

Sunnycroft Homes Limited

The Larches

Inspection report

59 Larches Road
Kidderminster
Worcestershire
DY11 7AA

Tel: 01562829000
Website: www.sunnycrofthomes.com

Date of inspection visit:
13 July 2016
15 July 2016

Date of publication:
19 August 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 13 July 2016 and was unannounced. The Larches provides accommodation for up to six people. People living at the home had a wide range of complex well-being and physical needs. There were six people living at the home at the time of our inspection. People had their own rooms and the use of a number of communal areas including lounges and dining areas and a garden.

We spent time with people who lived at the home and spoke with five people about the care and support they received. The examples we have given are therefore brief because we respect people's right to confidentiality.

A registered manager was in post at the time of our inspection. 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.

Risks to people's safety were understood by staff and people benefited from receiving care which took into account their safety needs. There were enough staff to care for people and staff knew what actions to take if they had any concerns for people's wellbeing or safety. People were supported to take their medicines so they would remain well.

People were supported by staff who knew them well and who used their skills and knowledge so people's health and well-being would be promoted. People received help from staff to enjoy a range of food and drinks and to obtain help from health professionals so they would remain well. Staff worked with other organisations so people's rights to make decisions and their freedoms were protected.

People enjoyed spending time with the registered manager and had built caring relationships with staff. People were given encouragement to make their own decisions about their day to day care when they needed it. People's rights to dignity and privacy was understood and acted upon by staff.

People's care was planned in ways which took into account how they liked their care to be given. Staff took action when people's needs changed. People and their relatives had not needed to raise any complaints about the service, but were confident action would be taken if complaints were made.

Staff understood what was expected of them and were supported by the registered manager and senior staff to care for people. People were supported by staff to make any suggestions they had about the care provided. Regular checks were made on the quality of the care by the provider's representative and registered manager. Actions were taken to further improve people's experience of living at the home.

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.

People were supported by staff who understood risks to their safety and took action to promote people's well-being. People received their medicines in a safe way. There was enough staff to meet people's care and safety needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to care for them. People had access to health services and enough to eat and drink so they would remain well. People were supported to make their own decisions and their rights were promoted.

Is the service caring?

Good ●

The service was caring.

Caring relationships had been built between people and staff and people's dignity, independence and privacy was respected. People were encouraged to make their own day to day decisions.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to let staff know how they wanted their care to be given so plans for their care were developed which met their individual needs. People were supported to maintain links with their families and to do things they enjoyed. Staff promoted people's awareness of how to raise any concerns or complaints.

Is the service well-led?

Good ●

The service was well-led.

People benefited from living in a home where communication between them and staff was open. Staff were supported to

understand their roles and checks were made on the quality of care by the provider and registered manager. Action was taken to develop people's care further.

The Larches

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 13 July 2016 and was carried out by one inspector. The inspection was unannounced.

We reviewed information we held about the home including statutory notifications which had been sent to us. Statutory notifications include information about important events which the provider is required to send us by law. We also checked information which had been sent to us by other agencies. We requested information about the homes from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the communal areas of the home and spoke with four people. We spoke with the provider's representative, two senior staff members and two care workers. We also spoke with a visiting health professional employed by the provider. The registered manager was not available during our visit so we spoke to them on the telephone. We also spoke with two people's relatives on the telephone.

We looked at a range of documents and written information including five people's care records, records about the administration of medicines, and how staff cared for people so they stayed safe and well. We looked at records of staff training and two staff member's recruitment files. We also looked at information about how the manager monitored the quality of the service, minutes of meetings with people living at the home, minutes of staff meetings and complaint records.

Is the service safe?

Our findings

People told us they felt safe living at the home and gave us examples of how staff supported them so they remained as safe as possible. One person we spoke with said staff always made sure they had the right equipment when they travelled. Another person explained how staff helped them to feel less anxious. The person gave us an example of when they had discussed their concerns with staff and said staff had supported them so they had the care they needed. Relatives we spoke with said staff worked in ways which helped their family members to avoid injuries and remain well. One relative highlighted how well staff supported their family member to remain safe in traffic. We saw people were relaxed when staff supported them. Staff took action to help people to mobilise and gave people reassurance when needed.

Staff understood the types of abuse people were at risk of and explained how they would support people if they thought anyone was at risk of harm or abuse. Staff gave us examples of the types of actions they would take if they had any concerns for people's well-being. These included the actions staff would take if people had unexplained bruising or were being treated in ways which made them anxious. Staff explained they would let the registered manager, provider or external organisations know if they had any concerns. All the staff said they were confident if they raised any concerns about people's safety action would be taken by the manager and senior staff. Three staff members told us they regularly worked with external organisations so plans could be put in place to promote the safety of people living at the home and the wider community.

People said staff knew their safety needs well as the same staff had supported them for many years. One relative we spoke with highlighted how well their family member's safety risks were understood by staff. The relative said this included risks to their family member's physical safety and well-being. The relative said staff always made sure their family member received the care they required so their needs would be met.

Staff told us they got to know about people's risks and the best way to respond to these by checking their care plans and talking to senior staff and external professionals. Staff members we spoke with gave us examples of the types of risk to people's safety. These included risks around people's physical health, such as not having enough to eat and risks of people becoming anxious.

Staff explained some of the actions they took to make sure risks to people were reduced. For example, by making sure people were cared for in ways which encouraged them to stay physically well and by supporting people in ways which reduced their anxieties. Staff members explained they were able to do this as they knew risks to people's safety. Three staff members we spoke with explained how important it was to have a consistent approach from all staff so people's care would be given in the best way for them. Staff explained by following the guidance in people's care plans they knew the best way to meet people's needs. We saw there were clear plans in place and people's safety needs were taken into account in the way staff cared for them.

We saw the provider had checked with the Disclosure and Barring Service, (DBS), before staff started to work with people. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who need care. We also saw the provider had obtained references for staff. By

doing this, the provider and registered manager were assured staff were suitable to work with people living at the home.

People told us there was enough staff to care for them in a safe way and to support them to do things they enjoyed. One relative we spoke with said there were always enough staff to support their family member to regularly visit them. The relative also highlighted that the registered manager took time to support their family member to do things they enjoyed in safe ways. All the staff we spoke with said there was enough staff to care for people. Three staff members and one person explained if additional staffing was required support was given by staff who knew people well. The person said knowing the staff who supported them helped to reassure them. Staff said the number of staff available to care for people meant people were able to go out regularly to do things they enjoyed and to keep any appointments they needed to remain well. One staff member told us, "There's time to work with people and chat to them." We saw this happen throughout our inspection.

People said staff helped them to have their medicines when they needed them. One person we spoke with said staff had told them what their medicines were for. Staff informed us they were not allowed to administer medicines until they had received training and their skills had been checked. One staff member told us the training and checks helped them to develop the skills they needed to support people with their medicines. The staff member said, "This makes people more confident, and residents know they can come to you if ever they want any medicine." We saw staff supported people to take their medicines in the ways they preferred.

Staff explained regular checks on medicines were made by the registered manager and senior staff, so the manager was assured people received their medicines in a safe way. Staff knew what action to take to dispose of medicines where this was required. We saw staff kept clear records of the medicines administered to people and that medicines were securely stored.

Is the service effective?

Our findings

People and relatives said staff had developed the skills and knowledge needed to care for people living at the home. One relative explained this meant their family member was looked after well. Another relative highlighted how skilled staff were at supporting their family member in their preferred way. Staff told us about the training they regularly undertook so they would be able to care for people living at the home. One staff member said, "Training has helped me to understand my job."

Another member of staff gave us examples of how training was linked to the needs of people living at the home. This included training to support people when they were anxious and so staff would have the knowledge and skills they needed to help people to stay physically well.

All the staff we spoke with said they would be comfortable to request additional training if this was needed. Staff were confident the manager would support them to develop their skills further. We saw the registered manager had planned staff training so they could be assured staff had the skills they needed to care for people. We also saw, and staff told us, their training was refreshed over time, so people would continue to receive care from staff who had the skills necessary to care for them.

All the staff we spoke with told us they could obtain advice immediately from senior staff and the registered manager. Staff explained they also received regular support through one-to-one meetings with senior staff and the registered manager. Staff said this gave them the opportunity to discuss any concerns they had for the people they supported and their own training needs.

One staff member who had recently started to work at the home told us about the support they had received when they first started to care for people living at the home. The staff member said they had been well supported by colleagues and senior staff, which had helped them to develop the skills they needed to care for people. They said they had been supported in ways which helped them to find out about the care people needed and how they liked this to be given. They explained this had also helped people to develop confidence in their abilities and said, "This means people are more likely to ask if they want anything."

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. We checked whether the service was working within the principles of the MCA.

People said they were encouraged by staff to make their own decisions where possible. We saw staff supported people to make their own decisions and encouraged them to do this by offering them choices, based on their known preferences. One staff member explained they double checked people's physical reactions to make sure they were agreeing to what was offered. We saw staff worked in this way when assisting people to make choices, so staff could be sure they were making their own decisions. Staff told us about the support and training they had to understand their responsibilities under MCA and knew how MCA affected the way they were required to support people.

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). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager had a good understanding of DoLS and had submitted applications where necessary. Staff we spoke with knew which people the applications related to and how this affected their care.

People we spoke with said they enjoyed the meals which were prepared for them. One person explained, "I love the food and you get to choose what you want." One relative highlighted how much their family member enjoyed the food at the home and weekly 'take away' treats. Staff we spoke with knew what people's food preferences were and if they needed any particular support to remain well. We saw people were offered choices about what they wanted to eat and drink. People were comfortable to ask for other items they wanted and staff responded to their requests. We heard people laughing and chatting together and with staff during their meals. Where people preferred to eat on their own or needed encouragement to have enough to eat and drink they were supported by staff to do this.

People we spoke with told us they were supported to see health professionals when needed. One person said they had been very ill before they came to live at the home, but with care from staff they now felt much better. People said they had regular access to their GPs and staff supported them to see opticians and dentists. One relative we spoke with explained how their family member's physical health had improved since they started to live at the home. The relative explained staff had supported their family member to gain the weight they needed to remain physically well.

The provider had appointed a mental health specialist so people would have regular access to the care they needed. We spoke to the specialist during our inspection. The specialist confirmed staff took the actions required so people would enjoy an enhanced sense of well-being. The specialist also gave us examples of how people's physical health had been promoted, as the approach used by staff had resulted in people being more settled and requiring less medication.

Staff we spoke with knew the health needs of the people they cared for and gave us examples of the work they did with health professionals such as people's GP and physiotherapists, so people would enjoy the best health possible. We saw staff checked and recorded people's health and well-being and the actions they took to make sure people's health and well-being was promoted.

Is the service caring?

Our findings

People we spoke with told us they got on well with the staff. One person said, "They (staff) are all friendly." Another person told us, "Staff are wonderful." One relative we spoke with explained they knew staff were kind because their family member, "Is more settled and enjoys life. I notice now when [person's name] visits us they walk in happy. [Person's name] never moans about going back, because their pals are there and it's like a family." Another relative we spoke with told us, "Staff do a wonderful job and are positive. They always try to get the best for [person's name]." Relatives said their family members were supported to keep in touch with them. One relative told us staff were always caring, polite and cheerful when they brought their family member home for a visit.

We saw people sought out the company of staff and wanted them to be involved in their lives. For example, one person was keen to chat to staff about how they had spent their day.

People told us they were cared for by staff who knew them well. The registered manager and staff explained the knowledge they gained about what was important to people helped them to deliver people's care in the way they preferred. Both relatives told us their family members were always supported by staff who knew them well. Staff said they got to know people by chatting with them, their relatives and by checking their care plans. They explained by doing this they could find out how people liked to be cared for. One member of staff said, "It's all about them. You listen to them and find out what's important to them." Another member of staff who had recently begun to work at the home told us they had read about people's life histories and talked to more experienced staff so they could find out about things which were important to people.

We saw staff knew about things which mattered to the people they cared for and staff took time to discuss important events in their lives. These included people's birthdays and things people liked to do. Staff knew people well and used people's preferred names when talking to them. Staff spoke warmly about the people they cared for. We saw staff promptly offered reassurance to people in the ways they preferred so they did not become anxious. One member of staff told they developed good relationships with people living at the home, and said, "I love them to bits." Another staff member highlighted how well people living at the home got on together and said, "They all get to know each other well. It's like a family, here."

People gave us examples of how they were encouraged to make their own decisions about their day to day care. People told us they were also encouraged to make their own decisions about what time they wanted to get up and how they wanted to spend their day, and what items they wanted to buy. One person invited us to see their room, as they were so pleased with the decisions they had made about how their room was decorated.

One staff member we spoke with told us one person liked to make their own decisions about which staff members supported them. The staff member told us the person's well-being was improved because they were able to make such choices. Staff recognised when some people needed extra time and reassurance so they could make their own day to day decisions. For example, we saw staff gave people plenty of time to

make their food choices. We also saw staff supported people to make decisions about arrangements for health appointments, so people would be less anxious.

People told us staff treated them with dignity and respect. One person said staff always made sure they were happy for staff to enter their room. Another person told us staff respected the day to day decisions they made, such as where they wanted to eat. The person also said staff recognised things they could do for themselves, such as applying their own creams. One relative we spoke with told us staff cared for their family member in ways which promoted their dignity. The relative told us their family member was supported to dress in ways which promoted their dignity. Staff members gave us examples of how they supported people to maintain their dignity during personal care. We saw staff spoke respectfully about the people they cared for.

Is the service responsive?

Our findings

People told us staff understood what care they wanted and cared for them in the ways they preferred. One person said, "Staff look after me one hundred million per cent." Relatives we spoke with said staff had asked about their family member's lives before they came to live at the home and they had been involved in deciding how their family member's care was planned. One relative said they were invited to their family member's care plan reviews. Both relatives explained they could contact staff at any time if they wanted to make any suggestions for how their family member's care was planned. One relative gave us an example of when they had done this to support their family member, so their family member's care was planned in the best way for them.

One person we spoke with told us they had discussed their health with staff. The person said they had been able to make a positive change in their lives with support from staff, so risks to their health were reduced. Staff we spoke with had a clear understanding of the risks to people's well-being. One staff member explained they knew one person was often anxious about taking their medicines. Staff said they provided reassurance to the person by updating a board for them, so they could see when their next medicines were due. We saw staff updated this so the person's anxiety was reduced.

Staff gave us examples of how people were involved in their care planning. One staff member told us working with people on their care planning, "Gives people choices, such as how they want to get up in the morning, or if they want a female member of staff." Another staff member said the way people's care was planned meant, "You and they get more involved. People get to make more choices and are happier." One staff member gave us an example of how one person's care plan had been changed. The staff member explained the person's care plan had been updated because they had let staff know how they preferred to provide feedback on the care they received.

We saw staff were given information about possible risks to people's well-being and guidance on the best way to support people in their care plans. We saw people's care had been planned in ways which reflected their preferences and their individual needs. People's risk assessments and care plans had been regularly reviewed and advice from external professionals was taken into account, so people received the care they needed in the best way for them. We saw staff kept up to date with people's changing needs at the end of each shift, so people would receive the care they needed promptly as their needs changed.

People said staff knew the types of things they enjoyed doing, and they had opportunities to do these. One person said they enjoyed playing the guitar and how much they enjoyed sharing this with other people who lived at the home. One relative said the registered manager knew their family member liked to spend time walking. The relative explained the registered manager took their family member for walks in areas which would remind them of the happy times they had spent with their family.

Staff gave us examples of how they supported people to do things they liked to do. These included visiting historic buildings, enjoying trips to local air museum's and taking part in craft groups in the community. Staff knew which people enjoyed going to exercise and music sessions and who enjoyed spending time in

hydrotherapy pools. One staff member told us, "[Person's name] goes to church every Sunday, they look forward to this and also love to listen to the radio." We saw staff offered people encouragement and choices so they would have opportunities to do things they liked to do and so their well-being was promoted.

People and relatives said they had not needed to make any complaints about the care provided. They explained this was because staff listened to their suggestions. Staff we spoke with knew what action to take to support people to make a complaint, if this was required. We saw people were encouraged to raise any complaints they may have at residents' meetings. We also saw systems were in place to investigate complaints and take action, so any lessons would be learnt. The records we checked confirmed no complaints had been made about the service in the previous two years.

Is the service well-led?

Our findings

People said they enjoyed the company of the registered manager, provider and senior staff. People said they felt listened to by the registered manager and senior staff and this helped them to make any suggestions they had about their care. Relatives were positive about the way the home was managed. One relative said, "[Registered manager's name] is very clever at running the place. It's a good home and deserves to be recognised." The relative said the way the home was managed meant their family member's health and well-being had improved since they had come to live at the home. Another relative said, "It's very well managed, there's plenty of staff and they look after people well."

Staff told us they made suggestions to support people living at the home. One staff member said the registered manager encouraged staff to make suggestions about things people would enjoy doing. The staff member gave us examples of how the registered manager had supported their suggestions, so people had more opportunities to do things of interest. Another staff member explained about suggestions they had made as one person's care needs changed. They said action had been taken by the registered manager so the resources the person needed were put in place.

The registered manager and staff said knowing people well helped to ensure effective communication. One staff member explained the open culture in the home resulted in "Good communication, so you can understand what people want or need." They did not have to wait for staff meetings if they wanted to make suggestions or obtain advice, but were able to speak to the registered manager or senior staff at any time. Another staff member said, "We can talk to [registered manager's name] about anything."

The registered manager said, "We are here for the residents and staff. It's their home, and everyone needs to feel safe and cared for." Staff said the registered manager set clear expectations about how they were to support people. One staff member explained, "It's about fair treatment for people and staff." Staff said they were supported to understand their roles through staff meetings, and one-to-one discussions with their managers. One staff member said this resulted in "Good teamwork, so people get good care." Another staff member said, "I get job satisfaction, I can see I've made a difference to people. If I have made people laugh, I know I have made their day, and that makes mine." A further staff member told us, "We get a thank you from [provider's representative's name] and [registered manager's name] when we have done things make a difference to people."

People said they were encouraged let staff know what they thought of how the home was run through their care reviews and at regular residents' meetings. We saw staff used these meetings to check if people were happy with the care they received and to see if they had any suggestions to make. For example, people were encouraged to make suggestions about places they would like to go, interesting things for them to do and their preferred menus.

Relatives told us if they had any suggestions about the service they were able to contact either the registered manager or provider's representative. Relatives said they were encouraged to provide feedback and make any suggestions about the development of the service through questionnaires. We saw the feedback had

been positive. Where suggestions had been made to improve the care we saw the registered manager had taken action. The provider's representative explained the completed questionnaires were initially reviewed by them and actions were agreed with the registered manager, so they could be assured people were receiving the care they needed.

We saw the registered manager undertook regular checks to assure themselves people were getting the care they required. These included checks on people's medicines and reviews of any incidents and accidents, so lessons would be learnt. People and staff told us the provider's representative regularly visited the home to chat to people and to find out about their experience of living at the home. We saw there were systems in place so the provider's representative could review key information about how the home was being managed. These included regular checks to see if there had been any concerns about people's satisfaction with the care they received and their safety.

The registered manager was supported to understand their role and develop the service further by the provider. This included opportunities to share best practice with other local registered managers. The registered manager told us this had helped to further promote people's rights and to help ensure people received their care in the best way for them. The registered manager also said they and the provider's other registered managers visited each other's homes to check the care people received. The provider explained by doing this the registered managers could find out what worked well and use this to develop the service further.