Larchwood Care Homes (North) Limited

Withy Grove House

Inspection report

Poplar Grove
Bamber Bridge
Preston
Lancashire
PR5 6RE

Tel: 01772337105

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13 November 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 13 November 2017 and was unannounced. We last inspected the service in August 2015 and rated the service as good. This inspection found that the service remained good.

The service had a registered manager. 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.

Withy Grove House provides accommodation for up to 54 people who require nursing or personal care. At the time of our visit there were 50 people who lived there. The home provides care and support for people with dementia or physical disabilities. Withy Grove is a converted Manor House set in its own grounds and located in a residential area of Bamber Bridge, near Preston. The home is divided into two units that are staffed separately. The ground floor unit accommodates twenty four people who have personal care and nursing needs associated with dementia. The upper floor is a residential unit and can be accessed via a passenger lift. It accommodates thirty people with personal care needs.

The provider had systems in place to respond and manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies. People said that they felt safe in the home and if they had any concerns they were confident these would be quickly addressed by the staff or manager.

Assessments were in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and were knowledgeable about strategies' in place to keep people safe. There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support this was delivered quickly.

Staff received supervision and appraisals were on-going, providing them with appropriate support to carry out their roles. Training records showed that staff had received training in a range of areas that reflected their job roles. The provider operated safe and effective recruitment procedures. Medicines were stored and administered safely.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People and where appropriate their relatives were involved in their care planning, Staff supported people with health care appointments and visits from health care professionals. Care plans were amended to show any changes, and care plans were routinely reviewed to check they were up to date.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed.

People knew who to talk to if they had a complaint. Complaints were passed on to the registered manager and recorded to make sure prompt action was taken and lessons were learned which led to improvement in the service.

The registered manager was supported by the proprietor who was regularly in the service and who carried out a programme of quality assurance audits to identify areas of risk, and areas to maintain performance and drive improvement. The service had an open culture where people had confidence to ask questions about their care and was encouraged to participate in conversations with staff. Staff interacted with people positively, displaying understanding, kindness and sensitivity.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This service remains GOOD	Good
Is the service effective? This service remains GOOD	Good
Is the service caring? This service remains GOOD	Good
Is the service responsive? This service remains GOOD	Good
Is the service well-led? This service remains GOOD	Good

Withy Grove House

Detailed findings

Background to this inspection

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

The last inspection took place on 12 August 2014 and the service was rated 'Good'. This unannounced inspection took place on 13 November 2017, and the service remained 'Good'. Withy Grove House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The inspection was carried out by one inspector and an 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, in this case older people and people living with dementia.

Before our inspection we contacted three visiting health and social care professionals in relation to the care provided at the home. During our inspection we spoke with the registered manager, eight members of staff, twelve people living at the home and six visiting relatives.

We looked at the provider's records. These included four people's care records, five staff files, a sample of audits, satisfaction surveys, staff attendance rotas, and policies and procedures.

We asked the provider to complete a Provider Information Return (PIR) before our inspection. 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.

Some people were not able to verbally communicate their views with us or answer our direct questions. 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.

Good

Is the service safe?

Our findings

The home continued to provide a safe service to people. People told us they felt safe and their visitors confirmed this. People answered, "Yes" when we asked if they felt safe and "I feel safe and well cared for here". One relative said, "She is safe" when they were asked if their family member was. Another visitor told us, "I believe she is safe and is cared for".

Care records included risk assessments about keeping people safe. This included risks due to choking, poor nutrition, pressure wounds, risk of falls and the delivery of personal care. Where risks were identified we found care plans were put in place, which provided information to staff on how to keep people safe. These had been kept under review and updated as peoples' needs had changed. This meant that risks to people's health and safety were managed appropriately. Staff understood their responsibilities and how to raise concerns and the need to accurately record safety incidents, and were clear about who they should report safe concerns to both internally and externally, where appropriate. Any safety issues were reviewed and investigated by the registered manager or the service provider, and if any external agencies such as social services needed to be involved, then the registered manager welcomed their input and involvement. If there were any lessons to be learnt from an incident, e.g. a fall, then staff meetings took place, and care plans were reviewed in order that staff were fully aware of any changes needed to keep people safe.

Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to. This showed that the service had taken appropriate steps to protect people from the risk of abuse.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.

Staff files contained all of the information required by The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions. This showed that safe recruitment processes were in place.

We looked at staff rotas for the previous four weeks and these showed staffing to be sufficient to meet

people's needs and keep them safe. Staff , (that were well trained and knowledgeable) told us there were enough care workers deployed to meet people's needs and that they were not rushed when providing personal care and that people's care needs and their planned daily activities were attended to in a timely manner. People said call bells were answered promptly and staff responded quickly when they rang for help. People who were unable to use this system were checked by staff at regular intervals to ensure their safety but also monitor their needs.

There was a clear medicines policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in a medicine cabinet that was secured to the wall within a locked room. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. Medicines administration records were appropriately completed and staff had signed to show that people had been given their medicines.

Environmental risk assessments had been completed. Hazards were identified and the risk to people removed or reduced. Checks were made of the moving and handling equipment to ensure these were working correctly. Routine checks were also made of the passenger lift, electrical and gas appliances. Certificates and records were maintained of these checks. Staff had a good awareness of risks and knew what action to take to ensure people's safety. There were arrangements in place to deal with foreseeable emergencies. Personal Emergency Evacuation Plans (PEEPS) were kept on file with copies available at the entrance to the home to guide staff on the safest way to evacuate people in an emergency situation.

Good

Is the service effective?

Our findings

The home continued to provide an effective service to people. Please told us, "I feel that the staff are well trained, and know how to help and care for me" and "I like the home, it's nicely decorated, and laid out." One relative said, The food is a lot better now. I think there had been problems with ordering some of the basics, but it appears to have been sorted. Another relative said, " My [relative has a few health problems, and the staff are very good at organising for the practice nurse and GP to visit when needed. I have no concerns about the care and the way the staff deal with things."

Staff had received appropriate training and had the skills they required in order to meet people's needs. Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. There was an on-going programme of development to make sure that all staff were up to date with required training subjects. Training included health and safety, dementia awareness, moving and handling, emergency first aid, infection control and safeguarding. Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. Staff told us the registered manager responded to their training requests and was aware of the knowledge and skills that they needed to support people living at the home. This helped the staff to support people appropriately and meet their assessed needs.

People were asked for their consent before staff supported them. 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.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member told us they gave people time and encouraged people to make simple day to day decisions. For example, what a person liked to drink or wear and what they wanted for lunch. People confirmed this. However, when it came to more complex decisions the relevant professionals were involved. This process helped to ensure actions were carried out in line with legislation and in the person's best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. People who lacked capacity had DoLS applied for when staff recognised there had been restrictions made to keep them safe. There was a system in place to ensure that appropriate action could be taken when DoLS were due to expire.

We observed lunchtime on the day of our visit. People were encouraged and supported to eat and drink sufficient amounts to meet their needs. People were given a choice of meals and drinks. Lunch time was

unhurried and staff offered support and encouragement to people in a sensitive way when they needed it. People we spoke with told us they enjoyed the food served. One person told us, "We always have a choice of meals. I've no complaints". Another person told us, "I am happy with the food, it is one of the reasons why I like it here". A relative told us, "[Person] seems to like the food. I've never heard them complain. From what I've seen served, I think it's good".

The staff and catering staff understood people's preferences and used this to guide them in their menu planning and meal preparation. They also had a good understanding of people's nutritional requirements, for example people who needed their food to be pureed to reduce the risk of choking.
People were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks.

Good

Is the service caring?

Our findings

The home continued to provide a caring service to people. One person said, "They look after me well" and their relative continued, "He loves all the carers. I think they look after him very well". Other people told us, "Yes they do care. I can have visitors anytime I want them" and "I trust them and feel I can talk to them. I feel very well looked after here"

Staff cared for people in a relaxed, warm and friendly manner. We saw that non care staff who worked in the home such as kitchen and maintenance staff took time to sit with people and chat. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories. Staff took every opportunity to engage with as many people as possible. For example, by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen. Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next. Staff promoted independence and encouraged people to do as much as possible for themselves.

People were able to spend private time in quiet areas when they chose to. Some people preferred to remain in a quieter sitting area when activities took place in the main lounge. This showed that people's choices were respected by staff. Staff addressed people by their preferred names and displayed a polite and respectful attitude. They knocked on people's bedroom doors, announced themselves and waited before entering. Some people chose to have their door open or closed and their privacy was respected. Staff covered people with blankets when necessary to preserve their dignity.

Each person's physical, medical and social needs had been assessed before they moved into the home and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans also contained information on people's life before coming to the home and social and recreational interests and personal achievements. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. People's relatives were invited to participate each time a review of people's care was planned. A relative told us, "We are involved as much as possible, and so we get plenty of notice if anything changes in relation to the care that out [relative] needs". People's wishes and decisions about their end of life care were recorded. When people had expressed their wish regarding resuscitation this was clearly indicated in their care plan and the staff were aware of these wishes.

The service had received many compliments from relatives many of which commented on the caring nature of the home and staff team. For example comments included, 'Thank you very much for all the love and care

that you showed." and "We would just like to say thank you so much for welcoming [name] into your care. Your staff are an absolute credit to you."

There was a system in place to enable people to raise concerns and complaints, and the people we spoke to knew about how to use it, and who to contact. The complaints records showed that issues had been recorded, and looked into appropriately. The findings of complaints had been related back to the complainants, and any lessons learnt were fed back to staff through staff meetings and supervision. A recent complaint related to the quality and quantity of food at the home. Following an investigation, it was determined that changes could be made to the way food was ordered so as to ensure there was always a selection of different foods on offer. People at the home said that the choice of food had recently improved.

Good

Is the service responsive?

Our findings

The home continued to be responsive. People were encouraged to participate in activities both in the home and the wider community. People told us, "They have asked me what activities I would like, we do things in the home, and sometime go out on trips if the weather is nice." One relative said, "They do know his needs" and told us the care is "All written down in his room". Another said, "They very much had a personal touch".

People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. Each person had new individualised care plans that reflected their needs, choices and preferences. For example, people's records detailed the personal things which ensured staff provided individualised care. Favourite foods were known, clear information about how to support people's dementia and how to support them to communicate were evident in the records we reviewed. Care plans had been updated to reflect any changes to ensure they remained an accurate reflection of the person's needs.

Care plans were person centred and contained guidance about people's personal preferences for how they liked to be supported. For example, one care plan explained how to support a person who needed to be prompted with personal care . None of the care plans had been displayed in an accessible format, as people's needs did not require this to be done. However, the registered manager explained that if this was needed, then every effort would be made to create more accessible plans.

The staff told us that the activities co-ordinator planned activities in advance, however as people's needs changed there was a need for flexibility and activities changed accordingly. On the day of our visit, the activities coordinator wasn't working, but we saw activities taking place, such a pamper sessions, exercise, and listening to music. Staff were fully involved in these activities, and were seen to support people, and get involved e.g. singing along to music, and talking about memories associated with the songs. .

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Good

Is the service well-led?

Our findings

The home continued to be well led. 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.

Staff and relatives told us that they thought the home was well-led. One person told us, "The manager does a wonderful job. She is always on the ball". A friend who was visiting told us, "The home is well run and my friend is very happy living here". They went on to say they would recommend the home to others. A visiting healthcare professional told us, "I believe the manager is transparent about any concerns she has and is happy to contact other professionals such as myself as required. She is open to accepting advice and suggestions in an attempt to support residents".

We spoke to the registered manager about her role, and she informed us that she had decided to hand in her resignation as manager of the service. She explained that this was for no other reason, but to pursue other career opportunities, and address her own work/life balance. She explained that another manager from the company would be coming to the home, and that a transition period work take effect in the new year, to enable the new manager to see how the service operated, and allow them time to meet the people at the home, and the staff team.

The registered manager was supported by the proprietor who was regularly in the service and who carried out a programme of quality assurance audits to identify areas to maintain performance and drive improvement.

Staff told us there was good communication within the team and they worked well together. Staff, people and relatives told us the registered manager and proprietors were extremely visible in the home, and they created a warm, supportive and non-judgemental environment in which people felt comfortable.

The service had an open culture where people had confidence to ask questions about their care and was encouraged to participate in conversations with staff. Staff interacted with people positively, displaying understanding, kindness and sensitivity. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us that they felt well supported by the registered manager and provider and said that they enjoyed working in the home.

The provider sought the views of people, staff, relatives and health and social care professionals through questionnaires, health and social care professionals consistently noted the service was "Good", and feedback from relatives was complimentary. The provider also used a third party website for feedback on the service provided and the findings were consistent with feedback we had seen.

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and were used to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.