

Larchwood Care Homes (South) Limited

Nayland 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

Nayland House is owned by Larchwood Care Homes (South) Limited. It provides accommodation and personal care and support for up to 54 people, at the time of our inspection there were 49 people living in the service. The service is supporting a range of people's needs, including older people and people living with dementia. Nursing care is not provided at Nayland House. 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.

At our last inspection, in November 2016 we rated the service Requires improvement in all key questions apart from Caring, which we rated as Good. Which meant the overall rating for this service was requires improvement. At this comprehensive inspection, which we carried out on 27 September 2018 we found evidence that the service had made the necessary improvements for us to rate the service as Good in all key questions.

During that last inspection we found evidence that improvements were needed to ensure staff were consistently monitoring for any potential risks during care delivery that could impact on people's welfare. Also, although staff received training they did not always put it into practice. We found shortfalls in staff's knowledge of supporting people living with dementia.

We also believed that improvements were needed to ensure all people had access to stimulating occupation or activities, which met their individual needs. During our previous inspection we found that systems were in place for assessing and monitoring the quality of the service that people received. However, implemented changes and improvements were not always being effectively embedded in practice to drive continuous improvements.

During this inspection people living in this service told us that they felt safe and very well cared for. There were systems in place which provided guidance for care staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe. Risk assessments were in place to identify how the risks to people were minimised. There were sufficient numbers of trained and well supported staff to keep people safe and to meet their needs. Where people required assistance to take their medicines there were arrangements in place to provide this support.

Both the registered manager and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager knew how to make a referral if required. Meaning that people living in the home were still being 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.

People's needs were assessed and the service continued to support people to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and to have access to healthcare services.

We saw many examples of caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff continued to protect people's privacy and dignity.

People received care that was personalised and responsive to their needs. The service listened to people's experiences, concerns and complaints. Staff took steps to investigate complaints and to make any changes needed. People were supported at the end of their lives to have a comfortable, dignified and pain free death.

The registered manager told us that they were well supported by the organisation. The people using the service and the staff they managed told us that the registered manager was open, supportive and had good management skills. There were still good systems in place to monitor the quality of service the organisation offered people to ensure it continued to meet their needs.

Further information is in the detailed findings below

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.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were completed to make sure people were safe.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good ●

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly.

Good ●

Nayland 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 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 was a comprehensive inspection and was carried on 27 September 2018 and this visit was unannounced. The inspection team consisted of two inspectors and an assistant inspector.

Before our 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During our inspection we spoke with eight people, two visitors and observed care to help us understand people experiences. We also spoke with the registered manager, the deputy manager, four care staff and two senior care staff. We reviewed six care files, four staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

During our last inspection of Nayland House in November 2016 we rated this key question Requires improvement, during this inspection we found people were protected from harm and risks, staffing numbers consistent in meeting people's needs and we rated this key question as Good.

People told us that they felt safe living at the service. One person told us, "I'm safe, no one bothers me and the [staff] are there to help."

We saw that systems were in place to ensure up to date safeguarding information was effectively communicated to staff. Staff told us they continued to complete training, understood the responsibilities of safeguarding and were familiar with the provider's and the local authority's safeguarding policies. When concerns were raised the registered manager notified the local safeguarding authority in line with their policies and procedures and followed them up to learn lessons and make improvements when things went wrong.

During our previous inspection we found that Improvements were needed to ensure staff were consistently monitoring for any potential risks during care delivery that could impact on people's welfare. During this inspection, risks to the service and individuals were well managed,

There were comprehensive risk assessments in place for people. These set out control measures to reduce the risk. The service was proactive in ensuring that these control measures did not restrict people's independence. For example, the risk of being hurt if they fell, we saw there was guidance for staff on what support people required to reduce the risk involved without impinging on people's independence, enabling people to continue to make decisions and choices for themselves.

Records showed us that people who had been assessed as being at risk of not getting enough to eat to keep themselves healthy were receiving the care they needed to prevent deterioration and to eat a healthy diet.

We noticed that a stained glass window on a staircase, not often used by people, had a weak spot due to its age. We also noticed that some of the wardrobes, that had been attached to the walls to keep them from falling over had worked loose. After these concerns were discussed with the registered manager, they were made safe immediately by the maintenance person and we were assured that relevant checks would be added to the health and safety checks to make sure that such faults were identified quickly.

The registered manager calculated how many staff were required to support people. People we spoke with told us that there were enough staff on duty to support them. One person said, "The staff are around, there are busy times but they are there when you need them." One person's friend told us, "I sometimes have to wait for a short while for someone to come and let me in, but [my friend] gets the help they need."

We viewed the rotas in place and saw that safe levels of staffing had continued to be maintained and that they were planned well in advance. We saw that the staff team worked well together and ensured people's

needs were met appropriately. We noted that people's call bells were responded to promptly, people received their meals in a timely fashion and people's requests for assistance were responded to without undue delay, showing that the service continued to ensure there were suitable numbers of staff on duty to meet people's needs.

We saw that there was a policy and procedures in place for the safe recruitment of staff. The files showed that this procedure had been followed including disclosure and barring service (DBS) checks on staff and the attainment of references. This meant that the service continued to check staff's good character and suitability to work with the people who used the service.

Medicines were safely managed. Staff underwent regular training and had their competencies checked. Storage was secure and stock balances were well managed. Records were comprehensive and well kept. Staff were able to tell us about medicines and their side effects and those medicines that were time critical when they were to be administered to keep people well. Staff were observed administering medicines appropriately and told us they were confident that people received medicines as they were intended.

The service was clean and hygienic. Staff were trained in infection control and food hygiene, those we spoke with understood their roles and responsibilities in relation to infection control and hygiene. The service was kept clean and had achieved the rating of five in their latest food hygiene inspection, which is the highest rating awarded. There were systems in place to reduce the risks of cross infection. All the bathrooms and toilets had liquid soap and hand sanitiser and disposable paper towels for people to use. There were gloves and aprons around the service that staff could use to limit the risks of cross contamination. We saw that staff used the disposable gloves and aprons while preparing to support people with their personal care.

People received care in a manner that minimised the risk of a recurrence of any accidents or incidents. Staff reported and maintained accurate records of incidents, such as injuries and falls. The registered manager monitored and reviewed incidents to identify any trends. Staff had sufficient guidance to reduce the risk of a repeat of accidents as documented in people's care plans.

Is the service effective?

Our findings

During our last inspection in November 2016, we rated this key question Requires Improvement, during this inspection we found staff had the skill, experience and support they needed to meet people's needs effectively. People continued to have freedom of choice and were supported with their dietary and health needs. The rating on this occasion was Good.

Detailed assessments were carried out for people before they moved into the home. We saw that these formed the basis of people's ongoing care plans, which helped ensure that staff could meet people's individual holistic needs effectively and without discrimination.

Assistive technology was used within the service to support people in their everyday life to make life easier or to help keep them safe. For example, for some people who were at risk of falling because they were unsteady on their feet, monitors were in place to immediately alert staff when they got out of bed and may need assistance.

People had access to Wi-Fi throughout the service so they could use their electronic devices. People were supported to stay in contact with their friends and relatives by e-mail and video conferencing.

During our last inspection in November 2016 we found that, although staff received training, they did not always put it into practice. We had found shortfalls in staff's knowledge of supporting people living with dementia. During this inspection staff told us that they had the training and support they needed to carry out their role effectively and staff demonstrated they were aware of risks to people and took steps to keep people safe. Records demonstrated that staff received appropriate supervision and appraisals. The supervision sessions were focused around developing the skills and knowledge of the staff team. In these sessions staff were offered the opportunity to request training and discuss career progression.

People we spoke with and their relatives, responded positively as to whether they felt staff were well-trained. For example, one person told us, "[The staff], know what to do and how to help me." Our observations also confirmed that staff were competent when using equipment such as hoists, when transferring people from one place to another. One person's relative said, "The staff help [my relative] to get up and washed and dressed. They need more time than others, but the staff always see that [they are] clean and well dressed."

We found that people were supported to have sufficient amounts to eat and drink to maintain a balanced diet. Lunchtime was a relaxed and sociable occasion. People told us they enjoyed their meals and said they always had enough to eat and drink. People also said they were involved in discussions and decisions regarding the menus and could choose what they wanted. If people did not want one of the main menu options, they were able to choose something completely different.

One person told us, "I get plenty to eat and the food is well cooked." Another person said, "I enjoy my, there are a lot of pies though."

We saw that there were sufficient staff to support and attend to people's requirements as needed and we saw that appropriate input and guidance was sought from dietary and nutritional specialists to help ensure people remained healthy and well.

People continued to be well supported to maintain good health. People had regular access to relevant healthcare professionals and detailed records were maintained regarding who had visited and any action taken. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. The doctor visited the service weekly.

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff continued to demonstrate they understood MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently based on their ability. We saw that mental capacity assessments had been completed appropriately for people who appeared to lack capacity to make certain decisions for themselves. We also saw that best interest decisions were carried out with relevant people and DoLS were applied for when deemed necessary.

Is the service caring?

Our findings

During our last inspection in November 2016, we rated this key question good, during this inspection we found people remained happy living at the service, people continued to be complimentary of the staff and felt well cared for. The rating continues to be Good.

People we spoke with described the staff as caring, kind and helpful and said that they were treated with compassion, empathy and respect. People living in the home and people's relatives we spoke with said they felt they mattered and that staff listened to them. One person's relative told us, "Staff are always welcoming and look after [my relative] well."

One person told us, "The carers take their time when helping me and don't rush. I can have a laugh with the regular girls." Another person said, "The girls are very good and they always have a smile and are very helpful."

Staff we spoke with and our observations demonstrated that staff knew people and their histories well and regularly engaged in meaningful conversations and interacted with the people they were supporting. We heard staff stopping to chat with people throughout the course of our inspection. For example, we saw a staff member singing with individuals. They sat at a low level, making it easier to engage with them, they took one person's hands and sang with them encouraging to sing along.

We saw that people's relatives and friends were welcome to visit without restrictions and people's relatives told us they felt fully included in their family members' care. The relatives we spoke with confirmed there was an open-door policy with the management team and that they felt welcome at the home. One person's friend commented, "The staff are so kind to me when I visit, they make me feel as comfortable as they make my friend."

One healthcare professional we spoke with was complimentary about the care they had seen people getting and commented, "I would be happy for one of my relatives to live here." We observed many occasions of people having fun, laughing, singing, singing along with the entertainers and doing the things they wanted to do.

People and their relatives told us they were involved in planning the care and support they received and were able to make choices and decisions and maintain their independence as much as possible. Relatives told us that they were invited to attend care plan reviews, with their family member, and that staff sought for and welcomed their input.

People told us that their privacy, dignity, independence and confidentiality was consistently promoted and respected in the service. Staff also demonstrated that they understood the importance of respecting people's privacy, dignity and human rights. For example, by knocking on people's bedroom doors before entering and communicating with people on an individual basis.

Is the service responsive?

Our findings

During our last inspection in November 2016, we rated this key question Requires Improvement, during this inspection we found staff were as responsive to people's needs and concerns. The rating on this occasion was Good.

People's care records were easily accessible by relevant staff and we saw that people's information was comprehensively detailed and person centred, whilst being clear and easy to follow. The records we looked at for people were up to date and had been regularly reviewed.

We found that the staff team worked cohesively to ensure people living in the home were safe, well cared for and happy. At quiet times, after lunch for example, staff remained attentive and observant, whilst engaging in other work within the home.

During our previous inspection, we felt that improvements were needed to ensure people had access to stimulating occupation or activities, which met their individual needs. On this occasion we found that activities were varied and were well attended. The activities coordinator told us that they organised structured activities and entertainment, as well as spending time with people who were unable or reluctant to join in with group events. We noted that some care staff also spent time with people on a one-to-one basis where possible and one person told us, "I like the quizzes, singing, art work and exercises. Something physical is nice but not too much. Keeping busy is important to keep people mentally and physically well. I didn't join in this morning, but there is a film in the afternoon, I'll watch that."

During our inspection we saw that people were occupied and engaged with each other and staff. Outside entertainment sessions were arranged, as well as outings and other in-house organised activities such as quizzes, film sessions and discussions. Activities were held to celebrate special events, such as birthdays, national holidays. Royal weddings for example.

People were supported to maintain existing relationships, as well as make new friends and avoid social isolation. Church services were held in the home regularly.

The service continued to take people's comments and concerns seriously and used them to help drive improvement within the service. Everyone we spoke with told us they knew how to raise any concerns or complaints and were comfortable doing so if needed. People also said their concerns and complaints were listened to and responded to appropriately and in a timely way. One person living in the home told us, "I know who to talk to if I have a complaint, but haven't needed to yet." A person's relative told us, "All the staff are very approachable and I know I can talk to the manager at any time, the manager's door is always open."

People's individual choices and preferences were kept under constant review and care plans were amended or updated as and when required. People were reassured by knowing that any pain or symptoms they experienced would be regularly assessed and managed as the end of their life approached. Advice and input from palliative care professionals was sought promptly when needed and people were provided with

appropriate support, equipment and medicines. This helped ensure they were comfortable, dignified and pain free at the end of their lives. The service also offered care, support and reassurance to people's families and friends before, during and after their loved one passed away.

Is the service well-led?

Our findings

During our last inspection in November 2016, we rated this key question as Requires Improvement because we had found that, although systems were in place for assessing and monitoring the quality of the service, implemented changes and improvements were not always being effectively embedded in practice to drive continuous improvements. During this inspection we found that sufficient action had been taken to improve the service and rated this key question Good.

The registered manager promoted a positive, transparent and inclusive culture within the service. They sought the feedback of people using the service and staff. The staff we met with all spoke highly of the management team and the staff team as a whole. One member of staff told us, "I like my job and feel supported by the manager and deputy manager."

People told us that they were happy with the quality of the service, one person said, "It's a nice place to live, home would be better, but I can't manage anymore." People and their relatives thought that the service was well-led, one person said, "[The staff] work hard and are friendly. The manager knows me and always stops for a chat."

Staff were enthusiastic in their work and comfortable in their roles and the staff team worked closely together. Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems and that they would listen to their concerns. They had one to one supervision meetings and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the registered manager.

The service promoted an open culture where people, relatives, visitors and staff were asked for their views of the service provided. This included 'resident and relative meetings' and satisfaction questionnaires. If negative comments were received, the service addressed them. One relative said, "If I have any suggestions that could make [my relative] more comfortable, they listen and will give it a try."

The registered manager continued to assess the quality of the service through a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.