

Anne Gray Care Limited

# The Larches - Tiverton

## Inspection report

Canal Hill  
Tiverton EX16 4JD  
Tel: 01884 257355  
Website: [www.ccstiverton.co.uk/the\\_larches](http://www.ccstiverton.co.uk/the_larches)

Date of inspection visit: 3 and 7 September 2015  
Date of publication: 12/10/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

An unannounced inspection took place on 3 and 7 September 2015. It was carried out by one inspector. The Larches provides accommodation for up to 19 people and 16 people were living at the home on the first day of our visit. On the second day of the inspection, an additional person was staying at the home for two weeks.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection, applications had been made to the local authority in relation to people who lived at the service. The registered manager told us most of these were waiting to be approved. One person's application had been approved but CQC had not been notified of this decision, which the registered manager said they would rectify.

# Summary of findings

People looked confident as they moved around the home and people told us they felt safe. Accident and incident records were analysed and action taken. Staff knew to report poor or abusive practice, and the registered manager and seniors responded to concerns appropriately. Staffing levels met people's care needs. Tea times were busy as some people became restless and an additional staff member had been recruited to address people's care needs at this time. The atmosphere was calm and friendly. Medicines were well managed. Risk assessments were in place for people's physical and health needs.

Staff treated people as individuals and checked how they wished to be supported. Staff understood the importance

of gaining consent and their legal responsibilities. People told us staff were kind. People benefited from a staff group that were trained and supervised. People had access to health services.

Staff were calm and unhurried in their approach when they supported people. People complimented staff on their friendliness and kindness. Care records were personalised.

The service was well run by a committed manager who was approachable. Safety checks were up to date and the home was well maintained.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Recruitment practices were robust and the registered manager could demonstrate that staff were suitable to work with vulnerable people.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

Medicines were well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

The home was clean and there were no unpleasant odours. Staff recognised the importance of good infection control practice.

Good



### Is the service effective?

The service was effective.

People were supported by committed staff who were trained to meet their emotional and health care needs.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

Staff received support to develop their skills.

People were supported to access healthcare services to meet their needs.

Good



### Is the service caring?

The service was caring.

People were treated with dignity and with kindness and respect.

People were involved in planning their care and support and their wishes respected.

Staff understood people as individuals and communicated effectively with them about their support.

Good



### Is the service responsive?

The service was responsive.

People's individual care needs were assessed and care plans written in conjunction with individuals.

Staff were attentive and recognised changes in people's health and well-being.

People's care was responsive to their individual needs.

The management of complaints and concerns showed a commitment to improve the service.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

The home was well-run by a committed registered manager and providers who supported their staff team and knew the people living at the home well.

Good



# The Larches - Tiverton

## Detailed findings

### Background to this inspection

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

This inspection took place on 3 and 7 September 2015 and was unannounced. There was one inspector who used the Short Observational Framework for Inspection (SOFI) during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not comment directly on the care they experienced.

Before our inspection, we reviewed the information we held about the home, which included incident notifications

they had sent us. A notification is information about important events which the service is required to tell us about by law. We reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we met with 11 people staying at the home and spoke with nine people about their experiences of care. We met with five people's families, and three relatives shared their views with us. We also met with five staff who carried out a range of roles within the home, and met with the registered manager, the providers and administration and training staff. We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to training, supervision, complaints, safety checks and quality assurance processes.

# Is the service safe?

## Our findings

Risks assessments were in place and were up to date for people's physical and mental health needs. For example, people at risk of pressure damage to their skin or at risk when they moved because of their fluctuating health. Staff made sure people at risk of pressure damage were sitting on appropriate cushions and remembered to move these when people changed chairs. The registered manager and senior staff recognised some people's negative comments could impact on other people's mental well-being. Staff monitored the situation and individuals' care plans made reference to these issues. However, the registered manager said she would meet with care staff to discuss if a particular verbal intervention from staff worked better than another to help ensure a consistent approach.

Accident and incident records were kept and reviewed. Action was taken when a pattern was identified. For example, one person had regular falls at night. The care plan had been reviewed and changes made to try and reduce risk.

Rotas showed the staffing levels at the home were generally stable, with a senior supporting three care staff in the morning and two care staff in the afternoon. Two care staff worked at night supported by an on-call rota.

One person became distressed in the late afternoon and a staff member sat with them and reassured them despite it being a busy time of day. The staff member was calm and gentle in their approach. The registered manager had already identified the person needed help with their anxiety to help them feel safe and was working with health professionals to help alleviate the person's worries.

Staff said teatime was a particularly busy period if there was not a kitchen assistant available to work. This was confirmed by our observations. Care staff and catering staff had been covering this additional shift but records showed this had not been possible for every shift. However, the registered manager advised the need for consistent cover had been recognised and addressed. A new permanent staff member was due to start in this role, which other staff confirmed.

Medicines were well managed and there were examples of good practice. Records for medicines were completed appropriately and consistently. Medicine records matched the prescribed medication totals in the home and where

appropriate staff had double signed entries. There were care plans in place for medicines which were not prescribed for daily administration. A signature list for staff administering medicines was in place to help with auditing staff practice. Staff checked with people regarding their pain, and if they needed pain relief. Staff also observed people's mood and body language to monitor their well-being. Medicines were administered in a calm manner.

Three recruitment files for recently employed staff showed the recruitment processes within the service were well managed, which helped ensure suitable people were employed by the service. New staff members were not employed until information from the Disclosure and Barring Scheme (DBS) had been received and reviewed. These checks identify if prospective staff had a criminal record or were barred from working with vulnerable people. Newly recruited staff had produced relevant identification documents and completed application forms. References were requested from previous employers to assess potential staff members' suitability. After reviewing one of the files with us, the registered manager immediately sought another reference for one staff member as this was their most recent employer. The registered manager and administration staff told us how they had made changes to the application form but were keeping it under review to help ensure a consistent and thorough approach to recruitment.

Maintenance records were up to date, and safety checks were in place, including the servicing of equipment. Fire safety measures were in place and the registered manager was clear about their responsibility to ensure the service's fire risk assessment was reviewed. Environmental changes had been made to help protect people's safety including covered radiators to reduce the risk of burns and restricted windows to help reduce the risks of falls. The registered manager advised hot water was thermostatically controlled and records showed temperatures were checked regularly.

People told us they felt safe in the home, other people showed through their actions and comments to staff that they felt safe to express themselves. A tour of the building showed call bells were in place in people's rooms, although one person's was not in reach and unsuitable, which the registered manager addressed during the inspection.

## Is the service safe?

Where appropriate, alarmed mats were in place for people who had been assessed at risk of falling, and were unable to use a call bell. People looked relaxed in their surroundings.

Staff were knowledgeable about how to recognise signs of abuse and how to whistle-blow on poor or abusive practice. They knew who they should contact to make a safeguarding alert either within the company or via an external agency. Relatives praised the staff group and one person commented care staff did not lose their patience and were always consistent in their approach. Some staff were particularly skilled at supporting people when they moved; gently encouraging them and supporting them to be as independent as possible.

The home was clean and there no unpleasant odours either in communal areas or in people's bedrooms. Visitors told us this was always the case and people staying at the home made positive comments about the cleanliness of their surroundings. Staff took a pride in the standard of cleanliness and showed us a work schedule, which included regular deep cleaning. Staff were clear about the infection control measures in the home and explained how they had learnt from an incident earlier in the year when a number of people had been unwell. The registered manager praised the staff members' commitment during this time to support people and to deep clean the home. Improvements had been made to the laundry since our last inspection and there were plentiful supplies of protective clothing.

# Is the service effective?

## Our findings

The Mental Capacity Act (2005) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

At the time of the inspection, applications had been made to the local authority in relation to people who lived at the service. The registered manager told us most of these were waiting to be approved. One person's application had been approved but CQC had not been notified of this decision, which the registered manager said they would rectify.

There were deprivation of liberty safeguards applications (DoLS) in place; we spot checked several people's files and saw the requests were appropriate. The registered manager and a senior staff member were due to complete a second stage of training regarding the Mental Capacity Act (2005). Care staff confirmed they had completed training in this area of care, which records confirmed, but several staff said they would benefit from refresher training regarding deprivation of liberty safeguards. The registered manager said they would review the training to ensure staff fully understood their responsibilities.

Staff practice showed they understood their responsibility to consult people on day to day decisions. People's mental capacity was assessed to support them make decisions in different areas of their care and life. Staff checked with people how they wished to be supported and listened to their opinions. Our observations showed staff knew people's preferences.

Care staff recognised their own role to promote good quality care. For example, a senior addressed the practice of another staff member in a timely manner. They recognised their responsibility to help others adopt a person centred way of working. Several staff members commented on the improved teamwork in the home.

Staff demonstrated their understanding of their responsibilities and the skills they needed to effectively

support people. All staff showed a commitment to training and developing their knowledge and skills. For example, a senior held a moving and handling training qualification, which enabled them to train staff. Staff told us about their recent training, which matched with the training certificates on their files, these included areas of health and safety. The registered manager and the home's trainer explained how they were developing the training available to staff to include more practical sessions and group sessions to enable discussion.

Staff were supervised formally, although the registered manager recognised improvement was needed to make sure these were all recorded. Staff said the registered manager was approachable and available when they needed guidance. They confirmed formal and informal supervision was available. Systems were in place to support new staff and assess their progression during their probationary period.

People talked to us about the quality of the food at the home and the choices available to them. The cook visited people each day to discuss the daily menu. Staff involved in food preparation knew people's individual preferences and how to prepare food to suit their allergies and to consider people's values and beliefs. Paperwork completed before people moved to the home showed people were asked about their likes and dislikes. The cook also explained how they met with new people, including those on a respite stay, to check again with them, which happened during the inspection.

Staff encouraged people to have drinks; this happened throughout the day. Everyone working at the home, including the registered manager offered drinks. People at risk of de-hydration or weight loss had their food and fluid intake monitored. Changes were made during the inspection to ensure the form encouraged staff to complete these in a meaningful and consistent manner.

Some people could tell us they had access to health and social care professionals; we also saw records of visits from people's care records and information in staff communication books. People said their relatives had all the medical care from outside professionals that they needed and that staff quickly informed them of any changing needs. The registered manager and staff recognised changes in people's health and made referrals in a timely manner.



## Is the service effective?

The home is not purpose built and the registered manager and seniors described how they had been considering the layout of the lounge. They recognised that the area could become crowded if everyone chose to use the lounge so had tried a different layout, which was documented. Some people were protective about where they sat and if everybody living at the home chose to come into the lounge, there were not enough armchairs.

Some people chose to sit in the armchairs in the conservatory and watch people come and go or receive visitors there. However, on one occasion a person had no option but to sit in the conservatory as the lounge was full. There was no shade as there were no blinds and they told us they were very hot and the sun was in their eyes. Staff also suggested people did not use the conservatory later in the day because it was “baking in there”. This meant that it was not always a viable option. There was a quiet lounge

on the ground floor but staff said this was rarely used unless people had visitors because most people preferred the upper lounge. The registered manager said they were considering how this room could be used in the future.

The registered manager was considering if further changes needed to be introduced to help people living with dementia. Coloured doors and clear signs for toilets had been put in place to help people identify them and colour changes were being considered for corridors. Visitors described the appearance of The Larches as “homely”. The registered manager advised that bedrooms were routinely redecorated as they became vacant and where necessary carpets were replaced. For example, a room identified in the last inspection report for improvement had been redecorated and re-carpeted. Other bedrooms had been updated and the registered manager had plans to make the communal bathroom a more relaxing place to visit. Staff were positive about the updates to the home as they said it benefited people living there and had a positive impact on staff.

# Is the service caring?

## Our findings

People looked at ease and relaxed with staff. Staff were calm and unhurried in their approach to people. They were affectionate, using a gentle touch to reassure people and to communicate with them. They took time to make eye contact to connect with people and took time to explain. For example, consulting with people about their pain levels and checking with people about their preferences for drinks and desserts.

People told us the staff were “very good” and “friendly.” A staff member reassured a person as they got up from a chair, the person leant against the member of staff and said “you saved my life” as the staff member gave them a cuddle. One relative wrote to thank staff ‘for caring...so kindly and sensitively’ and another relative praised the staff for the quality of their care commenting ‘we know she loved her time with you’. Three visitors told us about their experiences of spending time at the home. They praised the attitude of the staff towards them and felt staff recognised their emotional needs as well of the care needs of their relative living at the home.

One person said the staff were “always so cheerful, whatever time you come.” And another visitor said they did not feel depressed when they left their relative after visiting them instead they felt reassured. They said this was because they knew the staff cared for their relative and recognised how they also needed support. Several relatives commented on the “homely” atmosphere and one person said they visited at variable times and staff were always welcoming. A third relative highlighted how all staff were kind and attentive. They said the staff were “amazing” and commented this applied to all staff whatever their role. This was noticeable on both days of inspection. For example, a staff member who was not a care worker was attentive to a person’s dignity and checked with another person if they were comfortable. A second staff member, who was not a care worker, also engaged with people living at the home in a caring manner and took time to comment on a person’s art work.

Throughout our visit we observed small acts of kindness showing staff were attentive and monitoring people’s well-being. This included making people comfortable and reassuring them. One person was very sleepy at lunchtime and staff had difficulty rousing them. Different staff members tried gently to wake them on a number of occasions but eventually it was agreed to keep their meal warm until they were ready. Care staff shared their concerns with each other and the senior on duty. They continued to monitor the person and when they later woke, staff immediately noticed and provided them with a meal, which they appeared to enjoy. The senior also spent time with the person to check their pain levels with them; they were gentle in their approach and did not rush them.

Staff were respectful when they spoke about how they supported people living at the home. They knew people’s preferences and showed affection towards people. For example, one person became convinced the home was a surgery and held a circular conversation with a care worker about this conviction. The staff member was patient, listened to them and reassured them with gentle humour and care.

Staff were observant to people’s changing moods and responded appropriately, which was demonstrated through their discussions and records. For example, one person became restless and a staff member took time to engage with them and reassure them. Staff knew people’s history and spoke with people about those they cared about.

Since our last inspection, the hairdressing room had been decorated. The registered manager explained they visited the room and considered it from the perspective of the person having their hair styled. Changes included providing magazines and making the environment more attractive. During the inspection, people requested a visit to the hairdresser and staff were heard complimenting them on their appearance afterwards.

# Is the service responsive?

## Our findings

The registered manager told us they were reviewing how activities were organised at the home in recognition of the needs of people living with dementia. For example, providing organised activities later in the day. During the inspection, a few people became particularly restless in the late afternoon. One person needed the support from a staff member to reassure them and provide a distraction from their anxieties. The staff member was gentle and kind in their response, whilst balancing the individual's emotional needs with requests from other people as other staff were busy.

During the inspection, activities were provided in the form of exercise and a quiz but several people said they would like more to do. Generally, people appeared content talking to one another, reading the paper or singing along to music. Records were kept of regular activities up until September 2015, including a cream tea afternoon, which was also attended by friends and relatives. Several staff said they thought activities could be improved and a visitor said they thought people would benefit from more trips out. One visitor said their relative liked to go outside to sit in a garden area shared with the flats next to the home. The person's activities records showed staff supported them to visit the garden.

A few people were able to talk about how they had moved to the home or come to stay at the home. Written assessments were in place to show how the registered manager made sure they could meet the needs of people before they moved to the home. The registered manager said they had worked hard to ensure the paperwork helped her and other staff to be person centred in their approach. They were open to considering to making further improvements including documenting who provided the information at assessments.

Staff members demonstrated their knowledge of the people they cared for. For example, a senior had noticed a change in a person's physical well-being from their behaviour and from weight loss. They had implemented a food and fluid chart to monitor this risk to the person's health and well-being. A health professional, who had been contacted confirmed the person was unwell and prescribed a change of medicine. Other care records showed staff monitored people's emotional health. For example, one

person had become increasingly anxious. The registered manager explained how they had contacted the person's family and representatives to attend a meeting to discuss this change in the person's mood. They had also requested for the person's mental health to be reviewed; a health professional visited during our inspection as part of this process.

Staff also recognised when people's health might impact on their ability to participate in moving and therefore different equipment was used instead. Some people wanted to spend time on their own rather than in a communal area. However, staff also discussed this decision with people to ensure they did not become isolated.

People's care records were up to date and held personal information, including people's likes and dislikes. The files we spot checked had been signed by people living at the home or by their relative. However, one person with mental capacity told us they could not remember seeing their care plan and when we checked it had been signed by their relative. The registered manager said they ensured people who had capacity signed their care plans. They said they would ensure in the future that they'd make a note if people with capacity chose to have a relative sign on their behalf.

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. Handovers took place to update staff coming on shift; this was managed in a succinct and professional manner with staff being updated on people's changing needs. Staff also read through a staff communication book when coming on shift. They were clear about their responsibility to be up to date, although several said it was sometimes hard to have time to read people's care plans.

People told us they had no complaints about the service; two people said nothing could be improved. People visiting the home said staff were approachable if they had a concern. Staff were quick to respond to people's comments during the day if they were not happy and adapted their approach to reassure them. Complaints, concerns and suggestions were logged and responded to appropriately. There was a detailed audit trail with actions taken to address the concern.

# Is the service well-led?

## Our findings

The registered manager told us they planned to move their office back to inside of the home to help them monitor the quality of the care. They explained they had worked care shifts if there had been staff sickness and this had helped them judge how people were cared for. But recognised their spot checks had not been regularly recorded and that audits were not always clearly recorded, for example care plans.

Since joining the service the new registered manager has reviewed the previous systems and made improvements. This was confirmed by the changes since the last inspection and by staff who commented favourably on the changes. The registered manager told us how they were creating a robust audit system now that new processes had been become established.

Incident and accidents reports were reviewed to identify increased risk. Staff were asked their opinion on people's care and suggestions were listened to and considered when changes were made to people's care plans.

People at the home knew who the registered manager was while the registered manager from her discussions clearly knew people as individuals. A discussion with the registered manager explained in the provider information return how one to one meetings with people living at the home gave people the time to talk with staff about their experiences at the home or just to chat. A discussion with the registered manager showed they were working on ensuring the values of the home included a friendly and welcoming environment. They were considering the difference and diversity of the people who used their service now and in the future, and how the service needed to make everyone feel welcome and safe.

Since our last inspection in September 2014, two meetings have taken place to update relatives about the change of management and to gain feedback from visitors about the service. A basic survey was also sent out in June 2015, which was collated and contained positive feedback. Feedback was also provided to three comments made by relatives who raised queries. Visitors to the home told us they were kept up to date on changes at the home and praised the work of the registered manager, the providers

and the staff. The providers also used time in communal areas to speak informally with people about their care and how they were feeling. Staff told us the providers visited the home several times each week.

Staff told us the registered manager who joined the service in December 2014 had benefited the home. Staff gave us examples of positive changes which included improvements in paperwork, training and improved teamwork. The registered manager worked with staff to implement changes in paperwork and practice. Minutes were kept of staff meetings, these happened more regularly for seniors.

Staff were asked for their opinions on the way the home was run and how people were cared for. Staff said the manager listened to them and they could make suggestions. Staff told us the registered manager was approachable and had improved standards. For example, one person commented the registered manager was "right on it" and another said she was "on the ball." A third staff member said their confidence had improved since the new manager had joined the home and they were not afraid to ask for help from her. Staff also commented on learning from each other. This demonstrated a positive atmosphere where staff could see new staff with different skills as an asset not a threat. Staff gave positive feedback about the support of the providers and their commitment to provide a good service. Staff had been rewarded by the providers with a beauty treatment for their hard work earlier in the year. This showed staff were valued.

Staff were kept informed in a variety of ways including handovers, supervision and staff meetings. The registered manager said they observed staff practice and carried out spot checks but had not recorded these observations, which they said they would address. Our discussions with staff demonstrated their willingness to learn and try new ways of working to benefit the people they supported. This helped to promote the ethos of the service which was one of on-going improvement.

Audits were in place to ensure that equipment relating to safety and maintenance were carried out routinely. These were up to date and the registered manager praised the work of staff in maintaining the safety of the environment. Staff knew to report maintenance issues and there was an audit trail to show when the work had been completed.