

# Larchwood Care Homes (South) Limited

## Rose Martha Court

### Inspection report

64 Leigh Road  
Leigh on Sea  
Essex  
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Tel: 01702482252

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17 November 2020  
23 November 2020

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Rose Martha Court is a residential care home providing personal and nursing care for up to 76 people aged 65 and over in one adapted building. At the time of the inspection the service was supporting 36 people.

### People's experience of using this service and what we found

The leadership, management and governance arrangements provided some assurances to suggest the service was being managed well. Quality assurance and governance arrangements at the service were much better since our last inspection of the service in February 2020. However, improvements were still required to ensure risks to people were recorded and mitigated, records relating to their care and support were accurate and infection, prevention and control measures were safe and in line with current national guidelines.

Since our last inspection in February 2020, people were protected by the service's safeguarding arrangements. The deployment of staff was suitable to meet people's care and support needs. Proper arrangements were now in place to ensure people received their medication as they should. Staff were recruited safely to support people to stay safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received and induction and training to carry out their roles. People were supported to access healthcare services and receive ongoing healthcare.

Care plans covered most people's care and support needs, including the needs of people who were at the end of their life. People were supported to take part in social activities. Effective arrangements were in place to manage people's concerns or complaints.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Inadequate [published 10 June 2020].

At this inspection we found improvements had been made and the provider was no longer in breach of Regulations 9 [Person-centred care], 12 [Safe care and treatment], 14 [Meeting nutritional and hydration needs] 17 [Good governance] and 18 [Staffing].

This service has been in Special Measures since June 2020. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions 'Safe', 'Effective', 'Responsive' and 'Well- Led' which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion was used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rose Martha Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Rose Martha Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection to Rose Martha Court was completed by one inspector on 17 November 2020. An Expert by Experience made telephone calls to people's relatives on 23 November 2020. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the Local Authority prior to the site visit. A variety of records relating to the management of the service were reviewed. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with the registered manager and the service's regional manager. We spoke with three members of care staff. We reviewed a range of records, including people's care records and two staff recruitment files. 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.

### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We reviewed further information sent to us by the registered manager. We spoke with eight people's relatives to ascertain their view and experience of the service.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection in February 2020, the delivery of care for people was not always safe. Information relating to people's individual risks was not always recorded or did not provide enough assurance that people were safe. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found enough improvement had been made and the service was no longer in breach of this regulation.

### Assessing risk, safety monitoring and management

- At our last inspection in February 2020, we observed several separate incidents whereby staff performed unsafe moving and handling practices, placing people at risk of harm. Observations at this inspection demonstrated staff's practice was safe to ensure people's safety and wellbeing.
- Risks to people's safety and wellbeing were identified and recorded. However, not all risk assessments were up-to-date or accurately reflected the person's current needs to mitigate any such risks. Following the inspection, the registered manager confirmed action had been taken to correct the information. This will be reviewed at our next inspection to ensure improvements made have been sustained and maintained.

At our last inspection in February 2020, staffing levels and the deployment of staff was not suitable to meet people's care and support needs. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found enough improvement had been made and the service was no longer in breach of this regulation.

### Staffing and recruitment

- The deployment of staff was appropriate and there were enough staff to meet people's needs. Staff responded to people in a timely way and call alarm facilities were answered promptly.
- Relative's comments about staffing levels were variable. Comments included, "There are always a lot of staff around when we go to talk through the window now, but they [staff] tell us they are overstretched," "I think there are probably not enough staff at weekends. I can't give examples, but whenever I talked to staff, they say there could be more of them to share the workload" and, "Prior to March and with a few visits since then, there do appear to be enough staff about. There are always a couple of staff in the communal rooms."
- Staff told us staffing levels were appropriate and there was enough of them to provide safe care to people.
- Staff had been recruited safely to ensure they were suitable to work with the people they supported.

At our last inspection in February 2020, suitable arrangements were not in place to ensure the proper and

safe use of medicines. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found enough improvement had been made and the service was no longer in breach of this regulation.

#### Using medicines safely

- People told us they received their prescribed medication as they should. Relatives comments included, "The medicines are okay as far as I know" and, "My family member's medicine requirements have reduced because the GP for Rose Martha Court regularly reviews what is being taken and what is really needed, I feel things are much better and safer overall."
- We looked at the Medication Administration Record [MAR] for 10 out of 36 people living at the service. These were in good order, provided an account of medicines used and demonstrated people were given their medicines as specified by the prescriber.
- Medication rounds were spaced out throughout the day to ensure people did not receive their medication too close together or too late. Observation of staff practice showed staff undertook this task with dignity and respect for the people being supported.
- Arrangements were in place to ensure all staff that administered medication were trained and had their competency assessed at regular intervals.

#### Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated an understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns to the management team and external agencies, such as the Local Authority and Care Quality Commission.
- The registered manager was aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity. Where safeguarding concerns were raised, investigations were robust and dealt with in an open and transparent manner.
- People told us they felt safe and relatives confirmed they had no concerns relating to the safety of their family member.

#### Preventing and controlling infection

- We were not assured the provider was always meeting social distancing rules in communal lounges and this required improvement to keep people safe. We were not assured staff were using Personal Protective Equipment [PPE] effectively and safely. The latter referred to not all staff wearing gloves or sanitising their hands between providing support to each person.
- We were assured the provider was preventing visitors from catching and spreading infections and accessing testing for people using the service and staff at regular intervals.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed. The provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- This inspection highlighted lessons had been learned and improvements made since our last inspection in February 2020.
- For example, suitable arrangements were now in place to ensure people were safeguarded from abuse, people received their medicines as prescribed and the deployment of staff now met people's care and support needs.
- Auditing arrangements ensured there was better analysis and scrutiny of the service to enable the management team to make required improvements and to learn when things go wrong.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in February 2020, staffs' training was not embedded in their everyday practice and not all staff had received an induction. Not all staff felt supported or valued by the management team. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found enough improvement had been made and the service was no longer in breach of this regulation.

Staff support: induction, training, skills and experience

- Newly appointed staff received an 'in-house' induction and were given the opportunity to 'shadow' more experienced staff until they felt confident to carry out their role. However, not all staff had commenced the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff were supported to complete both mandatory and specialist training. This was to ensure they had the right knowledge and skills to carry out their role. Observations showed staff were effectively able to apply their training and learning to their everyday practice.
- Staff told us they felt valued and supported by the newly appointed management team and received regular formal supervision.

At our last inspection in February 2020, people at risk of poor nutrition and hydration were not properly and accurately assessed and people did not always have their nutritional and hydration needs met. This was a breach of Regulation 14 [Meeting nutritional and hydration needs] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found enough improvement had been made and the service was no longer in breach of this regulation.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to healthcare services as required. However, not all relatives were informed and updated about their family member's healthcare needs. One relative told us they had not been made aware about their family member being tested for COVID 19 until they received a telephone call from a member of staff. A second relative told us they had not been updated following a change to their family member's medication and only found out when the GP contacted them directly. We discussed this with the registered manager following our inspection. The registered manager provided an assurance that discussions would be held with all staff about the importance of good communication and letters would be resent to relatives

about the service's testing arrangements for COVID 19.

- People's comments about the quality of the meals provided were positive. Comments included, "The food is very good, I love it" and, "The meals are good, I have no complaints."
- Improvements had been made since February 2020 to ensure the dining experience for people was positive. People were not rushed to eat their meal and where they required staff assistance this was provided in a dignified and respectful manner.
- Where people were at nutritional risk, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice.

Adapting service, design, decoration to meet people's needs

- At our inspection in February 2020, the environment was not appropriate for people living with dementia. Improvements had been made to improve the lighting and to provide sensory stimuli and colour to the walls. The registered manager confirmed and provided evidence of pictorial 'memory boards' being initiated.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and DoLS.
- Staff asked for people's consent before providing care and support.
- People's capacity to make decisions had been assessed and these were individual to the person. However, improvements were required to ensure decisions relating to COVID 19 testing were robust and where appropriate included people's relatives or others acting on their behalf.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

At our last inspection in February 2020, suitable arrangements were not in place to make sure people received person-centred care to meet their needs. Care plans were not up-to-date or reflective of people's current care needs. This was a breach of Regulation 9 [Person-centred care] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support; Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans covered most people's individual care and support needs, including how the delivery of care and support was to be provided by staff. Nevertheless, information showed further improvements were still required to ensure each person's care plan was reviewed and updated to reflect where people's needs had changed and to provide more detailed and individualised information relating to specific healthcare conditions.
- Staff had a good understanding and knowledge of people's individual care and support needs, including their personal likes, dislikes and preferences.
- End of life care plans were now in place. The registered manager was aware how to access local palliative care support and services, but not all staff had received end of life training and this was outstanding from our previous inspection in February 2020. Following the inspection, the registered manager confirmed online end of life training had been provided and they were awaiting external training by the local Clinical Commissioning Group.
- People were supported and encouraged to take part in a range of social activities, Monday to Friday and every other Saturday. People spoken with were complimentary about the staff members responsible for facilitating social activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identified people's communication needs and staff knew how to support people. This approach helped to ensure people's communication needs were known and met.
- We did not see enough evidence of how the Accessible Information Standard has been applied. For

example, the activity programme and menu were not in an easy read or large print format to enable people with a disability, living with dementia or sensory loss to understand the information. We discussed this with the registered manager and they told us steps would be taken to rectify this.

Improving care quality in response to complaints or concerns

- The service had an effective complaints procedure in place for people and those acting on their behalf to use, if they had a concern or were not happy with the service. Complaints logged were investigated and responded to in an open and transparent way.
- Compliments were maintained to capture the service's achievements.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection in February 2020, effective arrangements were not in place to assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Effective quality assurance arrangements were now in place which monitored the experience of people being supported. This information was used to help the provider and registered manager to drive improvement and monitor staff performance.
- The culture of the service was open and transparent. People did not experience poor care and the leadership and management of the service was much improved.
- Although new audits had been put in place, they needed to be used more widely or effectively, as they had failed to pick up the issues identified as part of this inspection. Improvements were required to ensure risks relating to the quality of the service and accurate records were maintained for people using the service. The lack of up-to-date and accurate information places people at potential risk of receiving inappropriate care. This was a recording issue and did not specifically impact on people using the service.
- Further improvements were still required to evidence how new systems introduced will be sustained and maintained in the longer term.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was newly employed following our last inspection to the service. They understood the importance of their role and responsibilities; and demonstrated a commitment to improving the care people received, providing support to staff and ensuring compliance with regulatory requirements was achieved and maintained.
- The registered manager told us they received good support from the provider and received formal supervision.

- People using the service, relatives and staff were complimentary regarding the newly appointed registered manager and management team. Comments included, "It has already improved a lot with the new management team" and, "I am happy working here, it's getting much better."
- Relatives told us communication at the service although much improved, was still variable as outlined within the domain of 'Effective'. Comments included, "General communication from the manager has been better, with more frequent updates" and, "Communication has improved under the new management team. We now get regular email updates circulated for relatives."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Effective arrangements were in place for gathering people's view of the service they received, those of people acting on their behalf and staff employed at the service. Most relatives confirmed they had participated in care reviews and provided information to inform their family member's care plan.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss topics.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.