

# Larchwood Care Homes (South) Limited

## Mundy House

### 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

Mundy House 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.

Mundy House provides care and support for up to 58 people, some of whom may be living with dementia. At the time of our inspection, 51 people were using the service. The service is set over two floors in the local community.

At the last inspection, the service was Good. At this inspection, the service remained Good.

A registered manager had been in post for a number of years. 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 was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. There were systems in place to minimise the risk of infection. People's medicines were dispensed by staff who had received training and were competent to do so.

The service was effective. People were cared for and supported by staff who were well trained and understood how to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People had access to a balanced diet and were supported to eat and drink in a safe way. Referrals to other health professionals were made when required. The environment was appropriately designed and adapted to meet people's needs.

The service was caring. People were cared for by staff who were kind and compassionate towards them. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. Care plans were reviewed on a regular basis, and people and their relatives were involved in the planning and review of their care. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner. People were provided with the appropriate care and support at the end of their life.

The service was well-led. The service had systems in place to monitor and provide good care. These were reviewed on a regular basis. Staff, people and their relatives spoke very highly of the registered manager. The registered manager had good links with the local community and looked at ways they could participate in activities that promoted good practice.

## 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 remained good.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service remained good.

# Mundy House

## **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 the 3 July and was unannounced. The inspection team consisted of one inspectors, a specialist adviser and an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

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 reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. Where feedback has been received, we have included this within our report.

During the inspection, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection, we spoke with 12 people, six relatives, the registered manager, the operations manager, five care staff and three health care professionals. We reviewed six care files, five staff recruitment files, audits and policies held at the service.

# Is the service safe?

## Our findings

At our last inspection, this key area was rated good. At this inspection, this remained good. Everyone we spoke with said they felt safe and well cared for. One person said, "I do feel safe because everyone helps." Another person said, "Absolutely. I am completely safe here." And, "I feel safe. This is the best place." And another said, "I just look at it as if it's my home."

Comprehensive risk assessments were in place and provided detailed information to staff. Risk assessments covered areas important to people and aimed to protect people from harm. Risk assessments and management plans were regularly reviewed with the involvement of relevant professionals. Staff had a good working knowledge of risk assessments and measures to be taken to keep people safe.

We observed that there were enough staff on duty to meet people's needs. We saw that staff were not rushed and assisted people in a timely and unhurried way. People said there were enough staff to meet their care needs. One person said, "In my opinion. There are ample staff, there is always someone around."

We observed staff responding to call bells quickly. When asked, one person said, "You don't have to wait that long really. About five minutes, and when they come, they are very helpful." Another person said, "I haven't had a problem with this. They seem to be quick at everything," And another person told us, "I haven't had to wait. They come pretty fast."

Staff knew about the different types of abuse to look for and what action to take when abuse was suspected. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management to poor practice.

Relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by the manager.

People were given their medicine in the right way and at the right time. Medicines were stored securely and in line with the provider's policy. Protocols were in place identifying how people preferred to take their medicines. Some people were prescribed medicines to be given 'as required'. These were to be administered when people needed them for medical emergencies, pain relief or to reduce anxiety. We saw clear guidelines were in place for staff to follow to determine when and how these medicines should be offered to people. Staff had received training in administering medicines and had their competence assessed regularly. This meant they remained competent to provide people with their medicines in a safe way. One relative said, "It's always done efficiently as far as I can see. People get their medicine the same time every day."

People were safe in the service because there were arrangements in place to manage and maintain the

premises and the equipment, both internally, and externally. We saw that health and safety, maintenance, emergency procedures, fire drills, accidents and incidents occurrences were recorded.

Records of any accidents and incidents were completed and kept, along with the details of the necessary action taken. The registered manager retained an oversight of what was going on in the service, and considered what happened before, during and after the incident or accident. They used this information to consider, what preventative measures could be taken to reduce the risk of reoccurrence. We saw the manager regularly reviewed these to identify any themes or trends.

Mundy House was an older style care home, and on the day of the inspection we found it was clean and maintained. People had access to appropriate space and the garden and outdoor area was in good condition and could be easily accessed. People's rooms were personalised with their belongings and furniture.

Staff had access to the equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had policies relating to the prevention and control of infection and staff had been given training in food hygiene. Cleaning materials were stored securely to ensure the safety of people.

# Is the service effective?

## Our findings

At our last inspection, this key area was rated good. At this inspection, this remained good.

People told us they were supported by competent staff. Typical comments were, "The staff are competent and kind." And, "They all seem to know what they're doing. They are very good." And, "They know what they are doing. I have so much confidence in them."

Staff were provided with the training they needed to carry out their role in an effective way. The registered manager supported staff to carry out on line and face to face training. They also sourced training from other health professionals such as the local authority, and nurses.

New staff told us they had been given a full induction to the service which included completing shadow shifts to get to know people and the routines of the service. One staff member said, "The induction was good. It gave me enough information to understand what I needed to do." One person said, "I can't fault them [the staff.] Even the new staff aren't left to get on with it. They're taken under the wing of a senior. They work in unison." A relative said, "All of them [the staff] know what they are doing. Even the less experienced ones know what they are doing."

Staff told us that they had regular staff meetings and supervision with the registered manager and the deputy manager to discuss the running of the service, and their performance. The registered manager also completed appraisals on staff and asked for their feedback so they could assess their own performance. One staff member said, "The meetings are good. We can feedback what we want and we are listened to. We are encouraged to make suggestions."

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. The registered manager contacted advocates to support people who had DoLS in place to ensure their rights were protected.

People were very complimentary about the food. Everyone had positive comments to make about the quality of the food. We observed a lunchtime meal and saw people were given choice over what they wanted to eat, and where they wanted to sit. Throughout the day we saw snacks and drinks being made available for people to have. One person said, "They give you two things. It might be shepherd's pie and curry. You can have an alternative if you want, like ham and egg." Another person said, "There is a variation



of menus. It's very good, the chef will put his hand to anything."

Staff carried out nutritional assessments on people to ensure they were receiving a balanced diet and stayed well hydrated. Recently the staff had focused on increasing fluids, and tried out different ways of doing this. For example, the registered manager had appointed a hydration champion, that could access additional training. This person had introduced ideas to encourage people to drink more. They had made suggestions like increasing people to eat more jelly and using different flavours and colours to encourage people to drink more. Staff also monitored people's weight for signs of loss or gains and made referrals where appropriate to the GP for dietitian input.

People were supported to access suitable healthcare provision. The service had good links with other healthcare professionals such as, district nurses, mental health team and GPs. Each week there was a visiting GP who attended the service to review people's healthcare needs and meet new people at the service for health assessments.

People were supported with hospital appointments and could access health care when they needed to. We spoke with three visiting health professionals who told us that staff were very good at identifying issues and carrying out their instructions. One person said, "If I needed to see a doctor or a dentist. I just tell the staff, and they arrange an appointment for me. It's very efficient. It's done very quickly."

People were happy and satisfied with the environment. The décor of the accommodation was traditional, it was clean, and odour free. Feedback given from one of the commissioners of the service said, "We found the home environment was well looked after, and there were no odours. The person's room was well maintained with new curtains and it had a homely atmosphere."

## Is the service caring?

### Our findings

At our last inspection, this key area was rated good. At this inspection, this remained good.

People said the staff were caring. One person said, "The staff are very kind and they're concerned." Another person said, "You can talk to them about anything at all." Another explained, "The staff get to know you and your family. It's very good. I can't fault them. They don't just stand and watch. They come and ask if you need anything."

We saw people being treated in a caring, compassionate and respectful way by staff. Staff were friendly, sensitive and discreet. They clearly knew people well and respected them. We saw that staff understood how to speak with people taking it at their pace. One relative said, "It's the way they talk to them. They don't talk down to them."

During the inspection, we saw that whilst the staff were busy, they delivered care in a compassionate and personal way. We observed a number of positive interactions and saw how these contributed towards people's wellbeing. For example, we saw staff spending the time to talk with people and could see that good relationships had been developed. One relative said, "The staff speak to [name] in such a nice way."

Staff told us it was important to help people to keep in touch with their families and friends. People who did not have any direct involvement from family members were supported to access advocacy services.

The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person and ensure the needs of the person were met.

People were treated with dignity and respect. We observed staff knocking on people's doors and seeking permission before they entered people's rooms. Staff told us what they did to make sure people's privacy and dignity was maintained. This included keeping people's doors closed whilst they received care, telling them what personal care they were providing and explaining what they were doing throughout.

Staff carefully and sensitively sought people's views. This was achieved by observation of people's reactions and where possible discussion with keyworkers and by carrying out regular care plan reviews which had been clearly recorded.

People's care records included an assessment of their needs in relation to equality and diversity and we saw the registered manager had looked at ways to meet people's cultural and religious needs.

## Is the service responsive?

### Our findings

At our last inspection, this key area was rated good. At this inspection, this remained good.

The service was flexible and responded to people's needs. Each person had detailed care plans in place that identified how their assessed needs were to be met. There was detailed information available for staff to understand people's background, hobbies and interests and likes and dislikes. When people had a specific communication need this had been considered and suitable arrangements put in place.

We observed, and people told us that they received care from staff who were responsive to their needs. One person explained, "I like my own room because it's like living in your own flat. The shower is next to my bedroom so I can have one when I want. I like to freshen up after lunch and I am helped to do this." Another person explained, "I have done all the gardens myself. The registered manager finds the money for me to get any materials I need. It keeps me going."

People and their relatives were actively involved in planning their care. Before people were admitted to the service the registered manager completed a full pre-admission assessment to ensure people's needs could be met. We saw that care plans were detailed and tailored to each individual's care and support needs.

Care plans included detailed assessments, which took into account people's physical, mental, emotional and social needs. Care plans were regularly reviewed and updated so that staff had all the details they needed to support people. Relevant health and social care professionals were involved when required and professionals told us their advice was listened to and acted on by staff.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We recommend that the provider considers what additional support people may need.

People were supported and encouraged to follow their interests. People took part in activities and were supported to access the local community. One person spoke with us whilst they waited for transport to take them to play chess. They said, "No one in here was good enough to play me. So, [name of registered manager] has arranged for me to go out and play chess. It keeps my mind ticking over."

People told us there were entertainers that came into the service, and that karaoke was a regular feature. On the day of the inspection, karaoke was taking place in one of the lounges and we saw people joining in to sing, and some people danced. We saw this contributed to people's wellbeing, we saw people enjoying themselves. A wide range of activities were in place and on offer to people. The activities coordinator told us how important it was to motivate and stimulate people and ensure they got as many opportunities, which could enrich their lives. We saw many photographs of people taking part in activities, which helped remind them of the things they had done and share their experiences with their families and friends.

The registered manager had a complaints process in place that was accessible and all complaints had been dealt with effectively. People said if they had any concerns or complaints they would raise these with the registered manager. However, people told us they generally did not have any complaints about the service.

The deputy manager told us that if people were at the end of their life they could support them at the service. Staff had received training in end of life care and worked closely with other health professionals to support people at the end of their life.

Detailed information surrounding people's preferences at the end of their life was recorded and clear guidance was available for staff. Some care plans had information about decisions people had made on hospitalisation, and where appropriate, a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) was in place. A DNACPR is a way of recording the decision a person, or others on their behalf had made that they were not to be resuscitated in the event of a sudden cardiac collapse.

## Is the service well-led?

### Our findings

At our last inspection, this key area was rated good. At this inspection, this remained good.

Staff spoke positively about the registered manager and described them as open and approachable. The registered manager had worked for the provider for a number of years and knew the service well. They dealt with our queries at the inspection in a professional, responsive and knowledgeable way.

The registered manager understood the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and understood when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.

Quality assurance systems were in place to identify areas for improvement. The registered manager had completed audits, which looked at a number of key areas. Surveys had been undertaken to gain the views of people, their relatives and health or social care professionals. We noted, positive feedback had been received.

Staff told us that the registered manager respected and valued their involvement and feedback. The registered manager was consistently described by staff as, knowledgeable, supportive and helpful. The registered manager had an emphasis on wellbeing and the retention of staff.

Staff told us that they had regular staff meetings which were conducted in an honest way. These meetings included learning sections, so that the staff team could learn when had gone and celebrate achievements.

Staff at all levels of the organisation were encouraged to uphold the service's values, and staff told us these were to always empower others and be supportive and honest. There was an open and transparent culture. People, staff and families were asked for their feedback through surveys and care reviews.

In addition to the registered manager having good systems for auditing the quality of the service, they worked very closely with the regional manager, who supported them and helped to provide a thorough oversight of these processes. This information was fed into regular reports about the service, this also looked at any risks. Objective feedback was given with recommendations for improvements. When recommendations had been made, we could see that the registered manager was working to achieve these.

The governance team carried out their own inspections of the quality of the service. This included a review of people's care, to find out their views about what improvements could be made. People had completed a satisfaction survey and positive comments were received.

Accidents and incidents were appropriately reported by the service and a framework to monitor the number of complaints and safeguarding alerts was in place. The manager investigated any accidents or incidents and looked at ways they could learn from such events. When the provider became aware that someone was dissatisfied with the service, an apology was issued.

A copy of the most recent inspection report from the CQC was on display at the service. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessment of the provider's performance.

The registered manager worked in partnership with other agencies and health professionals. Before the inspection, we asked for feedback from the local authorities and one London borough. Positive feedback was received from the commissioners. The local authority told us, "Mundy House has been a very proactive home. The registered manager is undertaking a great deal of analysis and looking at ways they can reduce falls and UTI's."