

Barnett Care Homes Ltd

The Larches

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

The Larches is a residential care home providing personal care to up to five people. The service provides specialist care and support to individuals with a diagnosis of Prader-Willi Syndrome. At the time of our inspection there were three people using the service. The building is an adapted house in a residential area.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: People were very happy with living at The Larches. They benefitted from a good quality, well maintained environment, with lovely grounds.

There were sufficient staff to support people with their care needs, but more importantly with their psychological wellbeing throughout their day. The keyworker system in place was used to good effect to enable people to relate to one key staff member. People were able to contribute to their own care records and support in a meaningful way.

People had a lifestyle that allowed them to lead the best life they could. The people were able to choose interesting opportunities within the community. People had their own interests and were enabled to follow these.

Right care: People were able to contribute to the weekly meeting that was used to discuss the running of the service. The menu choices were discussed and agreed for the following week. People were able to take part in cooking and had access to all parts of their home except the walk-in larder that was kept locked to maintain people's safety.

Staff had received good training and understood the condition of Prader-Willi Syndrome to enable them to support and respond to people showing dignity, respect and promoting choice in an agreed framework that was not overwhelming.

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.

Right culture: The knowledge of staff, managers and owner of the condition Prada-Willi Syndrome, means they can understand how best to motivate and support people to lead confident, inclusive and empowered lives to the best of each persons ability.

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

Rating at last inspection

This service was registered with us on 8 January 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to give it a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Larches

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector completed this inspection along with 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.

Service and service type

The Larches is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Larches is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

At the time of our inspection there was a registered manager in post. They had tendered their application to deregister and another manager had been appointed and was in the process of becoming registered.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. However, we telephoned the evening before to say we were inspecting

the next day. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met and spoke with the three people who live at The Larches and the staff supporting them. We spoke with the outgoing registered manager and the new manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Between day one and day two of the inspection visits an Expert by Experience telephoned three relatives to seek feedback on the service provision. We examined records relating to the running of the service. This included assessments prior to placement, care planning with risk assessments, along with daily notes for three people. Records relating to medicines, recruitment and the oversight and monitoring of the service were viewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse.
- People told us they felt safe. A relative said that safety was spot on and "I know [my relative's] in safe hands."
- Staff had received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare. One staff member told us, "I know any concerns I have can be reported to my managers and I am also aware of the whistle blower procedure. I can access help, support and advice." Managers understood their safeguarding responsibilities.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed. Environmental and personal risks were evaluated, and risk managed and minimised where possible.
- People using the service were involved in the care planning and risk assessment process, so they could have as much control over their lives as possible.
- Risk management plans were regularly reviewed to ensure that ways of working were the least restrictive but also safe for all concerned. For example when people access local amenities such as local coffee shops or travelling.

Staffing and recruitment

- Robust recruitment procedures were followed to ensure the right people were employed to work in the service. This included Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- References and employment history were explored and evaluated. Health screening of staff ensured they were physically and mentally suitable for the role.
- There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. There were consistently enough staff, who knew people well, to enable them to lead interesting lives and access the community.
- Staff confirmed there were sufficient staff on shift. Comments from people and relatives about staffing included, "I like the staff." And a relative said it was well staffed and they had no concerns about staffing levels.

Using medicines safely

- Medicines were managed safely and appropriately. There were good systems in place based upon a policy and procedure that staff were trained in. Records were well kept.
- Medicines were kept safe and people received these as intended to promote better health.

- Relatives and staff said that they believed that medicines were well managed and monitored. Regular auditing was completed by managers to ensure medicines were safely used.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to receive visitors and were able to visit and stay with their families. Government guidance of the time was followed.

Learning lessons when things go wrong

- The service managers were open to feedback and wanted to use reflective practice to develop the service for people. Staff meetings were used to reflect on incidents to determine if they could have gone better. The owner and managers are keen to use these outcomes to inform future decision making.

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. This is the first inspection for this newly registered service. This key question has been rated good. 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 needs were assessed before the service started, to check whether they could meet the persons needs safely and effectively. People were enabled to visit and spend time at The Larches to see the environment, people they would live with and meet staff that would support them prior to moving in.
- External experts were able to review information provided by health and social care professionals to determine if the service was appropriate for the individual.
- A care plan was created following the assessment process, so staff knew what care support people needed and when on admission.
- People's care plans considered people's diverse needs. For example, around people's heritage, beliefs, cultural requirements and lifestyle choices.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs. Staff understood the condition of Prader-Willi Syndrome and how best to support a person to ensure their wellbeing was maintained.
- New staff received induction training which included introductions to the people they were recruited to support. The managers worked alongside them to teach best practice and ensure that the new staff member followed people's care plans.
- Staff new to care completed The Care Certificate; this is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had supervision and appraisal meetings. This gave them the opportunity to talk about their work and reflect on their practice.
- Staff told us they received effective support from the managers. Staff told us they felt well supported in their roles. One staff member told us, "I really enjoy working at The Larches I feel valued every day by all staff and by management. If ever I have a problem or issue, I always feel that I can speak to [name of a manager] and will day or night."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People's care plans contained information about the support they needed in this area, so staff knew what support to offer people. The condition of Prader-Willi Syndrome requires considered insight into food nutrition and psychology. In addition, the physiology of people with Prader-Willi Syndrome needs to be known. Staff had the knowledge and skill to ensure people had a balanced diet that met their needs.
- Food was freshly prepared, and everyone had the same quantities, but the nutritional value for some people was either increased or decreased.

- People chose the menu on a weekly basis and were able to access the kitchen and prepare the meals. One person told us that the food at The Larches is, "Good" and that their favourite meal was, "Savoury pancakes", and they told us, "Yes I help to cook." A relative explained that snacks are offered through the day and Friday movie night comes with popcorn.
- People were supported to access healthcare appointments regularly to maintain health or in an emergency. Staff were able to advocate for people to ensure health care professionals understood the conditions people had. There were examples of where staff had been assertive to ensure effective timely care was provided.

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

- The Larches was a regular large house in a local community where people could access amenities available to others.
- The environment was well maintained with good quality furniture.
- The design was adapted to ensure people were able to get the most from the layout of the building with plenty of communal space and a well-maintained garden. The one area of the service that people could not access was the purpose built larder as this contained large amounts of food stocks. As this posed a risk due to their support needs.
- The use of key cards instead of keys allowed people easy access to their rooms that could remain private from others.
- People when new, were able to choose decoration for their rooms including paint colour and curtains. People were able to choose the type of bed and mattress that best met their needs.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Managers had a good understanding of the MCA and staff received training to support their practice in this area.
- There were systems in place to ensure people consented to their care, if they had capacity to do so, and to ensure the principles of the MCA were followed when people lacked capacity to make decisions about aspects of their care.
- There were appropriately agreed restrictions in place for people relating to access to food and the larder.
- People were given choices about many aspects of their lifestyle and people were actively encouraged to try new things. Staff respected decisions and requests, which helped to ensure people consented to care delivery on an ongoing basis.

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. This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were treated with kindness, dignity and respect. One relative said, "The staff are lovely, every time you go in, it's so genuine, [the caring], so lovely to see", they added, "They're [staff] very calm, very natural." Another relative said staff were, "Definitely respectful yes". They told us that the atmosphere in the home was fun.
- Staff knew people very well. This was supported by feedback from people that they liked the staff. When asked if they were kind one person said, "Yes!"
- We observed staff interaction with people, and this was sincere and authentic. We saw one staff member sharing a person's file with them so that they were aware of the contents and what it said. This showed genuine respect for people.
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People and their relatives confirmed they were involved in decisions around their care and support. People knew what was in their care plans and participated in their own reviews. There were regular weekly resident meetings with minutes kept of the discussions. This showed that people were involved in making decisions about how they were supported.

One relative told us, they were very pleased with communication from the managers at the home, and they told us, "I felt that the other places [previous care homes], didn't listen to me, but my voice is heard now at the Larches".

Respecting and promoting people's privacy, dignity and independence

- Promoting people's privacy, dignity and independence were core values of the service. Privacy was genuinely kept by staff. One staff member told us, "Their privacy is respected, staff do not enter their bedrooms without permission, it is their safe space. Residents' choices are respected, residents are supported with dignity. Independence is encouraged."
- Staff were passionate about treating people in a person-centred, dignified way and they spoke respectfully of the people they supported to remain independent.
- People's confidential information was managed safely. The provider had systems in place to make sure they complied with the General Data Protection Regulations (GDPR). Staff received training about protecting people's confidential information and understood their responsibilities.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated 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

- People were involved in planning their care and support. Plans were personalised to each person and were not formulaic, but relevant to the individual.
- Each person had a care plan which recorded the outcomes they wanted to achieve and contained information about how they wanted to be supported. One staff member told us, "I am very well informed to support the residents, their care plans are kept updated and available, we are kept informed of any changes to their care."
- Care support plans were kept under review. One staff member said, "There is excellent communication between staff and management on how to support the residents. I am also able to contribute and give feedback on things."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met.
- Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them.

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 maintain relationships with family and friends. People attended a regular social club where they could meet their friends and spend time together. Relatives told us that they regularly visited and used video calls, telephones to keep in regular contact. They had their family member stay with them when they chose. One relative said, their family member was close by in distance and they can, "Pop in regularly to see [name of person]."
- People had regular access to their community. We were told of all the different pursuits people did individually, such as playing badminton, swimming, working with animals as well as access to many activities within the home setting.
- There was one regular group activity that was enjoyed and that was litter picking within the local community. This was particularly appreciated by local people and liked by the people at The Larches.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.
- Relatives told us they knew how to make a complaint however they had never had any reason to complain. One relative said that communication was good and "Everything is running very smoothly". Another relative said, "No, no concerns, I can't think of anything".

End of life care and support

- The service was not providing end of life care at the time of this inspection.
- We were told that if and when people needed end of life care, staff would work closely with other health care professionals to provide the best care for people in a compassionate way to ensure people had a dignified death of their choosing.

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. This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- There was a registered manager in place, however they had applied to be removed and a new manager had been appointed and was in the process of being registered with CQC. The planned succession management meant that we were able to meet both of these managers who worked well together.
- The managers were closely supported by the provider who was in day to day contact and present at the service. Together they made positive contributions to the running of the service.
- The managers and provider were engaging, transparent and clearly passionate about wanting to provide a high-quality service to the people they supported. Staff were onboard with the values of the service and were able to communicate these to the inspector and demonstrate this in how they behaved.
- There were policies and procedures in place that were appropriate for the running of a care home. This included ongoing monitoring systems that could produce audits and reports on the service quality. These were available for review.
- The managers understood the types of incidents that need to be reported to CQC and had notified us of relevant events.
- The provider was open and transparent when dealing with any issues or concerns. They understood their responsibility to apologise and give people and explanation if things went wrong.

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

- The service had an open culture and staff were confident any concerns or issues they raised would be dealt with appropriately by the managers. Staff morale was positive, and staff told us they enjoyed their jobs. One staff member said, "I have always felt valued and appreciated and have had complete support from managers and colleagues. My opinion is always listened to and we are encouraged to share our knowledge, experience, ideas and views and I always feel respected." Another said, "The Larches is one of the best homes I am privileged to be part of as an employee. I feel valued and supported every single day. Management always listen to staff's views and concerns."
- Relatives spoke about the positive culture and that managers were approachable and were good at communicating.

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

- The managers made themselves easily accessible to people using the service, their relatives and staff. This

gave them the opportunity to share any concerns or feedback about the service. The managers were preparing to send out a survey to people to seek formal feedback to drive improvements within the service. Comments were positive about the service and included, "I think the service is well run and managed by qualified and experience managers as every activity in the home is well organised." A staff member said, "I feel the service is very well managed. All managers have very good knowledge and understanding of Prader-Willi Syndrome and the time to share this knowledge. I feel the service is run safely, caring and correctly."

- The service worked with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses.
- The registered manager and staff understood the importance and benefits of working alongside other professionals.