Larchwood Care Homes (South) Limited

Cameron House

Inspection report

Plumleys
Pitsea
Basildon
Essex
SS13 1NQ

Tel: 01268556060

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 17 May 2016 and was unannounced.

Cameron House provides accommodation and personal care for up to 44 older people who may also have dementia. Care is provided on two floors people living with dementia do not have a separate unit the people living on each floor are a mix of older people and people with dementia related needs. At the time of our visit there were 42 people living in the service.

The service had a registered manager 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.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were appropriate arrangements in place for medication to be stored and administered safely, and there were sufficient numbers of care staff with the correct skills and knowledge to safely meet people's needs.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act.

People's care plans were individual and contained information about people's needs, likes and dislikes and their ability to make decisions.

People had access to healthcare professionals. A choice of food and drink was available that reflected their nutritional needs, and took into account their personal lifestyle preferences or health care needs.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times.

People were encouraged to follow their interests and hobbies. They were supported to keep in contact with their family and friends.

There was a strong management team who encouraged an open culture and who led by example. Staff morale was high and they felt that their views were valued.

The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood their responsibilities to safeguard people from the risk of abuse.

The provider had systems in place to manage risks. Staff understood how to recognise, respond and report abuse.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

The service had robust infection control systems in place

Is the service effective?

Good

The service was effective

The manager had carried out the necessary Mental Capacity Assessments. (MCA)

People were supported to have a balanced diet and to make choices about the food and drink on offer.

Staff knew people well and understood how to provide appropriate support to meet their health and nutritional needs.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and dignity was maintained.

Staff were kind and considerate in the way that they provided care and support.

Is the service responsive?

Good

The service was responsive.

People and their relatives had continued input into the care they

received.

Information recorded within people's care plans was consistent and provided sufficient detailed information to enable staff to deliver care that met people's individual needs.

Is the service well-led?

Good

There was a positive, open and transparent culture where the needs of the people were at the centre of how the service was run.

The registered manager supported staff at all times and led by example.

Staff received the support and guidance they needed to provide good care and support and staff morale was high.

The service had an effective quality assurance system. The quality of the service provided was regularly monitored and people were asked for their views.

Cameron 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 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 17 May 2016. It was unannounced and was carried out by two inspectors. We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with four people who used the service, the registered manager and deputy manager, administration assistant and four care staff we also spoke with the chef. We spoke with four relatives that were visiting at the time of our inspection and two healthcare professionals.

We reviewed six people's care records, staff recruitment records, medication charts, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Some people had complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and 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.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "If I was worried about anything I would speak to the manager."

There were policies and procedures regarding the safeguarding of people. Staff had received training, and understood their roles and responsibilities to recognise respond to and report any incidents or allegations of abuse, harm or neglect. It was evident from our discussions with them staff had a good awareness of what constituted abuse or poor practice, and knew the processes for making safeguarding referrals to the local authority. Our records showed that the manager was aware of their responsibilities with regards to keeping people safe, and reported concerns appropriately.

People's risks were well managed. Care records showed that each person had been assessed for risks before they moved into the home and again on admission. Any potential risks to people's safety were identified. Assessments included the risk of falls, skin damage, and nutritional risks, including the risk of choking and moving and handling. Where risks were identified there were measures in place to reduce them where possible. All risk assessments had been reviewed on a regular basis and any changes noted.

The service used assessment tools to identify people who may be at risk these included, waterlow scoring system to assess the risk of pressure sores, Falls Risk Assessment Tool (FRASE) and the Malnutrition Screen Tool (MUST). We also saw completed assessments for oral health, continent assessments along with the Abbey Pain Scale for dementia care. These were updated regularly and a traffic light system was used to highlight the individual's risk.

We saw that there were processes in place to manage risks related to the operation of the service. The home employed a maintenance worker who was responsible for carrying out Health and Safety checks these covered all areas of the management of the property, such as gas safety checks and the servicing of lifts and equipment such as hoists used at the home. There were appropriate plans in place in case of emergencies, for example evacuation procedures in the event of a fire.

We received positive comments from people and relatives about whether there was enough staff available to help them when they needed assistance. One person told us, [Relative] was falling a lot, so the staff said I should tell them when I visit if [relative] needed the toilet. They always come when I ask." We looked at how the service managed their staffing levels to ensure there were sufficient numbers of suitable skilled staff to meet people's needs and keep them safe. Staffing rotas showed the home had sufficient skilled staff to meet people's needs, as did our general observations. For example, people received prompt support and staff were unhurried.

The home also employed housekeeping staff and a cook, this enabled the care staff to focus solely on the care required to meet the needs of the people that used the service, without having to carry out any other duties.

People were satisfied with the way their medications were managed. People were protected by safe systems for the storage, administration and recording of medicines. Medications were kept securely and at the right temperatures so that they did not spoil. Medications from the pharmacy were recorded and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We saw staff administer medication safely, by checking each person's medication with their individual records before administering them, to confirm the right people got the right medication. Regular medication audits had been completed by the service. Staff had received training to administer peoples' medication safely and had regular competency assessments which included observations of their practice.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills for the job role they had been employed for.

The service had robust infection control systems in place, we observed throughout our visit staff maintaining high levels of cleanliness and infection control. Staff were trained and updated in food hygiene and infection control. Cleaning materials were organised and safely stored. Cleaning rotas and audits were available and updated. Communal areas were clean and inviting, the kitchen in which the food was prepared was organised and clean. Staff had access to protective clothing for example gloves and aprons and there were facilities to dispose of these safely.

Good

Is the service effective?

Our findings

People were cared for by staff who were suitably trained and supported to provide care that met people's needs. Staff told us they had 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. The training plan showed that the majority of staff's compulsory training was up to date. The manager told us that some training had been e-learning but more of the training was now going back to a practical teaching session. Staff told us they preferred this as it gave them a chance to question and share ideas about the training they were receiving.

Staff confirmed that when they started working at the service they had received an induction. Records showed that the staff's induction was in line with the 'Care Certificate'. This consists of industry best practice standards to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support. Staff confirmed that opportunities were given to shadow a more experienced member of staff for several shifts before they were deemed competent to work on their own.

Staff told us they were supported with regular supervision which included guidance on their development needs and an annual appraisal. Records we looked at confirmed this. Staff also attended staff meetings where they could discuss both matters that affected them and the care management and welfare of the people who lived in the service. The manager had excellent dementia awareness knowledge and staff told us she shared her knowledge with them and supported them in their job role.

The manager and staff had an understanding of how the Mental Capacity Act was important and how people should always be assumed to have capacity unless there was proof to the contrary. Applications had been made to the appropriate professionals for assessment when people lacked capacity and needed constant supervision to keep them safe. This met the requirements of the Deprivation of Liberty Safeguards (DOLs.) Care plans showed that where people lacked capacity, decisions had been made in their best interest. Where people did have capacity we saw that staff supported them to make day to day decisions, and sought consent before providing care. People told us they could choose when to get up in the morning and when to go to bed in the evening, where they ate their meals and whether or not the participated in social activities.

People were provided with choices of food and drink. Each person had access to water or juice throughout the day as well as being offered hot drinks. The dining rooms were made to look welcoming with serviettes, tablecloths, flowers and condiments on each table. There was a dining room on each floor and people could choose where they wanted to eat, one dining room was quieter than the other and people were aware of this and chose where to eat depending on their mood on the day.

The dining room during the lunchtime period had a relaxed atmosphere and none of the staff rushed or hurried people. Choices were given and staff waited patiently allowing people to take their time as they decided. There was a picture menu on each table however, we felt that the staff could of used the pictures to

inform people of the choices or show a plate of food as some people with dementia struggled to understand what they were being offered, therefore the staff member had to repeat the choices quite a few times. We spoke to the manager about this who told us she would speak to the staff and ensure they were following best practice when offering choice to people who were living with dementia.

All of the meals looked appetising. People's comments about the food were all positive. One person told us, "The food is well proportionate and they give choice" and "[Relative doesn't like fish so they don't give her fish. She needs a soft diet so they give her mash instead of boiled and offer rice pudding, they are very good at encouraging her to eat." We observed staff supporting people to eat and this was done in a sensitive and dignified manner, for example positive encouragement was offered and people were not rushed.

The service had appropriately assessed people's nutritional needs and the Malnutrition Universal Screening Tool (MUST) had been used to identify anyone who needed additional support with their diet. Support from a Speech and Language Therapist (SALT) had been sought where a person was identified as being at risk of malnutrition or had swallowing difficulties. Staff had received detailed guidance within support plans and associated risk assessments in supporting people identified to be at risk.

People's day to day health needs were being met and they had access to healthcare professionals according to their specific needs. People told us that staff took appropriate action to contact health care professionals when it was needed. A relative told us, "They tell me everything I always know about appointments and the outcome."

We saw the service also had contact and support from other healthcare professionals in maintaining people's healthcare. These included district nurses, the chiropodist, dietician and physiotherapist. A health care professional told us, "Communication is very good between us all, we have a trusting relationship."

Good

Is the service caring?

Our findings

All of the people we spoke with including relatives were complimentary about the staff and the manner in which people were cared for. People told us that the staff were gentle, caring and kind. One person told us, "The staff are so gentle when they help me to have a bath." One relative told us, "They give [relative] a kiss on the cheek she loves that sort of thing, she thinks the world of the staff." Another relative said, "The care staff are really kind to [relative] nothing is too much trouble, I am here every day and it is always the same." Health professionals who visit the home told us, "The staff are excellent very caring."

Staff interactions with people were considerate and the atmosphere within the service was welcoming, relaxed and calm. Staff demonstrated affection, warmth and compassion, for the people they were supporting. For example, staff made eye contact by kneeling or sitting next to them and listened to what people were saying, and responded accordingly. People were not rushed and were given time to respond to a question. Relatives told us, "The staff listen to me and do everything I ask to have done for [relative]" and "The staff listen to us we feel we are able to say anything to them."

We observed people being spoken to in a gentle, reassuring manner; staff showed genuine interest in what people spoke about. We saw lots of positive interactions and heard laughter and shared humour. People were not rushed they were given time to respond to a question.

We observed one person who was upset showing confusion and anxiety and was refusing to come back in from outside but the staff were very skilled and got her back by chatting and distracting her without the need for any physical contact.

We looked at four people's care plans and saw that they contained some comprehensive information about people's likes and their personal history this gave staff the tools to open up a discussion with people. Staff understood people's care needs and the things that were important to them in their lives, for example members of their family, key events and their individual preferences.

People were encouraged to make day to day choices, and their independence was promoted and encouraged where appropriate according to their abilities. One relative told us, "They try and give [relative] privacy when they take her to the toilet; they stand outside the door until she calls them." People told us they were treated with dignity and their privacy was respected. We saw that staff knocked on people's doors and waited for a response before entering, this showed us that people were treated with respect. One health professional told us that when they visited someone who did not want to go back to their room from the lounge, the staff put a screen up around the person in order for them to have some privacy.

People told us they were able to bring personal items including items of furniture if they wished to from their home. A family member told us, "[Relative] bought a chair in from home that she likes to sleep in."

Care plans described how people wanted to be supported during the end stages of their life and their wishes

were recorded. Where people had made a decision about resuscitation a completed 'Do Not Attempt Resuscitation' (DNAR) directive was in place. Where possible people had been involved in their care plan and when this had not been possible a family member had been consulted about the care their relative needed. One relative told us, "I am kept fully informed about all aspects of [relative] care." This assured us that people had been involved in making decisions and planning their care.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Relatives confirmed this and told us they were able to visit their relative whenever they wanted and at a time of their choosing.

Good

Is the service responsive?

Our findings

People and their relatives told us that they felt the service met their needs and they were satisfied with the care and support they received. They said they had been given the appropriate information and the opportunity to look around the home before moving in.

The manager carried out a detailed assessment before people moved into the service. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. Each care plan which was personalised and reflected in comprehensive detail their personal choices and preferences regarding how they wished to live their daily lives. Care plans were reviewed and updated regularly to reflect people's changing needs. People and their relatives confirmed they were involved in the review process. People's mobility needs, falls, moving and repositioning and dietary requirements were detailed in order that staff could respond to their needs appropriately.

There was a range of activities available in the home and the home employed an activities co-ordinator and also had volunteer that came into the service and played games such as dominoes with people. People were encouraged to make choices about where they wanted to be during the day and what activities they wanted to participate in.

The activity staff member had in-depth knowledge about each of the residents and offered choice and a personalised service. She told us, "I listen and take on board what they are telling me." She gave an example of one person talking to her about her garden at home, she therefore arranged a garden activity with her. This showed us that staff were delivering person centred care. A 'gentlemen's club' took place once a month, the staff member showed us some models of airplanes they had done as an activity. There was also a 'ladies' club which included baking, they had made some Jaffa cakes which involved limited cooking but had a series of steps that people could take part in whilst sitting at the table. Other activities included flower arranging and arts and crafts. The activity coordinator was enthusiastic and motivated into finding out what interested people and suggesting different activities for people to try. On the day of our inspection the coordinator was encouraging people to take part in music and movement class there was lots of banter and laughter which showed that people were enjoying themselves. In the entrance hall of the home there was a painting that was half finished by a person that passed away, the activity staff member asked other people to put a handprint on the painting and it was called "touched by an angel" in memory of the person.

The home has its own hair and beauty salon and the hairdresser comes on a regular basis. However, if people wanted their hair done by their own hairdresser that was not a problem and they could still access the salon. This showed us that peoples preferences were taken into consideration and that people could still maintain links with the outside community.

A couple of people went to the local community centre on a Friday to play darts and went out on shopping trips. Trips were also arranged to the zoo and the local pub for a drink or meal. One relative told us, "There is always plenty going on [relative] doesn't do a lot because of her sight but she does sit and join in the sing

a long and they put old films on and have fetes in the garden." Another person told us, "[Staff] asked us what [relative] was interested in and suggested some things she would like to try with them she is very enthusiastic."

The manager told us that on occasion they arrange for farm animals to be bought into the garden as the people who lived in the service enjoyed this and it also encouraged people's grandchildren to visit who otherwise may be reluctant to come along to the home. Photographs of this event were displayed around the home. There was also a children's activity corner.

We saw that the service routinely listened to people through care reviews and organised meetings. The manager told us she has an open door policy and hold a surgery on a weekly basis for families and staff to drop in. People told us they had no complaints but would talk to the manager if they needed to. One relative told us, "If I wasn't happy I would go and see [manager] without hesitation."

People told us that if they raised a minor issue it was always dealt with straight away. Staff told us they were aware of the complaints procedure and knew how to respond to people's complaints.

Good

Is the service well-led?

Our findings

People and their relatives told us that the home was managed well and were complimentary about the management team. The manager was a visible presence in the home and was knowledgeable about each person and their family and spoke about them with compassion. "A relative told us, "[manager] is great always available her door is always open very approachable." Another relative said, "The home is well managed always someone around to talk to very friendly and informal."

The manager provided visible leadership within the home and led by example. This encouraged staff to follow their lead and therefore provide the best quality care. A relative told us that they were very impressed with the manager's caring attitude when they were first shown around the service. They said the manager's priority was always the welfare of the people in the home. The manager said that she tells people and families, "If you have a problem please come to us on the day so we can sort it out. Don't leave it for three weeks."

We observed the manager and the deputy manager interacting with people in a positive caring way. They told us they worked on shift when the need arose to support the staff. Staff confirmed this and told us, "The manager and deputy manager are always there to support us if we need them to." People we spoke to referred to the management team by name explaining that they were visible and very approachable. A professional that visited the home told us "The staff are always singing the managers praises." We saw the manager talking to family members throughout the day and people told us the manager was approachable.

Staff said they enjoyed working at the home, one told us, and "I love working here we work as a team and support each other." Morale amongst staff was good and most staff had worked at the home for a long time staff only left because of personal reasons for example, we spoke to a member who had gone on maternity leave she had popped into say hello to everyone but said she will be coming back to work because she enjoys her job. The manager spoke highly of the staff team and told us, "I couldn't run without the team they do a fantastic job." Staff felt able to raise concerns or make suggestions for improvement. They told us that communication was always inclusive and they were kept fully informed about any proposed changes. We saw evidence of this in the staff meeting minutes and also daily handover logs.

Actions were taken to learn from accidents and incidents. These were monitored and analysed to check if there were any emerging trends or patterns which could be addressed to reduce the likelihood of reoccurrence. Attention was given to see how things could be done differently and improved, including what the impact would be to people. We saw that following the analysis of an incident, a referral had been made to a healthcare professional for one person. Healthcare professionals told us that they had a good relationship with the manager and that communication between both parties was very good.

The home had a monthly newsletter which included photographs of residents doing activity's and included memorable birthdays and celebrations. We saw that St George's day was celebrated in the most recent newsletter.

The manager carried out a range of audits to monitor quality within the service. These included health and safety checks, monitoring the management of medication, support plans and infection control monitoring. There was evidence that action plans had been implemented and followed up when areas for improvement were identified. We saw that the manager had sent out quality assurance questionnaires to people that lived in the home their relatives and healthcare professionals in order for them to share their views. The feedback from the most recent survey and comments received were all positive and included, "I am really happy with all the staff at the home I have no problems at all."