

Mr Stuart Gordon Pearson & Mrs Charlie Pearson Locharwoods Care Home

Inspection report

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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 visit took place on 7 September 2016 and was unannounced.

Locharwoods Care Home is situated in a residential area of Formby, located close to public transport links, leisure and shopping facilities. Larcharwoods provides accommodation and personal care for up to 18 older people. It is a two storey property which is fitted with a passenger lift. All the bedrooms are for single occupancy and most have en-suite facilities. There is a lounge, dining room, small sitting room and conservatory on the ground floor. At the time of the inspection 18 people lived at the home.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection in 03 January 2014 we found the provider was meeting the requirements of the regulations inspected.

At this inspection we found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Staff had received safeguarding adults training and understood their responsibilities to report any unsafe care.

We found recruitment checks were carried out to ensure suitable people were employed to work at the home and there were sufficient staff to meet people's needs. This was confirmed by talking with staff members and looking at records of staff recruitment.

Staff received training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs. One person who lived at the home said, "I have confidence in all the staff because they know what they are doing. I need help to get around my walking is not good and the staff know what they are doing."

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. These had been kept under review and were relevant to the care and support people required.

Care plans were in place detailing how people wished to be supported. People who received support or where appropriate their relatives were involved in decisions and consented to their care.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

During the inspection visit we observed regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. We observed the lunch time meal which was relaxed and organised. People who required support to eat their meals were supported by staff who were caring and patient. This was confirmed by talking with people who lived at the home. The cook had information about people's dietary needs and these were met. One person who lived at the home said about the quality of food, "Lovely homemade food we have good cooks."

We found people had access to healthcare professionals and their healthcare needs were met. On the day of our inspection visit one person was attending an outpatients appointment.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns. Where people had expressed concerns appropriate action had been quickly taken.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot checks, house meetings and care reviews. We found people were satisfied with the service they received.

The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

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.

The provider had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home.

Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks.

There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life.

The registered manager and staff were aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had the knowledge of the procedure to follow if applications were required to be made.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to them.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities that were on offer at the home.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Improvements were made following audits to ensure the service continued to develop and improve.

Locharwoods Care 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 visit took place on 07 September 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection visit we reviewed the information we held on Locharwoods. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also received the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service

We spoke with a range of people about the home including six people who lived at the home. In addition we also spoke with a group of five people who lived at the home in the lounge. We also spoke with two relatives, the provider, the registered manager and five staff members.

We looked at care records of three people who lived at the home, training and recruitment records of staff members and records relating to the management of the service. We also contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced living at Locharwoods.

Is the service safe?

Our findings

We spoke with people who lived at the home about the service they received from staff and if they felt safe at Locharwoods Care Home. Comments were positive from everyone we spoke with and included, "A lovely, lovely home. It is small and compact that is what makes me feel safe." Also, "To answer the question yes I feel safe and relaxed here I think it is because there are always people around you."

We had a walk around the building and found call bells were positioned in rooms close to hand. This was so people were able to summon help when they needed to. We tested the system and found staff responded quickly. This was confirmed by people who lived at the home we spoke with. One person who lived at the home said, "They come straight away for me."

When we looked at information we received we found there had been no safeguarding concerns raised with the local authority. Discussion with the registered manager confirmed they had an understanding of safeguarding procedures. We found by talking with staff they were aware of the process for reporting safeguarding concerns. One staff member said, "Yes I know what to do if I saw someone I felt was not being treated right." We confirmed by looking at records and talking with staff safeguarding training had been provided and updated when required.

Records were kept of incidents and accidents. Details of accidents looked at demonstrated action had been taken by staff following events that had happened. If an accident occurred, a form would be completed and submitted to the registered manager. They analysed the information and completed any follow up action as required. We found by looking at documentation accident information led to an action plan to minimise its reoccurrence. Any serious incidents would be reported to the relevant authorities.

We had a walk around the home and found it was clean, tidy and maintained. One person who lived at the home said, "It's spotless a lovely clean home." Equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

We looked at how the registered manager staffed the service to keep people safe. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. However at times people we spoke with felt staff were 'very busy'. One person who lived at the home said, "The staff are great and you don't have to wait for attention. Sometimes they are pushed." The registered manager told us they monitored staffing levels. If further admissions to the home meant people required extra support they would ensure more staff would be on duty. One staff member said, "At the moment I feel we are alright with staffing levels."

We looked at three care records of people who lived at the home to look how risks were identified and managed. Individualised risk assessments were carried out appropriate to people's needs. We found care records contained instruction for staff to ensure risks were minimised, these had also been reviewed on a regular basis. For example risk assessments were completed for falls, mobility and fire safety. We found in

care records of people who lived at the home staff recorded needs and plans to reduce risks and maintain people's safety.

We found the registered manager followed safe procedures to ensure suitable staff were recruited, including checks of gaps in their employment history. Records we reviewed included references and criminal record checks obtained from the Disclosure and Barring Service (DBS). Staff we spoke with confirmed the registered manager had obtained their DBS and references before they started in post. They said their recruitment and induction was extensive and thorough. One staff member said, "A very good induction that included shadowing other staff in the care home."

Staff spoken with had received mandatory moving and handling training and records we viewed confirmed this. They told us they felt competent when using moving and handling equipment. We observed staff assisting people with mobility problems. For example we observed two staff members use lifting equipment to support a person from the bedroom to the lounge. We spoke with the person about how they felt when staff supported them to move around the home and they said, "They know what they are doing and are so good at it. I feel safe and relaxed."

We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for two people following the lunchtime medication round. Records showed all morning medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and at the right time.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. For example one person who lived at the home said, "We are a small home and staff know us well because of that." Another person said, "I have confidence in all the staff because they know what they are doing. I need help to get around my walking is not good and the staff know what they are doing."

We discussed training opportunities with staff and looked at individual training records. All the staff we spoke with told us access to training was good. Also if they wished to pursue qualifications that would develop their skills and knowledge the provider and registered manager would support them. One staff member said, "[Registered manager] is great. We discussed doing further training that would result in qualifications and she said they would support me." Staff were signed up for the 'care certificate' this covers all aspects of working in a care home environment. This ensured people who lived at the home were supported by staff who had the right competencies, knowledge and skills. Another staff member we spoke with said, "The training programme is very good. They are always promoting training events."

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed she understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection.

Locharwoods had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. One staff member said, "The kitchen area is always cleaned well and as per the cleaning rota."

People who lived at the home told us they enjoyed their meals. People told us they were offered an additional alternative meal if they did not like what was on the menu. We found staff were aware of the dietary needs of people who lived at the home. For example we observed lunch and one staff member told the cook about two people's preferences in terms of food quantities. The staff member said, "We are a small home and we know [resident] and [resident] only like small portions on their plate. There is always more if they want." A person who lived at the home said, "The staff know what I like and how much I like they are very good." Menus were available on each dining table for people to choose from. On the day of our visit the lunchtime meal consisted of Gammon, roast potatoes, and fresh vegetables followed by homemade apple crumble and custard. One person who lived at the home said, "Lovely homemade food we have good cooks."

Care records of people who lived at the home contained nutritional risk assessments and support requirements to protect people from the risk of malnutrition. In addition records included fluid and food charts and any special diet requirements. This showed the management team made sure people were monitored so that any risks would be acted upon to keep people healthy.

During the day we observed regular drinks and snacks being given to people who lived at the home. At lunch time we observed lunch being served in the dining room. There were staff around to support people if they required. One person who lived at the home said, "Meal times are pleasant and not rushed the staff see to that."

Care records we looked at contained information about other healthcare services that people who lived at the home had access to. Staff had documented when individuals were supported to attend appointment or received visits from for example, GPs and district nurses. Documentation was updated to reflect the outcomes of professional health visits and appointments.

We found Locharwoods was part of the Care Home Innovation Programme (CHIP), which is cooperation between the service and the National Health Service (NHS) and the Clinical Commissioning Group (CCG). The service had access to the community matron who visited the home to undertake health checks and write prescriptions where needed. At times this helped to reduce visits from people's General Practitioner (GP) and people were seen promptly.

Is the service caring?

Our findings

We visited the home in the morning when people were having breakfast and getting ready for the day. Initial observations found people in the dining and lounge areas having their breakfast in a relaxed atmosphere. Staff were chatting to people and supporting those who required assistance with their breakfast. We spoke with one person who had their breakfast in the lounge area who said, "It's very relaxed in the morning I like to have my cup of tea and toast in the lounge and that is fine." A staff member said, "People get up when they want to there is no rush and have their breakfast when and where they choose to."

We saw a good example of staff being patient and understanding when one person was not feeling well and did not want any breakfast. We observed a staff member spent some time with them checking they were alright and talking with them. Eventually the person ate some breakfast and had a hot drink. We spoke with person who lived at the home later and they said, "It takes me a while to get going in the mornings but the staff are great and look after me so well."

Throughout the inspection visit we saw people who lived at the home please themselves how they spent their time. They were encouraged to make decisions for themselves. We observed routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge area. The home had a relaxed atmosphere.

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people in their preferred name. A person who lived at the home said, "I have to say yes everyone who works here are caring and respectful. You don't feel out of place and people treat you with patience which is what you need when you get older."

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness.

We found documentation in care records contained information about people's daily routines and any appointments for the day. These records were up to date and comprehensive. They described the daily support people received and activities they had been involved with. The records were informative and enabled us to identify how the registered manager and staff supported people with their daily routines. There was evidence in care records that people's care plans had been reviewed with them. For example care plans we looked at were signed by the person or their representative. We spoke with a relative about the care of their loved one who said, "We do go through things with [relative] and the senior staff every month or so to check on things."

Relatives visited the home during the day of our visit. They told us they were welcomed at any time and had no restrictions for visiting. One relative said, "I come often and they always welcome me no matter what time of the day."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered provider had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. The information provided helped us gain a balanced overview of what people experienced accessing the service.

Is the service responsive?

Our findings

People who lived at the home and relatives told us they felt the registered manager and staff were responsive and met their needs with an individual approach. For example one person who lived at the home said, "Anything happens and straight away they help you out. They know when I am not so good. The staff all keep a good eye on me.

We looked at care records of three people to see if their needs had been assessed and consistently met. They had been developed where possible with each person and family, identifying what support they required. There was evidence of people being involved in their own care plan. People told us they had been consulted about support that was provided for them.

Care records we looked at enabled us to identify how staff supported people with their daily routines and personal care needs. People's likes, dislikes, choices and preferences for their daily routine had been recorded. Care plans were person centred and developed around the individual who lived at the home. For example a person liked a particular brand of soap and this was documented in their care plan so that staff were aware this was their choice. A staff member said, "We treat everyone as an individual and ensure they make their own decisions as much as possible."

We talked with people who lived at the home about social events and activities that went on at Locharwoods. People who lived at the home told us they were encouraged to participate in a range of activities that had been arranged. Entertainers were arranged. However one person who lived at the home told us sometimes they were not aware the singers were on. The registered manager told us they would ensure any events would be more visibly advertised around the home. They would also make sure people knew when singers would be performing in future.

On the day of the inspection visit quizzes and games had been arranged and people were encouraged to join in if that was their choice. One person who lived at the home said, "I like to join in at times but it is entirely up to you if you want to." Another person who lived at the home said, "Bingo this afternoon however I think it has changed because most residents want to do something else which is fine by me."

We found there was a complaints procedure in place which described the investigation process and responses people could expect if they made a complaint. The complaints procedure was displayed on the notice board in the reception of the home. Staff told us if they received any complaints and people were unhappy with any aspect of their care they would pass this on to the registered manager.

Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

We spoke with people who lived at the home and relatives about the complaints process. People told us they knew how to make a complaint and who to speak to if they had any issues. One relative said, "I would

Speak with [registered manager] if I had any concerns. I have done in the past but only minor grumbles. They had been sorted out straight away. I really have nothing to complain about."

Is the service well-led?

Our findings

We found Locharwoods care home was well led by the provider and registered manager. This was evidenced by different people we spoke with that included, people who lived at the home, relatives and staff members. For example comments included, "We knew this was the right place when we came to visit, because of the welcome we received from the owner and manager." Also, a person who lived at the home said, "This is a well run home with good approachable management at the helm."

We spoke with relatives about their experiences of the service and how the management team kept them informed of their relatives care. They told us staff and registered manager were good at providing any information and updates of their relative's care.

From our observations and discussions with people we found the registered manager was part of the staff team and supported staff in caring for people who lived in the home. One staff member said, "We all help out together. [Registered manager] is very supportive, she is not just in the office the residents love her." One person who lived at the home said, "[Registered manager] is around and always available for a chat."

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care. One staff member said, "We are a small home so staff and management are all together and that's how [registered manager] likes it."

There was good visible leadership shown by the registered manager. They had a good knowledge of staff roles and responsibilities. We discussed peoples care with the registered manager. We found they demonstrated an understanding and an awareness of people's needs.

Staff and resident meetings were held on a regular basis. We confirmed this by looking at minutes taken of meetings. A recent resident meeting raised an issue with the timings of tea time meals and people wanted to change the time to later on in the evening. This had been suggested by a number of people who lived at the home and now the registered manager was looking implement a change in the time. A person who lived at the home told us they had discussed this at one of their meetings and were pleased the registered manager was acting upon it. Another person who lived at the home said, "They are useful these meetings and the manager does listen as in the case of meal times."

The registered manager had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people who lived at the home and their relatives. For example relatives had sent 'compliment' cards to the registered manager. One comment read, 'We would like to say how grateful we are for the loving care you gave [relative]. What a fortunate Saturday it was 12 months ago when we walked into Locharwoods. We knew immediately this was the place for [relative].'

Locharwoods management team worked in partnership with other organisations to make sure they followed current practice and provided a good quality service. For example they were part of the Care Home

Innovation Programme (CHIP), which is cooperation between the service, the National Health Service (NHS) and the Clinical Commissioning Group (CCG). The service had been issued with a telemedicine webcam which enabled them to speak directly with healthcare professionals including doctors at a telemedicine hub. This meant the service received help, advice and support as soon as there was an issue. The system reduced unnecessary visits to the local hospitals accident and emergency unit. One staff member said, "It is a very good system and reduces the time which helps."

The registered manager had auditing systems to assess quality assurance and the maintenance of people's wellbeing. We found regular audits had been completed by the registered manager and provider. These included medication, care records, accidents and incidents and the environment. Any issues found on audits were quickly acted upon and lessons learnt to improve the care the service provided.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.