Valmar Care Limited

Valmar Care t/a Locharwoods of Birkdale

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Locharwoods is a residential care home for 19 older people. Accommodation is provided in 19 single rooms, all of which have an en-suite facility. Communal space is provided in a lounge, conservatory and dining room. Passenger lifts provide access to all areas of the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Everyone who lived in the home said they felt safe. There were robust measures in place to ensure people were safe. Risk assessments were in place for areas such as pressure care, safe environment, falls and mobility, and nutrition and hydration.

There were sufficient staff on duty to meet people's needs. Staff rotas showed a consistent number of staff were on duty each day. People told us call bells were answered within a reasonable time.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. We found that staff had the skills, knowledge and experience to support people effectively and safely.

Staff were supported by the registered manager through regular supervisions, annual appraisal and regular training. Staff had attended training in subjects such as first aid, fire safety, food safety, safeguarding and medication. New staff were required to complete an induction. Staff meetings were held regularly.

Medicines were managed safely and people received their medicines as prescribed. Staff had been trained to administer medicines to ensure errors were kept to a minimum.

The home was very clean and there were no odours. The home was well maintained and in good decorative order. People's bedrooms were personalised and were decorated and furnished to a high standard.

Regular checks and tests, such as gas, electricity, water safety, fire drills, fire alarm tests and external checks of firefighting equipment, were completed to maintain safety in the home.

People's needs were assessed and reviewed regularly to reflect their current health and support needs. People were supported to maintain healthy lives; records showed that people were supported to attend medical appointments.

People were supported to eat and drink enough to maintain a balanced diet and meet their dietary

requirements. Drinks were offered at various times throughout the day to ensure people's hydration needs were met. Staff understood people's individual nutrition and hydration needs and we saw that meals were provided accordingly.

Everyone living in the home was very complementary about the attitude of the staff and the way they were treated. Staff showed kindness towards the people in the home. It was clear from the banter and laughter that people were comfortable with staff and enjoyed their support.

Staff supported people to make decisions about their care, support and treatment. Staff showed a good understanding of people's likes and dislikes and preferred routines. This information was recorded in people's care records.

People and their family members were involved in the planning of their care and family members kept up to date with matters relating to their relative's health and welfare.

There was a complaints policy in place, which was displayed in the home. No complaints had been made since the last inspection.

Activities were planned each day and took place mostly each afternoon.

Quality assurance audits were completed by the registered manager and senior care staff which included, medication and health and safety.

There was a process completed annually where people in the home and their relatives had the opportunity to voice their opinions about the service. 'Resident/ relatives meetings' took place regularly to enable people to meet with the registered manager on a regular basis.

There was a caring, person-centred, and open culture in the home. The manager and registered provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications and the ratings from the last inspection were clearly displayed in the home.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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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 was a comprehensive inspection.

The inspection took place on 11 and 12 September 2018 and was unannounced.

The inspection team consisted of an adult social care 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.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home. We also received feedback from the local authority commissioning team and two healthcare professionals who knew the service. We used all of this information to plan how the inspection should be conducted.

We looked at the care records for four people, three staff personnel files, staff training records, staff duty rosters and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen and communal areas.

During the inspection we spoke with eight people who lived in the home and three visitors. We also spoke with five staff, including the cook, the registered manager and registered provider.

Good

Is the service safe?

Our findings

People said they felt safe living in the home. A person said, "I feel very safe; if I did hear any noises I know it would either be the other residents or staff making that noise, giving me peaceful relaxation." Relatives told us they had not hadn't witnessed any breach of security and were always asked to sign the visitors book.

There were robust measures in place to ensure people were safe. We saw through people's body language that people were comfortable with the staff. Risk assessments were in place specific to their individual needs and detailed how staff should support people to keep them safe. Risk assessments included mobility, falls, diet and nutrition, skin integrity and personal care.

Staff had received training in safeguarding adults from abuse and were able to tell us what they would do if they saw or suspected abuse. There was sufficient staff on duty to meet people's needs. Staffing had recently been increased in response to an increase in people's needs. Staff rotas showed a consistent number of staff were on duty each day. We observed people's needs being attended to and call bells answered swiftly.

We looked at how staff were recruited and the processes undertaken. We found copies of application forms and references and found that Disclosure and Barring (DBS) checks had been carried out at the start of a person's employment. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

Medicines were managed safely and people received their medicines as prescribed. Staff had been trained to administer medicines in order to ensure errors were kept to a minimum. Regular stock checks and audits were completed: The registered manager addressed any issues found promptly.

The home was well maintained and in good decorative order. People's bedrooms were personalised. A cleaning rota was in place to maintain good standards of cleanliness. Measures were in place to ensure the environment was safe and suitable for the people who lived there. Repairs to the building were recorded in a notebook and attended to in a timely way by the maintenance person. Regular checks and tests, such as gas, electricity, water safety, fire drills and external checks of fire fighting equipment, were completed to maintain safety in the home.

We found the home clean with no odours. Staff wore personal protective equipment (PPE) such as aprons and gloves when conducting personal care, administering medication and serving meals to prevent any cross contamination.

Accident and incident forms were collated and analysed by the registered manager each month to look for any themes or trends. Any action required for a person requiring a referral to the falls team or needing equipment to keep them safe was completed.

Good

Is the service effective?

Our findings

People's needs were assessed and reviewed regularly to reflect people's current health and support needs.

We saw from the training records and from conversations we had with the staff that they had the skills, knowledge and experience to support people effectively and safely. Staff were given the time to complete the required training courses and were supported by the registered manager through regular supervisions and an annual appraisal. Staff meetings were held regularly.

We saw that people received their choice of meals and staff supported people to eat a balanced diet. There was a wide choice of food on the menu, which changed each week. A number of relatives stated that the cook was really flexible with what they could offer, if there was nothing on the menu their family member would enjoy. A relative said, "They are more than flexible to make something else for them." Most people had their meals in the dining room, which was airy and bright; music playing in the background provided a pleasant atmosphere. Tables were set with tablecloths, napkins and clean cutlery and crockery. We observed staff offering to cut up food if and when necessary, but gave people choice over this. The food was homemade, with plenty of fresh vegetables. On the day of the inspection we found the meal was served hot and the portion sizes were adequate. People were offered a choice of two different fruit cordials and hot drinks with their meal as well as regularly throughout the day to ensure people's hydration needs were met. Staff understood people's individual nutrition and hydration needs and we saw that meals were provided accordingly.

People were supported to maintain healthy lives. Appointments were made regularly to visit the GP, dentist, optician and a chiropodist to help to maintain good health. A healthcare professional reported they were confident their recommendations were adhered to by staff. Family members told us they were kept up to date with matters relating to their relative's health and welfare.

The home had been adapted to meet people's individual needs; equipment to support people with poor mobility was in place in the bathrooms. Passenger lifts enabled people to access the first floor. People's bedrooms were decorated to their individual taste.

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 registered manager was fully aware of the process and applications had been made to the local authority. People living in the home were able to make decisions regarding their day to day choices. Mental capacity assessments had been completed to determine if people were able to make specific decisions.

Good

Is the service caring?

Our findings

People living in the home and relatives told us that the staff were very considerate, kind, looked like they enjoyed their job and they were very patient with people. A relative said, "I appreciate [staff] being patient with [name of relative] as this was something I found difficult at times to do."

Another relative told us they were never made to feel uncomfortable at the various times when they visited their relative. They said, "Even if it is over lunchtime I am, like all other times, made to feel very welcome. I am always greeted with a smile and a lot of the time asked if I want a cuppa or lunch." Another relative told us," I don't need to ask as they always arrange for a taxi for me when I am ready to leave the home."

We saw that the staff showed kindness towards the people in the home. It was clear from the banter and laughter that people were comfortable with staff and enjoyed their support.

Staff supported people to make decisions about their care, support and treatment. Staff showed a good understanding of people's likes and dislikes. This information was recorded in care records.
People's privacy was respected; people could enjoy time on their own when they preferred. Staff checked them regularly. Some people were supported to maintain relationships with their family members.

A healthcare professional told us, "The staff clearly care and are devoted to the residents and they act compassionately and professionally at all times."

The local advocacy service had been involved with a person who did not have any family to support them.

Where possible people were supported to maintain their independence with activities of daily living. Care plans recorded people's ability to complete certain tasks to inform staff.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans were written for the individual and informed staff of their preferences and wishes. 'About Me' documents were completed with the person and their family members to give a picture of the person and their preferred routines. For example, their preferred time to get up and retire to bed, their meal and drinks choices and their preferred choice for personal care and bathing. The care plan documents were regularly updated to reflect people's change in need or preference. People living in the home and relatives we spoke with told us they were involved in care plan meetings to review their support.

A programme of activities was in place. Care staff were allocated responsibility for doing an activity each morning and afternoon. These included, reminiscence, relaxation, art and craft, bingo, 'knit and natter group', baking, exercises and board games. We found that whilst activities took place each afternoon, morning activities often did not happen. This was because staff were busy supporting people with personal care. However, people we spoke with were happy with the activities provided. Some people chose to remain in the bedrooms, watching TV and reading. People told us about the annual barbeque which had recently taken place in the garden and had been well attended by families and friends.

People were supported to follow their chosen faith. Representatives from local churches visited regularly for meetings and to hold communion services.

The provider had a complaints policy in place. No formal complaints had been received since the last inspection in 2016. The policy was displayed in the home. Any minor issues had been investigated, and reported to the person. Actions had been taken to improve or resolve the issue. Many compliments had been received in the form of cards. Comments included, "Amazing staff", "Thank you for the wonderful care you gave [name]", "We will never forget how you made [name] last years happy and content and gave us peace of mind, knowing they were in the best place."

Information was recorded with regards to people's end of life wishes. Some people had chosen to arrange funeral plans with their relatives and details of these were kept in the person's care plan. Advanced care plans and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documents were in place where appropriate. A healthcare professional told us they were impressed with the care given and the lengths staff and the registered manager went to keep the person in the home at the end of their life (which was their preference). They told us, "Staff's knowledge of the person was excellent. The care given would not be better anywhere else."

Some staff had completed 'End of Life' training. There was no one living at Locharwoods at the time of our inspection receiving end of life care.

Good

Is the service well-led?

Our findings

Everyone we spoke with knew who the manager was; they all talked very highly of them. They said they were approachable and easy to speak with. A person living in the home told us, "[Manager] helps me sometimes as I can get a little anxious and they explain situations to me."

There was a registered manager in post. They had been the home manager for many years and knew the needs of the people in the home well. 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.

From discussions we had with the registered manager and the staff we found they were committed to providing a high quality and person-centred service at the home for the individuals who lived there.

Staff reported that the registered manager was supportive and made themselves available to support staff when they needed it. Comments were received, such as "They're brilliant," "Best manager I've ever had" and "Very supportive and approachable". Staff worked as a team and supported each other.

Healthcare professionals provided positive feedback about the service. Their comments included, "[Registered manager] is very helpful and knowledgeable. The care and commitment they give to the residents goes above and beyond their duty" and "I have always been impressed with the level of care provided. It gives the impression of a caring environment and well run."

Feedback was taken each year from the people who lived at Locharwoods and their relatives. A staff survey had been carried out in 2017, which the registered manager informed us would be repeated again this year. Feedback from everyone was positive and complimentary. 'Resident/ relatives' meetings took place regularly to enable people to meet with the registered manager on a regular basis.

We looked at the governance arrangements to monitor standards and drive forward improvements. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with an effective and safe service. A number of audits were completed by the registered manager and nominated senior care staff which included, medication, care records and health and safety. The registered manager completed a report on all aspects of the service each month.

The registered provider was a frequent visitor to the home; the registered manager described them as supportive. We found they were knowledgeable about the residents needs and any issues that had taken place. The registered manager met with the registered provider every month to discuss the business of the home.

The registered manager and provider met their legal requirements with the Care Quality Commission (CQC).

They had submitted notifications relating to incidents and the rating from the last inspection was clearly displayed both within the home and on the provider's website.