

Anne Gray Care Limited

The Larches - Tiverton

Inspection report

Canal Hill
Tiverton
Devon
EX16 4JD

Tel: 01884257355

Website: www.ccstiverton.co.uk/the-larches-residential-care-home

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Larches- Tiverton is a residential care home providing personal care to up to 20 people. The service provides support to people aged 65 and over with a physical disability or dementia. At the time of our inspection there were 17 people using the service.

The Larches is a large, detached property in the market town of Tiverton and located near the historic Grand Western canal. People's bedrooms are on the ground and first floor, which people access using a lift.

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

Medicines were not always safely managed. Practices at the home were not in line with the providers medicines policy. Which meant people were at risk of not getting their medicines safely.

People had not always been protected from the risk of fire at the service. Improvements were made during the inspection regarding fire management.

Staff levels had been reduced by the provider. Staff said there had been poor communication about the changes and they did not feel there were enough staff to support people safely. Improvements were made during the inspection to increase staff levels. We have made a recommendation regarding staffing levels. Improvements were needed to ensure recruitment processes were more robust to ensure all documentation and checks were accessible.

People were kept safe from avoidable harm because the management team and the staff knew them well and understood how to protect them from abuse. People and their relatives were positive about the home and the way staff cared for people.

Audits were in place. However, they did not always identify risk. Where risk was identified, we could not see if action had been taken.

Improvements were needed in relation to infection control which were being implemented by the registered manager. We have signposted the provider to resources to develop their approach.

Accident and incident oversight was not robust. Staff completed incident and accident records on the providers computerised care system. However, there was not a system in place to analyse themes and trends.

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

People and their relatives were not given the opportunity to attend meetings or complete surveys about their views of the service. However, it was a small service and people and relatives said staff knew people well. There was a suggestion box in the main entrance should visitors which to make any suggestions.

Monitoring systems had failed to identify all shortfalls found during the inspection process. In particular, medicines were not safely managed, unsafe fire risk management, managing staffing levels to meet people's needs, infection control risks and oversight of accidents and incidents. This meant opportunities to drive improvements to quality and safety were missed.

Records were not available at the time of the inspection in relation to staff employment and staff training. When we did receive these, they were not comprehensive.

The provider and manager were receptive to the concerns found during the inspection and started processes to reduce the risk of harm to people living at the home. We were assured the provider and registered manager wanted to further improve their processes because they agreed to work with the local authority quality team.

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

Rating at last inspection

The last rating for this service was good (published 3 May 2018).

Why we inspected

We received concerns in relation to the management of the service and risks to people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Larches-Tiverton 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Larches - Tiverton

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

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They telephoned relatives to ask for their views about the service.

Service and service type

The Larches is a 'care home'. People in care homes receive accommodation and nursing 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

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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 asked for feedback from health and social care professionals who support people at the service. We used all this information to plan our inspection.

During the inspection

We met with people who lived at the home. We spoke with 5 people who could tell us about their experience and views about the home. Some people were unable to fully express their views to us as they were living with dementia. We therefore spent time observing care in the main communal area and the interactions between people and staff.

The expert by experience spoke with 10 relatives to hear their views.

We spoke with 9 members of staff, this included the deputy manager, activity person, senior care workers, care workers, a housekeeper and the cook. We also spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records and a sample of medication records. We looked at a variety of records relating to the management of the service, including training records, 2 staff recruitment files, incident records, quality monitoring processes and various policies and procedures. We attended a handover on the first day by the morning staff to the afternoon staff.

We spoke with a visiting chiropodist and emailed the GP who supports people at the service to ask their views, we did not receive a response.

Is the service safe?

Our findings

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

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

Using medicines safely

- Improvements were needed in the medicine management at the home.
- Staff recorded on Medicines Administration Charts (MARs) when people's medicines were administered. However, they were not ensuring 2 staff signed any handwritten entries on the MARs in line with the provider's policy.
- Not everybody had an identification photograph on their medicine records, so staff could ensure they were administering medicines to the right person. The provider's policy required staff to, 'confirm the identity of the resident that is to have the medication.' Therefore, staff could not follow the provider's policy.
- Medicines were stored in medicine cabinets in peoples' bedrooms and the staff office. Staff were not monitoring the temperature of these areas in line with the provider's policy. During our visits the staff office temperature was 28 degrees, although there was a fan and an air cooler in use. No risk assessment had been completed to ensure medicines in use at the home were stored at the recommended storage temperatures. During the inspection the registered manager told us they had put thermometers in peoples' medicine cabinets for staff to monitor and was updating the medicine policy, which would include a risk assessment.
- Staff did not monitor the medicine fridge temperature to ensure medicines requiring cold storage were stored at the correct temperature, which was in the provider's policy. The registered manager acted to re-implement this monitoring.
- Medicines requiring additional storage were stored safely. However, staff were not undertaking regular checks of the stock, in line with the provider's policy. The registered manager put in place a monitoring process after our feedback.
- Some people were prescribed medicines on an 'as and when required' basis (PRN), for example for pain management. The service did not have PRN protocols to provide staff with information about when these medicines should be given. The registered manager assured us they would review all PRN medicines and implement protocols.
- Medicine audits were completed, and some errors or concerns were identified. We could not see that actions had been taken. For example, signature gaps on the MARs.
- Staff administering medicines appeared competent and said they had received training. However, the provider's training matrix from the e-learning training provider did not demonstrate all staff administering medicines had received training. The registered manager told us staff had received training through a different training provider which wasn't recorded. They confirmed going forward they would collate all training carried out on a 'dashboard', so it was accessible.

These issues placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff administering medicines wore a red tabard reminding people not to disturb them, to minimise the risk of making a medicine error.
- We observed people were supported sensitively with their medicines. Staff asked people how they were feeling and if they required any analgesia. They ensured people had a drink and stayed with the person to support them to take their medicines safely.
- People were supported to have their medicines at the right times.

Assessing risk, safety monitoring and management

- People were not always protected from the risk of fire at the service. The provider's fire risk assessment had been completed in 2017 and had not been reviewed. An external agency completed a fire risk assessment during the inspection process. The provider told us they would complete an action plan regarding the recommendations.
- There were individual personal emergency evacuation plans (PEEPs) in a folder in the main entrance. These had not been kept up to date to ensure the folder contained the people staying at the home. This meant emergency services would not have the correct information in the event of an emergency. After the inspection these were updated.
- On arrival staff gave us fire instructions for when we were at the service. However, the provider's training matrix showed only 8 staff out of 23 staff had completed fire training. The registered manager told us they had face to face training scheduled.
- Improvements were needed to ensure oversight of maintenance issues were identified and acted upon. The registered manager told us external contractors came into the home to undertake any maintenance required. They said staff used a WhatsApp group to record any health and safety issues. Going forward they said they would improve the recording and monitoring of maintenance issues.

These issues placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to assess and monitor peoples' individual risks and measures had been put in place to reduce those risks. For instance, people who were at risk of malnutrition, had been referred to the appropriate healthcare professionals and additional supplements were in place.
- The provider had introduced a new electronic care system in the past few months. Staff had transferred information from peoples' care folders to the new electronic care system. There were still a few teething issues which the provider was working to resolve. This included ensuring staff, that required access to undertake peoples' individual risk assessments could access the system.

Staffing and recruitment

- Staff raised concerns about the staffing levels at the home and the low staff morale. In the past few months, the provider had made staffing level changes. This included reducing care staffing levels each morning from a senior carer and 3 care staff to a senior carer and 2 care staff and the redundancy of a kitchen assistant. Staff had raised concerns with the provider at a staff meeting and an additional morning staff member shift had been implemented from 8 am to 11 am. Staff told us, and we observed on the first day of our visit, that there were not enough staff to support people over the lunchtime period.
- Relatives gave us mixed feedback about the staffing levels at the home. Comments included, "Yes I do (when asked if there were enough staff?), we would always like more staff, but there are enough...I visit for an hour or two and there seem to be enough when I am there", "I can tell because they are always rushing around, I am very much aware that they are struggling with staffing" and "80% of the time would say yes; they are reasonably prompt to open the door when I have been there, but they are always very busy."
- A staff dependency tool had been incorrectly completed and did not clearly identify people's needs and

therefore did not give the provider a clear view of staff requirements. The provider said they would have the dependency tool re-calculated and would speak with staff about their concerns at the next staff meeting. After the inspection we were told that the additional morning shift staff member had been increased to 8 am to 1 pm.

We recommend the provider reviews systems in place to determine staffing levels to ensure enough staff are deployed to keep people safe and provide person-centred care.

- Improvements were needed to ensure recruitment processes were more robust. Recruitment documents were not all available when requested at the inspection. These were sent during the inspection but did not give assurances the provider had ensured all the information required demonstrated staff were of good character. Improvements were made by the provider to ensure recruitment processes were more robust. This included the recruitment of an administrator at the home.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff consulted people about their day-to-day preferences; for example, what they ate and where they spent their day. One person said, "They are as kind as they can be. They do everything I ask."
- The registered manager had completed DoLS applications for people that required some restrictions.
- Not all staff had received training in MCA and DoLS. However, the registered manager had a good understanding, and they were working with staff to complete their required training. Staff understood about people having a choice and about not restricting their liberties.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people felt safe. One person told us, "Nothing wrong with the food or my treatment it is as good as being at home." Relatives told us, "They keep a check on her, she has an occasional fall, but I think she is safe there", "Yes, because they care, all the staff...she is well looked after" and "The staff are attentive, and they look after him."
- People were kept safe from avoidable harm because the management team and the staff knew them well and understood how to protect them from abuse. Staff we spoke with told us they had received safeguarding training. We were not able to verify all staff had received safeguarding training on the training matrix we were sent. The registered manager told us, staff had completed, 'Face to face training on safeguarding'. They had not added this to the training matrix.
- The registered manager understood when to raise safeguarding alerts and actions to take afterwards.

Where a safeguarding case had been raised, the registered manager had been working with the local authority to ensure this were investigated thoroughly.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. A relative told us, "I think the cleanliness of the home is not as good as I would have hoped...I would say the building and their care of the building and grounds is not what I expected." Improvements were made during the inspection to ensure the laundry was regularly cleaned. A new revised cleaning schedule was implemented during the inspection to ensure staff had clear guidance.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider was using PPE effectively and safely. Staff told us they had received infection control training. However, the providers training company's matrix showed that not all staff had completed infection control training.
- We were assured that the provider's infection prevention and control policy was up to date. We identified a few areas for improvement during the inspection to ensure the provider's policy was current. The registered manager reviewed and updated the policy.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- In line with current government guidance the home was open to visitors. There were no restrictions to movement around the home.
- People confirmed their families and friends had been able to visit. Relatives told us, "There was restrictions with covid, but none now" and "We go whenever we want; they are very good."

Learning lessons when things go wrong

- Accident and incident oversight was not robust. Staff completed incident and accident records on the providers computerised care system. However, there was not a system in place to analyse themes and trends. The service was small, so the management team were aware of all accidents and incidents within the home. The registered manager told us they would put in place a process to formally review all accidents and incident.
- The provider and registered manager responded immediately to the concerns we shared and took steps to improve the service.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's systems failed to identify all the shortfalls we found at the inspection. For example, medicines were not safely managed, unsafe fire risk management, poor recruitment processes, infection control risks and oversight of accidents and incidents.
- The provider had quality assurance systems in place and whilst some audits were completed, when areas of improvement were identified, the actions were not always documented or addressed.
- Records were not available at the time of the inspection in relation to staff employment and staff training. We were sent the employment records which were not in the staff file, but the training matrix did not contain all the training staff had completed.

Whilst no harm occurred the provider failed to ensure systems and processes were established and operated effectively. This placed people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager were receptive to the concerns found during the inspection and took immediate action to reduce the risk of harm to people living at the home. During the inspection, the registered manager submitted a service improvement plan and the provider an action plan to demonstrate their ongoing commitment to improving the quality and safety of the service.
- The provider and registered manager consented to being contacted by the local authority quality improvement team to continue to improve the service. An appointment had been scheduled.
- Staff told us they worked well as a team. However, they felt this was not valued by the provider and registered manager. They had not received formal supervisions or appraisals. The registered manager told us these had slipped, and they were scheduling appraisals.
- Staff were very concerned about the changes being made at the home and poor communication about the changes. For example, a reduction in staffing levels in the mornings and not knowing when the registered manager was going to be at the home. Relatives were also concerned about the changes at the home. One relative told us, "Lately the home has been slightly slipping and it's unusual." The provider told us after our feedback on the first day, that the registered manager would no longer be overseeing the provider's 2 services and would be based at The Larches from the 1st of August.
- The registered manager was aware of their regulatory responsibilities and had notified us of us about events which happened in the home. We discussed 2 events which had recently happened, and they assured us these would be sent in.

- An electronic care planning system had been introduced by the provider a few weeks before our inspection. This had been implemented effectively. We identified some areas for improvement and the provider arranged additional training and access where needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; ; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We did not see evidence of regular reviews and involvement of people and their families in their care after the initial assessment to go into the home. Relatives told us, "No, I don't believe there is a care plan...They visited her at home before she went in and took a lot of information that time" and "I wouldn't say we were involved in it, but we had a lot of contact with the staff there."

- No quality assurance surveys had been sent out to find out peoples' and/or relatives' experience of the care provided. All the relatives spoken with said they had not been asked for their views. However, it was a small service and people and relatives said staff knew people well. There was a suggestion box in the main entrance should visitors which to make any suggestions.

- Regular staff meetings took place and staff told us they were able to give feedback about the running of the service. For example, they had raised concerns about the reduction of staffing levels with the provider and an additional staff member shift had been implemented.

- Staff worked collaboratively with other local community health services. At the time of the inspection staff were supporting people to access hospital appointments.

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

- The registered manager understood their duty to share information in an open and honest manner. Relatives told us they had been notified of safety related incidents in a timely manner.

- The registered manager was open and receptive to the concerns we shared during the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured care and treatment was provided in a safe way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems and processes were established and operated effectively. This placed people at risk of harm.