Larchwood Care Homes (South) Limited

Memory House

Inspection report

Memory House
6-9 Marine Parade
Leigh on Sea
Essex
SS9 2NA

Tel: 01702478245

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10 March 2017

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection was completed on 9 and 10 March 2017 and there were 34 people living at the service when we inspected. The previous inspection to the service was on 5 and 8 June 2015 and the overall rating of the service was judged as 'Good'. At this inspection we found that improvements were required in relation to 'Safe', 'Effective', 'Responsive' and 'Well-Led.'

Memory House provides accommodation and personal care for up to 39 older people. Some people also have dementia related needs.

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.

Quality assurance checks and audits carried out by the provider and the management team of the service were in place and had been completed at regular intervals in line with the provider's schedule of completion. Nonetheless, some improvements were still required to ensure that where issues were highlighted as part of the provider's and management teams auditing arrangements, information was available to show actions required had been addressed.

Staff described the registered manager and management team as supportive and approachable. However, suitable arrangements were still needed to ensure that all staff received a formal induction, regular formal supervision and an annual appraisal of their overall performance. Staff told us and records confirmed that a range of training opportunities were available and provided to them.

Staff had a good knowledge of the Deprivation of Liberty Safeguards [DoLS] and the key requirements of the Mental Capacity Act [2005]. Suitable arrangements had been made to ensure that people's rights and liberties were not restricted. People were asked to give their consent to their care and support and people's capacity to make day-to-day decisions had been considered and assessed.

Suitable control measures were not always in place to mitigate risks or potential risk of harm for people using the service as steps to ensure people and others health and safety were not always considered and better recording was required to evidence the arrangements in place.

Not all of a person's care and support needs had been identified, documented or reviewed to ensure these were accurate and up-to-date. Improvements were required to ensure that where people could be anxious or distressed, staff interventions and outcomes were recorded. Improvements were needed in the way the service and staff supported people to lead meaningful lives and to participate in social activities of their choice and ability.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported.

People were supported to be able to eat and drink sufficient amounts to meet their needs. The dining experience was positive. People's healthcare needs were supported and people had access to a range of healthcare services and professionals as required.

People were treated with kindness and respected by staff. Staff understood people's care and support needs and provided care and support accordingly. Staff had a good relationship with the people they supported.

There was an effective system in place to respond to comments and complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements relating to some areas of risk and risk assessments were required to ensure these were accurate and reviewed at regular intervals.

Although staffing levels were appropriate for the numbers and needs of people using the service, the deployment of staff within communal areas required improvement.

Appropriate systems were in place to ensure that people living at the service were safeguarded from potential abuse.

Suitable arrangements were in place to recruit staff safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Improvements were required to ensure that staff received a robust induction for their role and responsibilities. Furthermore, improvements were required to make sure where topics were discussed as part of formal supervision arrangements, actions were recorded and addressed. Aims and objectives were not set as part of annual appraisal procedures.

The dining experience for people was positive and people were supported to have adequate food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. Our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans were not sufficiently detailed or accurate to include all of a person's care needs and the care and support to be delivered by staff.

People who used the service were not engaged in meaningful activities or supported to pursue pastimes that interested them.

People were confident to raise concerns and were listened to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance checks and audits carried out by the provider and registered manager were in place but improvements were required so as to ensure shortfalls identified were addressed.

Systems were in place to seek the views of relatives and others for people using the service.

Memory House

Detailed findings

Background to this inspection

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

This inspection took place on 9 and 10 March 2017 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who used the service, three members of care staff, three relatives, the registered manager and the provider's representative, namely the regional manager.

We reviewed six people's care plans and care records. We looked at the service's staff support records for six members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Requires Improvement

Is the service safe?

Our findings

Where risks were identified to people's health and wellbeing, such as poor mobility and falls, poor nutrition and hydration and at risk of developing pressure ulcers; staff were aware of people's individual risks. Risk assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. Environmental risks, for example, those relating to the service's fire arrangements were in place and this included specific information relating to their individual Personal Emergency Evacuation Plans (PEEP). A risk assessment for Legionella was in place and showed no areas highlighted for corrective action.

However, improvements were required to ensure that risks identified were accurate and reviewed at regular intervals. For example, the risk assessments for two people had not been updated since August 2016, and it was not clear if the risks identified remained appropriate. The falls risk assessment for one person had not been updated to reflect they had experienced two falls and sustained two skin tears to their body within a four day period and the steps to be taken to mitigate future risk. The risk assessment for another person record them as being at risk of falls and requiring staff to monitor them whilst they mobilised within the home environment so as to ensure their safety. Although the risk assessment was in place, our observations on three occasions during both days of the inspection, showed the person was not monitored and on each occasion they were seen to be holding hands with another person who used the service and assisting them to mobilise. This potentially placed both people at risk of falling and sustaining an injury.

Some people were assessed as at high risk of developing pressure ulcers. We checked the setting of pressure relieving mattresses that were in place to help prevent pressure ulcers developing or deteriorating. The majority of people using the service had equipment in place that automatically self-adjusted according to the person's weight and movement patterns when in bed. However, where people had equipment in place that relied on staff setting this correctly, we found that two out of four viewed were incorrectly set in relation to the person's weight. For example, the pressure mattress setting for one person showed this was fixed on setting five and this was for a person who weighed 96 kilograms; however their weight records detailed as of March 2017, they weighed 37.2 kilograms. The pressure mattress setting for the other person showed this was fixed on setting two and this was for a person who weighed 54 kilograms; however their weight records detailed as of March 2017, they weighed 74.2 kilograms. This meant that we could not be assured that the amount of support the person received through their pressure relieving mattress was correct and would aid the prevention of pressure ulcers developing or deteriorating further. Although the above was noted and had not been picked up by staff, neither person had a pressure ulcer at the time of the inspection. We discussed the above with the registered manager and steps were immediately taken to amend the settings on the equipment.

People's comments about staffing levels at Memory House were variable. People using the service told us there was enough staff available to support them during the week and at weekends. Additionally, staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. However, comments by relatives suggested that whilst there were a lot of staff present throughout the day, there were times when people using the service or their loved one had to wait a short time for support and

attention, and the main communal lounge was not always staffed. Our observations during the inspection indicated that whilst it was customary to have a staff member present in the communal lounge areas, this did not always happen in practice and the majority of interactions by staff with people using the service were task and routine led. For example, over a 90 minute period on the first day of inspection, all interactions between staff and people living at the service primarily related to tasks and routines of the day, such as, providing drinks, assisting people with their personal care and comfort needs and supporting people to and from the dining areas. Staff spent little time sitting and talking with people and there were three occasions over a 90 minute period whereby the main communal lounge was not supported by staff for approximately 15 minutes. This was discussed with the registered manager at the time of the inspection. An assurance was given by them that this would be monitored for the future so as appropriate steps could be taken to ensure the communal lounge areas were supported by staff.

People told us they received their medicines as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the service. We found that the arrangements for the management of medicines were safe as suitable systems were in place to record when medicines were received into the service and given to people. Observation of the medication rounds during the inspection showed these were completed with due regard to people's dignity and personal choice.

We looked at the records for 10 of the 34 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed, with the exception of some emollient and topical creams where some further improvements were required. In relation to the latter it was difficult to determine if staff had failed to apply the topical cream or solely failed to record the administration as these were incomplete. We discussed this with the registered manager and they confirmed that suitable arrangements would be put in place to monitor this more closely. Where people were prescribed a medicated adhesive patch that was placed on their skin to deliver a specific dose of medication, a patch application record detailing the site of application was not in place. This is important so as to avoid re-application of the medicated adhesive patch to the same area of skin. Where the code 'O' other define was recorded, the rationale for its use was not recorded on the reverse of the mediaction administration record. Where people were prescribed medicines on a 'when required' basis, written information was not always available to show staff how and when to give people these medicines. Additionally, more detail was required for medicines prescribed to treat people's psychological anxiety so as to ensure these were used consistently and appropriately.

Staff told us that they felt people living at the service were kept safe at all times. People confirmed to us that staff looked after them well, that their safety was maintained and they had no concerns. One person told us, "The staff look after me very well, I am always safe." Another person told us, "I have no concerns about my safety."

Staff had received appropriate safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or member of the management team. Staff told us they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt that the management team or provider were not receptive or responsive. Staff were confident that all members of the management team would act appropriately on people's behalf. Where appropriate, suitable arrangements had been carried out by the registered manager to take action and alert all relevant parties when abuse had been alleged or suspected. Records were well maintained including details of the alleged or suspected abuse, investigation report, accompanying documentation and the outcome if known.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for four members of staff appointed within the last six months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. The recruitment procedure included processing prospective staff member's employment application, conducting interviews, seeking professional and personal references and undertaking a Disclosure and Barring Service [DBS] check. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with the people they supported.

Requires Improvement

Is the service effective?

Our findings

Staff were complimentary about the quality of the training provided. Staff confirmed they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us that this ensured that their knowledge was current and up-to-date. The provider's staff training plan showed that staff received both 'face-to-face' and on-line training. The majority of mandatory training for staff was up-to-date.

The registered manager confirmed that all newly employed staff received a comprehensive induction. This related to both an 'in-house' orientation induction and completion of the Skills for Care 'Care Certificate' or an equivalent. Although the registered manager confirmed that the 'Care Certificate' or an equivalent formed part of the induction process, this was not completed for three members of staff employed within the last 12 months. This meant there was no evidence to show that the provider had assessed their competency against the core standards as outlined within the 'Care Certificate' or an equivalent robust induction program.

Although staff told us they felt supported by the management team, staff confirmed and records showed that not all staff had received regular formal supervision. For example, one member of staff had not received formal supervision since February 2015 and another member of staff had last received formal supervision since October 2016. Where subjects and topics were raised, there was no information available to show that these had been followed up to demonstrate actions taken. For example, concerns were raised about one member of staff's practice whereby they were alleged to have told a person using the service that they would not get a meal until they behaved. There was no information available to show how this had been dealt with, followed up or monitored. Staff told us and records confirmed that staff employed longer than 12 months had not received an appraisal of their overall performance for the preceding 12 months. The registered manager confirmed that the above information was accurate and that steps would be taken to address this for the future. The provider needed to ensure that staff received a formal opportunity to review their practice and discuss their work and wellbeing on a regular basis.

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. 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 were being met.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were able to demonstrate a basic knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Records showed that where appropriate people who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Where people were deprived of their liberty, the provider had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval and where these had been authorised the registered manager had notified the Care Quality Commission.

People's comments about the meals provided were positive. One person told us, "The food is very nice. I have no compalints about the food." Another person told us, "Oh, the food is good and there is a good choice."

Observation of the dining experience for people was noted to be relaxed, friendly and unhurried; with staff conversing with people using the service. People were supported to make choices from the menu and received food and drink in sufficient quantities to meet their nutritional and hydration needs throughout the day. Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and were able to enjoy the dining experience at their own pace. The nutritional needs of people were identified and where people who used the service were considered to be at nutritional risk, referrals to a healthcare professional such as GP, Speech and Language Therapist and/or dietician had been made. Where instructions recorded that people should be weighed at regular intervals, such as, weekly or monthly, this had been followed.

People told us that their healthcare needs were well managed. Two people told us that staff took appropriate action if they were feeling unwell or required medical intervention. People's care records showed that their healthcare needs were recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital and GP appointments, District Nurse and Community Dementia Nurse Specialist. Relatives confirmed they were kept informed of healthcare issues relating to their member of family.

Good

Is the service caring?

Our findings

People were satisfied and happy with the care and support they received. One person told us, "The staff here are very kind and caring." Another person told us, "The care I receive is very good. The girls are lovely and treat me well." A third person told us, "I like it here, the care is good and I am looked after." The majority of relatives spoken with confirmed that they were happy with the care and support provided for their member of family.

Where staff interactions were observed, we found these to be positive and the atmosphere within the service was seen to be calm and friendly. Staff were noted to have a good rapport with the people they supported and there was good humoured banter which people appeared to enjoy.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family and key events. People were actively encouraged to make day-to-day choices and where appropriate people's independence was promoted and encouraged according to their abilities. Our observations showed that several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed that they were able to manage some aspects of their personal care with limited staff support.

Staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provided. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. One member of staff was observed to assist a person to walk from the dining room to a communal lounge. The member of staff supported them by walking beside them and placing their hand on the person's back so as to provide comfort and reassurance. The member of staff walked at the person's pace, showing patience, kindness and understanding in their approach. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes that they liked, that suited their individual needs, were colour co-ordinated, included jewellery and were appropriate to the occasion and time of year.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome. Visitors told us that they always felt welcomed when they visited the service and could stay as long as they wanted.

Requires Improvement

Is the service responsive?

Our findings

People were not complimentary about the level of social activities provided. One person told us, "There used to be activities and things to do but not much these days." Another person told us, "I spend a lot of time just sitting here. I know I can talk with others but you need something to do from time to time so that you don't get bored. I hope it gets better." Relatives also confirmed that there was little social stimulation available for people living at the service to enjoy.

Our observations on the first day of inspection showed that what people told us was accurate. Little consideration was given by the provider and staff to support people's individuality or social care preferences, despite people's social likes, dislikes and preferences being recorded within their care plan. No social activities were provided throughout the day, with the exception of the hairdresser. There was an over-reliance by staff on the use of the compact disc player and the television in the main communal lounge. This showed that the service provided to meet people's social care needs was not person centred. We discussed this with the registered manager. They told us that they were aware of the above and measures were being taken to address this issue. However, this was exacerbated as a result of difficulties arising from not being able to recruit a member of staff to the role of 'activities co-ordinator'.

Suitable arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person's needs. Evidence showed that where able, people and those acting on their behalf had been involved in this initial process and with the development and review of their care plan.

Although some people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs, others were not as fully reflective or accurate of people's care needs as they should be. For example, where people were assessed as living with dementia, information relating to how this affected all activities of their daily living were not clearly recorded. Another person had developed a skin infection five days prior to our inspection. Although records stated that antibiotics were to be prescribed by the person's GP, no information was recorded detailing the care, support and treatment to be provided. For example, drinking plenty of fluids to avoid dehydration, regularly moving the joints near the affected body parts so as to stop stiffness developing and raising the affected part of the body so as to reduce further swelling. As stated previously, risk assessments were not always accurate and in some cases had not been reviewed and updated at regular intervals to reflect current information. This meant there was a risk that relevant information was not captured for use by other care staff and professionals or provided sufficient evidence to show that appropriate care was being provided and delivered. We discussed this with the registered manager and they confirmed that the above was accurate. The registered manager stated they aware of the shortfalls and were working with their regional manager to formulate an action plan to address these in a timely manner.

Staff told us that some people could become anxious or distressed. Guidance and instructions for staff on the best ways to support the person at these times was recorded. However, where information was recorded detailing the behaviours observed, the events that preceded and followed these, staff's interventions and

outcomes required improvement. Despite the improvements required, staff were able to demonstrate an understanding and awareness of the support to be provided so as to ensure the individual's, staffs and others safety and wellbeing at these times.

Information on how to make a complaint was available for people and others to access. People and their relatives told us that if they had any worries or concerns they would discuss these with the registered manager, senior management team or staff on duty. Relatives stated they felt able to express their views about the service and in their opinion felt they would be listened to and their worries and/or concerns would be addressed.

Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. Complaint records showed there had been six complaints in the preceding 12 months. A record had been maintained of each complaint and there was evidence to show that each one had been responded to and action taken by the provider. A record of compliments was available to evidence and capture the service's achievements.

Requires Improvement

Is the service well-led?

Our findings

The provider was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. The registered manager confirmed that they also monitored the quality of the service through the completion of a number of audits. Additionally, this included an annual internal review by the organisation's internal quality assurance team to identify shortfalls and to help drive improvement. In addition to this the use of questionnaires for people who used the service and those acting on their behalf had been completed to seek their views about the quality of the service provided. This showed that the provider and registered manager were aware of the need to have quality assurance processes and arrangements in place so as to help drive continuous improvement within the service.

Staff were clear about the registered manager's expectations of them and staff told us they were supported. Staff told us that their views were appreciated and they felt able to express their opinions freely and without fear of repercussions. Staff felt that the overall culture across the service was open and inclusive and that communication was generally good.

The provider's quality monitoring reports for December 2016, January 2017 and February 2017 were viewed. These showed that the provider and registered manager had a fair understanding of the organisation's direction and the aims and objectives of the service. The registered manager confirmed that in conjunction with their regional manager they were fully aware of the areas where they still needed to improve the service.

These concurred with our inspection findings, for example, the need to improve social activities for people using the service and for improving records relating to people using the service and staff employed at the service. Whilst staff told us they received formal supervision, improvements were required to ensure that actions highlighted were followed-up and addressed. This meant that although supervisory arrangements were in place, systems for evaluating and problem solving required further improvement. The overall rating of staff's performance and aims and objectives for the next 12 months had not been recorded and this also required further development. Clinical audits relating to the incidence of accidents and incidents, pressure ulcers, people's weight and infections were undertaken at regular intervals, however better analysis of the information was required to be undertaken so as to monitor potential trends and improve the quality of the service provided.

The regional manager told us that they and the registered manager were in the process of formulating an action plan to demonstrate how the above was to be monitored, achieved and delivered. The registered manager advised that with the appointment of a new deputy manager, they were positive that the above would be achievable within a reasonable timeframe.

The registered manager confirmed that the views of people using the service, relatives and those acting on people's behalf were not sought in 2016. The registered manager advised they were looking to initiate this process in March 2017 and confirmed a report would be collated relating to the findings and an action plan completed. This showed that systems were in place to actively involve people living at the service and those

acting on their behalf about the quality of the service.

Staff told us that staff meetings had been held at the service to enable the registered manager and staff to discuss topics relating to the service or to discuss care related matters. Additionally, the registered manager told us that meetings were held for people using the service and those acting on their behalf but not as frequently as they would have liked. This showed that people using the service and those acting on their behalf were encouraged to have a 'voice' and to express their views about the service. Records were available to confirm the above, however where areas for improvement had been highlighted, an action plan had not been formulated to demonstrate how any improvements were to be made. For example, the subject of more social activities for people using the service, particularly at weekends had been raised.