HC-One Limited

Larchwood Care Home

Inspection report

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Essex
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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

Overall summary

This inspection took place on 28 October 2015 and was unannounced. The last inspection of this service took place on 17 July 2014, when one breach of regulations was found. The service provided an action plan and at this inspection we found that the action taken had resolved the breach.

Larchwood Care Home provides care and accommodation for up to 64 people and some people will have a diagnosis of dementia.

There was a registered manager in place. 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 provider had a range of systems in place for the good governance of the service and to inform them of what

Summary of findings

going on in the service and any actions to take in response to any difficulties encountered. This included increasing staffing in response to identified individual need.

However on the day of our inspection we found that a controlled medicine had not been booked into the service.

Staff interacted with people who lived at their home in a caring and professional way. People were supported to attend religious services if they wished to do so. Staff talked with people individually and in groups using photographs to stimulate memories.

People living at the service, staff and visitors described the management of the service as open and approachable. Some people did tell us they were bored at times and would like more activities and for organised outings. Other people told us that they thought the service offered choice and variety with regard to activities.

Some people who used the service felt that it could benefit from another member of staff. This was because whilst staff addressed their needs, they did not always have time to chat. Other people felt that the service was sufficiently staffed and that call bells were answered very quickly. Where people had limited mobility, their call bell had been placed very close to them and within easy reach.

People had their mental health and physical needs monitored. The service had identified and addressed recently the accuracy of food and fluid charts. This had been achieved through staff meetings and training workshops, plus working with local professionals. Staff were confident in how to monitor and respond appropriately to peoples identified needs regarding their nutrition needs had improved.

People who used the service felt safe and secure. Staff spoken with, knew how to keep people safe and report any allegations of safeguarding and were confident they would be fully investigated to ensure people were protected. Staff received supervision and an appraisal.

The service provided training in the form of an induction to new staff and comprehensive on-going training to existing staff. The senior staff of the service were knowledgeable with regard to Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service had made referrals and worked with the Local authority to support people who used the service with regard to (MCA) and (DoLS).

We saw that risk assessments and resulting plans of care had been recorded in the individuals care record. The service staff had worked hard with the GP Practices to ensure that the best service available was provided to the people who used the service.

Throughout the inspection we saw that peoples consent was sought and dignity respected. Each person had a care plan which was regularly reviewed and changes recorded.

The service had a complaints process in place and the management undertook regular audits and surveys to identify issues and how the service could be improved.

The management of the service provided an on-call system to support staff at the service if so required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

A controlled medicine has not been correctly booked into the service

There were enough skilled and experienced staff to support people. The manager had calculated from the combined assessed needs of the people who lived at the service the number of staff required.

The service operated a safe and effective recruitment system to ensure that the staff fulfilled the requirements of the respective job descriptions.

Staff received various training including safeguarding with regard to support people to be safe.

Good

Is the service effective?
The service was effective.

People received care and support to meet their needs, including psychological and spiritual needs.

The registered manager and senior staff were knowledgeable about the requirements of the Deprivations of Liberty Safeguards (DoLS). The service was arranging for all staff to have training in the Mental Capacity Act 2005 and DoLS in the next year.

Staff had received training appropriate to their responsibilities.

The service worked with other professionals such as the GP and dentist to ensure people received the care they required.

Good

Is the service caring?
The service was caring.

People's consent was sought and they were supported by knowledgeable and caring staff who respected their privacy, dignity and who knew people individually.

Staff spoke with people in a pleasant, professional and friendly manner and people were not rushed.

People who lived at the home and their relatives were involved in decision about their care from reviews and the running of the home from surveys and meetings.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and they received person care in response to their needs

There was a complaints policy and procedure. People we spoke with told us they would be comfortable to make a complaint.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

Peoples care records were reviewed monthly as part of an audit and changes were made as required.

The management team were open and approachable.

Larchwood Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 October 2015 and was unannounced.

This inspection was carried out by two inspectors and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

During our inspection, we spoke with nine people who used the service, two visiting relatives and six members of staff. They were the deputy manager, chef and four members of the care staff. We looked at eight records which related to people's care, the staffing roster, medicine records and we also viewed health and safety records regarding the safe running of the service. 'We used the Short Observational Framework for this Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our last inspection of 17 July 2014, we found that there were not sufficient staff on duty to safely meet people's needs. At this inspection we found that this had improved. The manager had supplied us with action plan as a result of the inspection, detailing how the service would resolve the staffing issue. This included assessing people to identify their dependency needs and from this information a staffing rota had been designed to deliver care.

On the day of the inspection the deputy manager informed us that the staffing compliment was calculated based upon the number of hours of care each person required. We saw from the staffing rota which was produced from this information that the service provided the same staff regularly to people who used the service. One person told us. "The staff answer the call bells very quickly and I feel there are enough staff here."

We also saw that the manager had implemented a plan which provided non-direct care staff such as the cleaning team with the skills to deliver care in times of a crisis. This was rare but was implemented at times of care staff sickness. That is to say that staff with the skill had their work prioritised to deliver care and other duties such as cleaning would be done at a later time.

We looked at the staff rota for day and night duty and saw that the service had a consistent workforce with low turn-over. The deputy manager explained to us how the individual dependency levels of people at the service were considered and calculated to determine the number of staff required to be on duty. People expressed mixed views as to whether there were enough staff available to meet their needs. One person informed us, the care is good but they do not have time to chat. Another person said: "Someone helped me to get up and wash this morning, but they didn't have much time to stay with me, tomorrow I am promised a shower." Another person told us: "My key worker always has a chat with me." Other people spoke highly of the activity arrangements provided and enjoyed the time with the activities staff, while other people considered that more activities could be arranged. We saw during our inspection that call bells were answered promptly and there were staff to support people at meal times at each of the locations that meals were served.

During the inspection we discovered that a controlled drug had not been booked into the controlled drug book used by the service. The medicine had been recorded correctly onto the person's medication administration record (MAR).

We inspected fifteen further (MAR) and all the medicines recorded in the controlled drugs book against the respective MAR charts and that the medicines were physically present and they were securely stored. The manager has informed that the controlled drug in question was returned to the pharmacy for a replacement. Further audits have been carried out and all staff involved with the administration of medicines had been written to reminding them of the correct policy and procedure.

We saw a member of staff informing people about their medication and asking if they required any pain killing medication. In the medicines room there was also a lockable refrigerator for the storing of medicines that needed to be stored within a refrigerator as per the manufactures instructions. We saw that a record of both the refrigerator and room temperatures were recorded each day to ensure they were within acceptable limits for the safe storage of medication. We spoke with the deputy manager about the administration of medication and they emphasised the importance of medication being administered at the correct time. We observed medication being administered at lunch time. One person told us they were grateful for staff giving them their medicines, it was reassuring as they now did not have this responsibility. Another person informed us that the staff had told them about their new medicines and how it had started to make them feel better.

People told us they were safe and there were arrangements in place to protect people from abuse. One person told us. "I was living on my own and I wasn't safe, here I do feel safe." Another person told us. "I feel very safe. The girls are excellent, there's always somebody close to hand."

There were risk assessments within each individuals care record. We saw a risk assessment relating to how the service was supporting a person with their mobility. The appropriate equipment had been made available to support and aid the person to maintain as much independence as possible.

People were supported to take everyday risks. We saw that people moved freely around the service and were able to make choices about how and where they spent their time.

Good

Is the service safe?

One person told us they felt extremely tired having been up for a short while and the staff had supported them to return to bed. They had got up later when they felt better and again the staff had supported them.

The deputy manager informed us that all staff undertook training in how to safeguard people during their induction period and we saw there was planned and on-going training arranged for the year. The risk of abuse to people was minimised as there was a clear policy and procedure in place to guide staff to protect people.

All staff we spoke with informed us they had received training in how to recognise and report abuse. All were clear about how to report any concerns. In the first instance staff would report to the manager or senior staff on duty.

However they were aware that they could report directly themselves to the local safeguarding authority. The service had made safeguarding referrals appropriately within the past year. Staff were aware that abuse could occur in different forms, including theft, physical and psychological.

All accidents and incidents which occurred in the home were recorded and analysed. We saw at our inspection that the fire doors were checked to be in working order every week and all fire safety certificates were up to date. We also inspected the records kept for routine maintenance, testing of electrical equipment, manual handling equipment and water temperatures and they were all up to date or within acceptable limits. This meant that the service had steps to provide a safe environment in which people lived.

Good

Is the service effective?

Our findings

A person told us. “They know me very well and it is through their knowledge and understanding that they provide good care.” Another person who used the service told us. “I would say they are effective, things run on time, meals, medication and activities.” People said staff were kindly, understanding and helpful. A relative told us they had nothing but admiration for the way that the staff treated their relative.

We observed that people’s rooms had their preferred names in very large letters on their room doors. There were also A4 laminated signs stating their full name and the name of their key worker alongside photographs of each person. Staff told us about how the key worker system was discussed in supervision. All staff we spoke with informed us that they had a yearly appraisal. The benefit to the people using the service of staff having this support is that it provides an opportunity for them to discuss and build upon their practice.

A member of staff informed us. Training included manual handling and the use of a hoist, safety, food hygiene and dignity training. They also told us they liked doing what they were doing, were paid extra time to undertake the training and that they had been encouraged to do further training. Another member of staff told us about the six monthly review and that they had recently completed their training as a ‘Dignity Champion’. They told us that a member of staff (manager) had brought it up in one of their staff meetings and that they had put themselves forward. They told us that a senior on nights had also done the training.

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 make particular decision, any made on their behalf must be in their best interests and as least restrictive as possible.People who did not have the mental capacity to make decisions for themselves had their legal rights protected because the staff had received appropriate training. The deputy manager informed us about the staff training regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The deputy manager stated that some people were able to make day to day choices, which was supported by our observations and talking with people who used the service and staff. We saw that where this did not apply the appropriate documents regarding the Mental Capacity Act 2005 had been completed. Information had been clearly recorded in the person’s care records to ensure all staff were aware of the person’s legal status. The service had worked with the local authority to make sure people’s legal rights were protected.

Specialist staff from the local community such as the district nurses and community psychiatric nurses visited the service. They worked with the staff advising upon best practice to support staff through sharing their knowledge to meet people’s needs. Care records showed that appropriate professionals had been involved in the review of care plans as had relatives.

One person told us. “You always get a jug of water it’s changed every morning after breakfast”. When asked about breakfast they told us. “I provide my own muesli and I have a banana and yoghurt in the dining room”. “There’s always a cooked meal for breakfast if you want it, scrambled egg, toast”.

We observed the main meal of the day, which was at lunch time. The atmosphere was pleasant and cordial and people seemed relaxed and content. We asked people about the food and they said there was always enough to eat and drink and there were snacks available throughout the day. One person told us “Yes, not bad, I’ve no complaints, I feel properly catered for here, in every sense.”

We spoke with the chef. They were able to show us the menu using a four weekly rotation system. This included vegetarian options and we were told these included omelette, sardines, jacket potatoes, fish cakes, pasta and sandwiches plus soup that was available every day. We were also shown the list for each Lodge comprising people’s names, their dietary needs, what they were allergic to, diabetic and food preferences.

We were told that all the food was prepared from raw ingredients on the premises. This meant that they could prepare and make their own gluten free biscuits and cakes, and add ‘thick and easy’ to products during the cooking process. Double cream and powdered milk was used to fortify diets and add When asked about the soft diets we

Good

Is the service effective?

were told that strong colours were used to improve appearance and with meat this would be three quarters cooked and then softened over hot water in order to retain nutrients.

We saw the minutes of the residents meeting at the service and saw meals were spoken about, regarding menu choices and options.

Each person had their nutritional needs assessed and met. The service monitored people's weight each month, or more frequently if required. All care records we read showed that people were maintaining a stable weight or appropriate action and referrals made. We saw that any concerns about a person's weight, food intake or swallowing ability were referred to an appropriate specialist. This demonstrated that the service had acted effectively in this situation to refer to a specialist and use their knowledge and support for the benefit of the person who used the service.

People had their physical and mental health needs monitored. One person told us. "The staff are helpful with arranging appointments for chiropody, we discuss this in my review." There were planned reviews and spontaneous reviews of the person's care in response to situations recorded in the care record. We saw that a sudden deterioration in a person's condition had triggered a spontaneous review of the care and appropriate changes made to the care plan. Care records recorded people's access to healthcare professionals, including their own doctor, dentist, and chiropodists plus support from opticians and hearing services as required. Staff supported people to attend medical appointments outside of the service by attending the appointment with them, when asked to do so.

Good

Is the service caring?

Our findings

People told us, they did feel that their dignity was being respected. One person who used the service said: "I wouldn't want to change to any other home, the carers are kind." A member of staff told us. "If you're helping them to get changed you always cover them up and keep them well covered until they're dried." Another member of staff told us. "I Shut the door, before providing personal care and before entering knocking and waiting for an answer." We noted that bedroom doors were always kept closed when people were being supported with personal care.

Staff engaged people with activities which stimulated conversation and laughter. We observed staff supporting people in a kind and unhurried fashion. Staff encouraged people to be independent with their mobility, using a walking frame to cover short distances and then supported by staff through the use of a wheelchair to return to their room. Some people found it difficult and others impossible to communicate by speech but we observed from their gestures and smiling they were confident in their reactions to staff.

Staff had a good knowledge of the people they cared for. They were able to tell us about the individuals and aspects of their life history. One of the domestic cleaning staff had taken time to get to know people who used the service and we saw them interacting with people individually as they cleaned the rooms, in a very friendly, yet courteous way.

Staff had a good understanding of the needs of people with dementia and encouraged people to make choices in a way that was appropriate to each individual. People told us they were able to make choices about what time they got up and went to bed. The Deputy Manager told us: "We spend time with people to get to know people at the assessment stage before they come to the home and develop from there." This showed that staff took account of people's preferences and abilities when providing care and support to them.

The care plans we looked at showed that people had been involved in the creation and reviewing of the plan. One relative said: "You can see how happy they are, the staff are so good here." The relative said that staff treated their relative with great respect, especially when assisting with personal care. The relative also confirmed they had attended the care plan review and was happy that the staff kept them informed of events between visits.

When asked what the home did particularly well one member of staff told us "Person centred care is definitely one thing that's good here." They explained that the care plan was written with the person and their family and person-centred care was focussed upon by the manager with regard to the daily notes.

People's privacy was respected. All rooms were single occupancy. This meant that people could spend time in private if they so wished. Rooms we were invited to see had been personalised with people's belongings, including photographs, pictures and ornaments which all assisted people to feel this is their home.

A member of staff told it was important to respect people's spiritual needs. Some people told us they liked to go to the church and another person told us the service had made a quiet room available for visiting ministers and other faiths to use. One person said. "I know my friend goes there and likes to read their bible."

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person said "Yes, the staff always help me, you only have to ask them." A relative informed us the manager had noticed their relative had become unwell and worked well with the GP. Another person told us. "I think they could do better there is a lot of chopping and changing staff between floors at times." We saw from the rota and having discussed with the deputy manager that staffing had become increasing stable over the past few months. Staff working an extra shift or long day may well change where they were based to be there for the whole day.

Throughout the time of our inspection we saw that staff responded appropriately to people's needs for support. We noted that people inter-reacted with each other and staff. Staff always explained what they wanted to do and asked for people's consent before taking any action. We saw one member of staff explain to a person they were about to move in a wheelchair, what they were going to do and why.

Prior to a person moving into the home the manager or deputy would visit the person to carry out an assessment of need. The deputy manager explained to us a detailed assessment was completed of the persons needs and that people were encouraged if possible to visit before making a decision to move to the service. We saw that plans of care were written from the assessment and then further developed into a care plan and record with the person in the first few days of coming to the service. One person who used the service said: "They are always asking for our opinions, they really care what we think."

Each person who lived at the service had been involved with recording their life history. We saw that this identified what was important to people and was further demonstrated as people had personal memory boxes outside their room. The care record contained information about people's preferred daily routines. This meant that staff were able to provide care that was personal to the individual. The service also operated a key worker system. This system identified a named member of staff who spent time to get to the know the person for whom they were a keyworker and to be involved in their care review.

The care plans we saw were person-centred and noted that, although they followed the same format, the plans were individual and personal. The care plans contained information about people's personal likes and dislikes as well as their needs. There was information about how people communicated and their ability to make decisions about their care and support. One person told us. "They do look at my care plan with me regularly, it is called a review, so it is up to date."

The service had a complaints policy and procedure. The deputy manager spoke to us about complaints that this was dealt with in two stages. Resolving the complaint and then learning lessons from the complaint for the service as a whole. People who lived at the service informed us they would have no hesitation in complaining if the need arose. One person informed us that the staff were highly responsive to requests and through this attentive approach and care, then this stopped complaints from happening or escalating.

Good

Is the service well-led?

Our findings

One person told us. “The manager comes to see us and I think it is well managed.” Another person told us. “All the staff are helpful, the deputy manager has got things sorted out, it is a nice place.”

There was a statement of purpose in place of explaining what the service set out to achieve. There was a management structure in the service which provided clear lines of responsibility and accountability. There was a registered manager and a deputy manager in post. The manager had supervision with their manager and they were available by telephone for support. The manager provided a monthly report regarding aspects and issues of the service for discussion with their manager to discuss and manage challenges and issues. The impact of this report was that the provider and manager could work together to resolve problems and to support the smooth running of the service. We also saw that there was an on-call system of the senior staff to be contacted when not on duty so that they could offer support and advice if required.

We observed that staff had a good knowledge of the people who used the service and people were very comfortable in their presence. The deputy manager explained they had some non-direct care time and part of their role was to tour the building to have time to check people’s well-being and support staff. They informed us, as did other staff that the manager spent time speaking with them and people using the service to be aware of any issues at the time and take what action was necessary.

People who lived at the home, relatives and staff described the management of the service as approachable. We noted that residents and relatives meetings were advertised and took place on two days each month and at different times of the day to give people more than one option of when they could attend. There were also regular staff meetings and the staff received on-going training and supervision support. All staff knew about the whistle-blowing policy and said they would use it if so required.

We saw from the staffing rota that there was a permanent senior position established for one unit. While two other units on occasions shared a senior member of staff. Staff told us that there was always at least a senior person on duty and this was confirmed by the duty rota. Some people felt that the service would benefit from not asking the seniors to work upon two units but be dedicated to one unit only when on duty. People told us that they were pleased with the meals and we spoke to the catering team. They explained how they worked to provide a meal service that was personal and people enjoyed but did find it tough going at times. One person said. “We’ve got growing pains.” We were also aware that some people were content with the activities while other thought there needed to be more and varied. We considered that there were supportive avenues of communication between these vital staff and areas of the service to discuss and resolve issues with the management team.

The maintenance team worked closely with management colleagues carrying out audits and checks in place to monitor safety of the service which included lifting equipment and that water temperatures were within acceptable ranges. We noted how the auditing information was recorded and shared between staff so that action plans to resolve problems as they were identified were clear.

The manager carried out audits and quality assurance monitoring to inform them of positive aspects of the service and to identify issues in need of attention. We saw that the manager worked in a democratic style to involve and develop people’s skills such as encouraging staff to take on roles such as dementia champions. This would mean that knowledge and skills would be developed throughout the staffing group to provide care to the people using the service.