hearing impaired by ensuring they faced them.

Staff had an awareness of various spiritual beliefs and religious services were held regularly at the service. One care worker said, "I've learned about other religions…it's in their care plan." They gave an example of someone living at the service who was from a different faith and so at Christmas time was offered an alternative celebration with their family.

The service used the "All about Me" booklet and it was clear that staff had read these and had knowledge of people's individual background and needs. One care worker said, "They are all different… It's nice to read up about their previous lives." Another one said, "We use it to make conversation with people."

Staff were aware of the importance of individuals being able to make their own choices. One member of staff said, "You make sure you ask people if they'd like to choose the clothes they wear." One person's relative said "(name can go to bed whenever (name) wants. Everybody is an individual. (Name) is encouraged to do things but not forced. They ask, 'would you like to…?'." One healthcare professional said of the staff, "They are responsive to individual needs and make allowances for patient choice. In return the patients seem very content."

The Service Users Guide stated that The Larches "recognises the rights of individual residents to live the lifestyle of his/her choosing, subject to reasonable adjustments." This demonstrates an awareness of human rights and equality issues.

The service employed an activity coordinator. There was a calendar of activities on the noticeboard. In the morning, three people were taken shopping and out for coffee. In the afternoon people played card games. Those who were unable to play independently had a care worker to assist them. There was much laughter and banter. People seemed very engaged in the activity.

The Statement of Purpose dated June 2016 explained the Complaints Procedure. This gave the contact details for Care Quality Commission for third tier help in resolving an individual complaint. This should have been the Local Government Ombudsman. The registered manager said this would be amended. The service had received no complaints in the previous 12 months. Minutes of meetings with people living at the service and their relatives showed that people had been asked if they had any concerns. Nothing significant had been raised.

Healthcare professionals confirmed that end of life care was done well and that the correct aids and adaptations were made to equipment and practice. One of them said, "They were turning (name) constantly." Staff working at the service were knowledgeable and proud of the quality of the end of life care. One care worker said, "I think our end of life care is impeccable. I feel we're there for them and their families."

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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 service had a range of quality monitoring systems in place to support continuous improvement. This included monthly reviews of care plans as well as a random daily check, monthly check of accident reports to identify patterns and checks on medication. The registered manager undertook spot checks on staff performance. During the inspection, we found some records relating to medicine and risk assessments were not consistently completed, while some policies had not been recently reviewed, although this had not impacted directly on people's health. The registered manager ensured lessons were learnt and was quick to make changes. For example to ensure safety checks were improved, such as recording window restrictor checks. The registered manager was in the process of updating policies where necessary.

There was a clear philosophy for the service expressed in the provider's Statement of Purpose. This stated "People who use our service are supported to retain their individuality by encouraging them in decision making and offering choices. They will be treated with dignity and respect and their rights as citizens will be maintained." This aspiration was confirmed by everyone we spoke with.

People, relatives and staff spoke highly of the registered manager. One member of staff said, "She is somebody you can definitely talk to." A family member said, "This place has a really friendly atmosphere". The service undertook an annual relatives' survey. The results for the survey done in 2017 were overwhelmingly positive. One commented, "We get a very warm welcome at every visit" and another comment was "(name) would like to thank the care staff for spending time to talk and have a laugh with (name)."

Regular staff meetings were held and minutes taken so that staff who were not able to attend could read action points. The registered manager used staff meetings as an opportunity to ensure staff were aware of their responsibilities and to discuss ways to improve performance in areas such as record-keeping. For example, it was recently decided at a staff meeting that staff would carry small notebooks to use as they moved between floors of the building. This would enable them to keep more accurate records once they returned to the office to complete paperwork.

The registered manager regularly reviewed processes and procedures and made changes to improve service delivery. For example, senior staff had been allocated the task of supervising other staff but this was not deemed effective and so the registered manager took on this task themselves.

Healthcare professionals with knowledge of the service commented favourably. When asked how well they worked in partnership with The Larches one of them said, "Very well - we are very happy with our interaction."