

HC-One Limited

Larchwood Care Home

Inspection report

108 Broad Road
Bocking
Braintree
Essex
CM7 9RX

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Tel: 01376347777

Website: www.hc-one.co.uk/homes/larchwood

Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Requires Improvement ● |
| 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

Larchwood Care Home is a residential care home supporting older people and people with a diagnosis of dementia. There were 63 people living at the service when we visited but the service can accommodate up to 64 people. Larchwood is purpose-built service and has three self-contained units, called Cedar, Chestnut and Rowan.

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

People told us that they were happy living in the service and staff were kind and caring.

Staff were observed to be busy and they told us that there wasn't always enough staff. Following the inspection, the registered manager told us that they had reviewed people's needs and the levels of dependency and intended to increase staffing numbers. We have made a recommendation about how they calculate staffing levels.

Systems were in place for the safe storage and supply of medicines, but these were not working effectively as one person had not been receiving their medicines and this had not been escalated as required. Action was taken by the registered manager on the day of the inspection.

Risk assessments detailed people's individual risks such as, mobility, risk of falls and malnutrition. However, further work was needed to ensure robust assessment and monitoring for people with a catheter. Following the inspection, the registered manager confirmed that they had changed the system in place.

There were clear systems in place to recruit staff and ensure their suitability before they started work at the service. Staff received training to develop their skills and enable them to meet people's needs.

When an incident occurred, this was investigated, and lessons learnt where appropriate. The service worked closely with external health and social care professionals to achieve good outcomes for people.

Meals were nicely presented and looked appetising and people told us that that they enjoyed the food.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care which was responsive to their needs and preferences and staff knew people well.

People were supported to be as independent as possible and had access to a range of social opportunities to reduce the risk of social isolation.

Feedback from people and relatives was considered through a range of systems such as surveys, care reviews and meetings.

The provider had a framework to monitor performance and drive improvement. This included the collection and analysis of data as well as regular audits. However, the audits had not identified all the areas we found, and we have made a recommendation about how they are undertaken.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 09 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Larchwood Care Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Larchwood Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector, an assistant inspector and an expert by experience. The expert by experience had experience of supporting older people.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notification that had been sent to us. A notification is information about important events which the service is required to send us by law.

The provider had 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 the inspection

We spoke with the registered manager, the area manager, ten members of staff and one professional who

visiting a person who lived in the service. We spoke with seven people living in the service and ten family members. We reviewed care and support plans, medication administration records, recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service.

After the inspection

We spoke with the registered manager about what we had found and the actions that they were taking.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Feedback on staffing levels was inconsistent with both positive and negative feedback. Staff told us that there was not always enough staff available to support people. One member of staff told us, "Things get done but staff breaks are out the window." Another said, "We do our best but there are so many residents who require two staff. We really do care and it is stressful when we haven't the time to spend with people."
- Staff were observed to be busy and as they were rushing to move people to the dining room for lunch, we observed some poor moving and handling practice, where staff did not follow the persons care plan or risk assessment. We spoke to the registered manager about this and they spoke to staff.
- We reviewed the staffing rota and noted that the staffing levels reduced during the afternoon and evening. The registered manager told us that the levels of staff were based on the dependency needs of the people living in the service and the provider had a tool which they used to calculate how many staff they needed.
- Following the inspection, the registered manager told us that they had reviewed people's needs and planned to increase staffing levels during the day.

We recommend the provider more formally considers the feedback from staff as part of their regular reviews of staffing levels.

- The service remained dependent on agency staff but told us that the use of agency staff was much reduced, and they were only using agency staff at night. Relatives told us that their loved ones were supported by a consistent team of staff. One person told us, "There doesn't seem to be a big turnover of staff, so we tend to see the same members of staff which is good."
- Checks on staff suitability were undertaken on all new staff prior to their appointment. Identity checks, criminal records check, and appropriate references had been obtained on newly appointed staff.

Using medicines safely

- Systems were in place for the safe keeping and administration of medicines, but they were not followed consistently.
- We observed that one person had not received their prescribed medicines for a period of seven days, but the system had not been followed and their refusal escalated appropriately. The registered manager immediately referred the matter to the individuals GP for advice and told us that they had put a new system into place to prevent this happening again.
- We reviewed people's medication administration records and checked the amounts against the records and could not find any discrepancies. However, the records of creams and lotions were not fully completed and did not always evidence that people received their medicines when they should. The registered

manager told us that they would review this more closely.

- People who received 'as and when required' (PRN) medicines had clear instructions in place for staff to follow when administering these medicines.
- Competency assessments were completed on staff to check their skills and knowledge before they administered medicines independently.

Assessing risk, safety monitoring and management

- Risks were assessed, and plans were in place to reduce the risks of harm however these plans were not consistently followed. Some people had catheters in place but there were gaps in the documentation and we could not see that catheter bag changes had taken place as required. The registered manager immediately changed how this was being recorded and reviewed.
- Other risks were better managed and people at risk of skin damage had specialist mattresses and those at risk of falls, alarms to alert staff to movement.
- One relative told us, "I think my relative is as safe here as much as anybody can be in this environment and they are definitely safer here than at home."
- Records showed that checks were completed on the building and on the equipment to ensure that it was well maintained and working effectively. The lift, fire safety and moving and handling equipment were all inspected and where required serviced at regular intervals.
- Personal evacuation plans (PEEPS) were in place for people outlining how to evacuate the service in the event of a fire.

Preventing and controlling infection

- Infection control audits were being undertaken on a regular basis to identify shortfalls. The service was largely clean, but we did identify some shortfalls, some of which had been identified through the auditing process but were still waiting to be addressed and we were not clear why there had been a delay.
- Staff were aware of their responsibility in terms of Infection Control and what this meant.
- Staff had access to personal protective equipment such as gloves and aprons. People had individual slings to reduce the likelihood of infection when being assisted with their mobility.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from abuse and people and their relatives expressed confidence in the arrangements.
- Staff received training on safeguarding and knew what steps to take to keep people safe.
- Appropriate actions had been taken by the registered manager, when concerns had been highlighted.

Learning lessons when things go wrong

- There were systems to record and report safety concerns and near misses. The registered manager analysed incidents and accidents to identify lessons learnt. Regular meetings were held to discuss falls prevention to identify if further actions were needed.
- Accident and incidents were logged and reviewed by a senior member of staff and the registered manager used a route cause model to review.

Equipment such as crash mats were in place for those individuals who had been identified as being at risk of a further fall. 24-hour monitoring was not always undertaken for those individuals who had sustained a head injury when falling.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care, and support were delivered in line with current standards and guidance. The providers leadership team ensured that the registered manager was kept up to date with evidence-based guidance and the registered manager attended regular meetings with other managers within the group.
- People's needs were assessed before the service started to support them. This assessment was used to form the basis of an initial seven-day plan of care.
- There was evidence of the appropriate use of technology such as alarms to alert staff to people moving around the building.

Staff support: induction, training, skills and experience

- People and their relatives told us that staff were appropriately trained.
- There was a training matrix in place which showed what training staff had completed and when an update was due. Staff were positive about the training and could tell us about what they had learnt. They told us that they were supported to access additional qualifications such as the Qualification and Credit Framework (QCF.)
- New staff undertook induction training which involved both face to face training and working alongside an experienced member of staff before working independently.
- Staff told us that they received ongoing support through regular staff meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with eating and drinking. Mealtimes were social occasions, and people supported to the dining room. Tables were nicely laid, and condiments were available.
- Meals looked appetising and staff supported people to make choices by showing them the meals which were available. Where people required a specialist diet such as pureed meals, these were available, and people were supported an appropriate pace.
- A relative told us, "They do really nice roasts which are popular with my relative and other residents. They are flexible with food orders, sometimes my relative doesn't really want much and they will happily change it to poached egg on toast or something like that.they seem to know what my relative likes."
- People's weights were monitored, and nutritional assessments undertaken where people had lost weight.

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

- People were supported to access healthcare support.
- Care records evidenced ongoing involvement of health professionals and we saw evidence of appropriate

contacts with the, Dietician, District Nurse and the local surgery.

- People had access to chiropody and oral health care assessments were undertaken. However, the actions that staff should take to support people with oral health could be clearer and the registered manager agreed to address this directly with staff.

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

- The service was purpose built and people had all single rooms. Rooms had been personalised. The communal areas were comfortable. There was an ongoing maintenance and upgrading programme.
- People had access to a pleasant garden and the service had several pet rabbits.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found that people were being deprived of their liberty and applications had been made to the local authority.
- Best interest decisions were in place for areas such as the delivery of personal care and the administration of medicines.
- Staff had completed training in MCA and were clear about best interests and how to support people with decision making. Throughout the inspection we observed staff offering people choices and listening to their wishes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were observed to be kind and caring in their interactions with people. The atmosphere was relaxed and friendly. At lunchtime staff were attentive asking people if they had enough or if they would like something else to eat or drink. A visiting professional told us, "They have good relationships here and staff seem to care for residents."
- People and relatives were also complimentary about the care, highlighting the dedication of staff throughout the service, including the administrative staff who were described as "wonderful" and "nothing being too much trouble."
- Staff told us that they would recommend the service, one member of staff told us, "I feel that everyone gives their best and people are looked after."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and we observed staff offering people choices such as where they wished to sit and whether they wished to have their food cut up.
- People and relatives were provided with opportunities to feedback their views as to how the service was run. Resident and relative meetings were held at regular intervals to discuss how the service was working and suggestions for improvement.
- Regular reviews of people needs were undertaken. Relatives told us they were able to visit without restriction and, where appropriate, involved in the planning and review of care plans.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. A relative told us, "Staff go above and beyond here...the girls work really hard...they think about what my relative wears and about getting their hair done."
- Staff were clear about the importance of privacy and described how they translated these values into every day practice such as taking people to the toilet discreetly and giving people the space, they needed.
- Staff were observed encouraging people to do as much as possible for themselves and we saw equipment was in place including plate guards to keep people as independent as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place to guide staff and were detailed and informative. They provided information on people's preferences such as the gender of carer they preferred and what they liked to eat and drink. Information was included on what might cause the person anxiety and stress and how staff could best support the person.
- Life story books were in place for some people and provided information on people's life and achievements.
- Staff told us that they received daily handovers on people's needs and when additional monitoring was needed. Relatives told us, the service communicated well with them, one person told us, "They always inform me of my relative is getting on or of any minor falls they have had, as well as how they are doing generally."

Meeting people's communication needs

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

- Information was provided in different formats and large print and easy read were available.
- People were wearing their communication aids such as glasses and hearing aids.
- Care plans provided clear guidance for staff to follow when communicating with people. One person had sight loss and their care plan provided staff with specific information on where to stand to assist communication.
- We observed staff communicating well with people, such as getting alongside them when talking with them or letting them know what was happening as they were transferring them with the hoist.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access a range of stimulating activities. On the day of the inspection we observed that people were engaged in activities such as cooking and ball games which people seemed to enjoy. We saw that there were other activities available such as an exercise class.
- A relative told us, "There was an Easter and summer party, as well as an event at Halloween. There are animal visits and people's birthdays are always celebrated. Staff are very proactive."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure and we saw evidence that where written complaints had been received they had been taken seriously and investigated promptly. One relative told us, "There have been no major issues...but any small issues are dealt with."
- We saw that the service had received several compliments and thank you letters regarding the care provided.

End of life care and support

- People had end of life plans in place which identified what was important to the individual however these varied in detail and some plans would benefit from further information to ensure that there were clear arrangements in place in the event of a sudden illness.
- The service was providing end of life care and a relative spoken to told us that staff had discussed issues such as pain management with them and they were confident that their relative would receive compassionate care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was experienced and had managed the service for several years. They were well known to staff and people using the service.
- People, relatives and staff were very positive about the service and said they would recommend it to others. Relatives told us that the registered manager and other member of the management team were helpful and approachable. One relative told us, "The manager has helped us a lot, they have bent over backwards to help up. And with the emotional side too. They have put our minds at rest."
- The registered manager knew the needs of the people using the service and relatives. They were supported by a new deputy manager who was supernumerary, and staff told us they were visible and helpful. The registered manager and or deputy manager completed a daily walk around the service. They chaired the daily flash meetings where senior staff came together to handover any operational and clinical issues, to ensure that risks were escalated, and staff had the most up to date information on people's needs.

Systems and processes were in place to drive improvements. Audits were robust and included internal and external auditing which ensured people received safe care and treatment and achieved good outcomes for people; Continuous learning and improving care

- Monitoring systems were in place to review and improve the quality of care.
- Regular audits were undertaken of areas such as care plans, medication and the environment. Where areas were identified lessons were shared with staff to drive improvement. However, these audits had not identified some of the inconsistencies in practice we found in areas such as medicines and catheter care.

We recommend the provider reviews its audits to ensure that they are agile and can more promptly identify and respond to issues.

- The provider collated and reviewed data as well as conducting their own audits to monitor quality and review performance. The service had its own action plan with clear dates for completion.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager kept an overview of all accidents, incidents, safeguarding and complaints. These were reviewed by the provider to ensure correct action had been taken and to identify any lessons that

could be learned.

- The registered manager was aware of the legal requirement to notify the Commission of any authorised DoLs, safeguards or significant injuries to people using the service and appropriate notifications had been completed.
- There was an emergency contingency plan in place and clear steps for staff to follow in the event of an emergency.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were systems in place to engage with people including resident meetings and questionnaires. Questionnaires were sent to relatives to complete and we saw that where issues were identified actions were taken. The registered manager had increased the timings of night checks following the issue being raised.
- The service had links with local groups such as schools and religious groups. We saw that there were "Friends of Larchwood" a group who volunteered within the service and ran the community shop.
- Regular staff meetings were held with staff, although some staff told us that they would like to see greater consultation at these meeting. We saw that regular surveys were undertaken with staff and the results of the last survey showed that 92% of staff were clear as to the providers and 85% proud of the quality of care.