

Larchwood Care Homes (North) Limited

St Mary's

Inspection report

St Marys Court
Speedwell Crescent
Lincolnshire
DN15 8UP

Tel: 01724865461

Date of inspection visit:
28 January 2019
29 January 2019

Date of publication:
21 March 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: St Mary's is a residential care home providing personal care accommodation for up to 47 people, aged 65 and over. At the time of the inspection 29 people were living at the service.

People's experience of using this service:

The provider had systems in place to safeguard people from abuse. Staff could recognise and report any safeguarding concerns if they suspected abuse. Relevant risk assessments had been completed. Medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to reduce the risk of future harm.

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

People were supported by appropriate numbers of consistent staff who knew them well. Staff recruitment was safe and staff had completed relevant training, received regular supervision and annual appraisals and people were confident in staff skills and knowledge to deliver care and support people in a person-centred way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Relevant mental capacity assessments had been completed. Staff gained consent before delivering care tasks and ensured people could make their own decisions and choices.

A variety of meals were provided to ensure people's dietary needs were met. Assessments were seen which demonstrated relevant health professionals were involved in the care provided to people.

Care provided to people respected their privacy, dignity and promoted their independence. Staff knew people's needs well. We observed staff interacting with people and found they were kind and caring. Staff knew people well and responded to their needs in an understanding way.

Care plans had been completed and were regularly reviewed. These contained relevant information about how to meet people's needs. The activities coordinator was employed to ensure the activities provided by the service met people's individual needs. Where appropriate, plans were in place to ensure people's end of life wishes were taken into account and respected.

People knew how to raise a complaint and were confident their concerns would be addressed. Complaints were addressed in line with the provider's policy and procedure. Where complaints had been received, information had been used to improve the quality of the service.

There was an open culture within the service, where people and staff could approach the manager, who

acted on concerns to make improvements to people's care.

Rating at last inspection: At the last inspection the service was rated good (published 16 September 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

St Mary's

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

St Mary's is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

Inspection site visit activity started on 28 January and ended on 29 January. The first day was unannounced and the second day announced.

What we did:

Before the inspection we checked information that we already had about the service. We looked at notifications from the provider. Notifications are specific events that the provider is required to tell us by law. We sought feedback from the local authority and professionals who work with the service. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection we spoke with four people using the service, three relatives and two professionals. We spoke with five members of staff, including the manager. We reviewed staff training records, three people's care records, medicines records and records related to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff understood how to recognise and report suspected abuse and the manager ensured the appropriate agencies were informed if a concern of harm or abuse was reported. Relevant training in safeguarding had been completed.
- People who used the service told us they felt safe at the service. We observed people appeared happy in the company of the staff team, interacting positively. One person told us, "I like it here, I feel very safe. The staff are very good." A relative told us, "Staff are wonderful, they show a lot of interest in the residents."
- Accidents and incidents were dealt with appropriately and used as learning opportunities.

Assessing risk, safety monitoring and management

- Staff we spoke with were aware of people's risks and knew how to support people in a safe way, whilst maintaining their freedom and promoting independence.
- Risk assessments associated with people's care and support were in place and regularly reviewed to minimise risks reflecting people's current needs.
- People's care records had a personal emergency evacuation plan (PEEP) to ensure people were supported appropriately in an emergency.
- Health professionals told us the service monitored people's needs and requested support and advice in a timely manner.
- Environmental risk assessments ensured people's living spaces were safe and maintained.

Staffing and recruitment

- The provider followed safe recruitment procedures.
- There were enough staff available to meet people's needs.

Using medicines safely

- Staff were trained to handle medicines in a safe way and completed regular competency assessments. This ensured their knowledge was up to date.
- Medicines were safely received, stored, administered and destroyed when they were no longer required.
- Each person had a medication administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
- Medicines prescribed on an 'as and when required' basis (PRN), had protocols in place which informed staff of when the medicines were required.

Preventing and controlling infection

- Infection prevention and control training was managed well by the service. Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare

related infections.

Learning lessons when things go wrong

- The provider was proactive in responding to accidents and incidents, analysing monthly so that any themes or trends could be highlighted. These were shared with staff and preventative measures put in place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information about people's choices and needs had been obtained through pre-admission assessments
- Care and support was reviewed regularly and changes made when needed. One relative told us, "I am always consulted and involved with [Name] reviews."

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. One person told us, "All the staff seem well trained, they help me a lot."
- The provider's induction and training processes ensured staff had the required skills and knowledge to meet people's needs.
- All new staff completed a probationary period to ensure they were suitable for their role. They had the opportunity for supervision and appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People had a choice and access to sufficient food and drink throughout the day. Menus were planned in consultation with people using the service based on their likes and dislikes.
- Where people required their food to be prepared differently because of a medical need or problems with swallowing this was catered for. Assessments had been completed by healthcare professionals to support people with eating and drinking.
- The kitchen was knowledgeable about people's needs and providing for special diets, such as for diabetics. They had knowledge of how to fortify foods effectively to increase their nutritional value.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. One person told us, "if I need the GP they come here which is good."
- Advice provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing.
- Information was shared with other agencies if people needed to access other services, such as hospitals and GP's.

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

- The layout of the service enabled people to move around the service freely. People had access to communal rooms where people could socialise.
- The service had been adapted to ensure people remained safe.

- Equipment was in place to ensure people were safe whilst promoting their independence within the service.
- Each person had their own bedroom and they were able to furnish them with their own furniture, belongings and family photographs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 make 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported by staff who knew the principles of The Mental Capacity Act 2005. Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible: the policies and systems in the service supported this practice.
- Where required appropriate applications had been made to deprive people of the liberty within the law.
- People and their relatives told us they were involved in planning the care delivered to them and were in control of what care was provided. They told us staff always sought consent before care was provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed people were treated with kindness and people and their relatives were positive about the staff's caring attitude. Comments we received included, "The staff are very good, they are very caring," One relative told us, "The staff are very caring and compassionate."
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked.
- The provider recognised people's diversity, they had policies which highlighted the importance of treating everyone as individuals. People's diversity needs were recorded in care plans and all staff we spoke with knew the needs of each person well.

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

- People were supported to make their own decisions and lifestyle choices.
- People and their relatives told us they were included in decisions about their care and were offered choices. A relative told us, "I have been involved in helping to write [Name] care plans with them."
- Staff supported people to access independent support to make decisions or uphold their rights if required.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed before providing personal care.
- We observed how staff supported people with dignity and respect and provided compassionate support in an individualised way.
- People were supported to remain independent. One person told us, "I can do most things for myself, but staff help me if I need it."
- We observed people eating independently, one person was encouraged to eat by staff who would position their spoon in front and ask them if they were eating their lunch. A member of staff told us, "[Name] doesn't like us to help them with meals they like to be independent but they forget to eat. By moving the spoon and telling them they have their lunch in front of them reminds them to eat."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff understood each person's care needs and how they wanted to be cared for. Care plans recorded people's likes, dislikes and important information how staff should meet their needs.
- Care plans were clear, concise and regularly reviewed and updated with people to ensure they contained current information. Information from health and social care professionals was included in people's care plans.
- The service employed an activities coordinator. We spoke with them and they gave us examples of a wide range of activities they had arranged. They also ensured that people had one to one activities of their choice.
- People's communication needs were assessed and information was provided to people in a way they understood in line with the Accessible Information Standards (AIS).

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints should they need to and were confident they would be addressed. One relative told us, "If I have any issues I can arrange a meeting to discuss them." One person said, "I wouldn't hesitate to complain but I have never had to."
- The provider had a complaints policy and procedure and staff understood how to manage complaints and said they addressed them straight away if possible or passed concerns to management. This policy was not on display in communal areas so people and their representatives could access this information. The manager was to ensure this was visible in the service.
- Three complaints had been received. Records demonstrated that these had been thoroughly investigated and people had received a detailed response to their complaint. They used any complaints received as an opportunity to improve the service.

End of life care and support

- Staff were trained in providing end of life care and were compassionate when providing support.
- Staff were knowledgeable about how and when to involve relevant healthcare professionals when people were end of life.
- Care plans documented people's end of life wishes including any religious beliefs and preferences. Staff knew where to find this information quickly.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives told us they knew the manager well. We observed that the manager was visible in the service.,
- Staff told us there was a positive management structure in place that was open, transparent and supportive. Staff felt able to bring any matters to the attention of the manager. Staff told us, "[Manager's name] is great. They are approachable, and very supportive."
- Where audits had been completed we noted the findings from these were recorded so any actions required could be acted upon.

Processes were in place to investigate incidents, apologise and inform people why things happened.

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

- The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. Comments about the management of the service included, "[Manager] is the best manager I have ever had."
- The manager listened to other professionals, took advice and were committed to the improvement of the service.
- Notifications and referrals were made where appropriate. Services are required to make notifications to the Care Quality Commission when certain incidents occur.
- Staff understood their roles and responsibilities. They felt valued, well-supported and had confidence in the management team.
- There was good communication maintained between the management team and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they were encouraged to comment on the care delivered to them and were provided with an annual survey for their views.
- The manager held regular team meetings so that staff at all levels understood their roles and responsibilities.

Continuous learning and improving care

- The manager was knowledgeable about events within the service. They addressed problems quickly and encouraged people to raise issues so they could be resolved.

- Effective systems were in place to monitor the quality of the service people received. These included staff observations, audits and regular reviews of care

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- The records we looked at demonstrated the service worked in partnership with other professionals. These included GP's, speech and language therapists, social workers and district nurses.