Valmar Care Limited

Valmar Care t/a Locharwoods of Birkdale

Inspection report

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Tel: 01704564001

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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

This unannounced inspection was conducted on 6 June 2016.

Valmar Care t/a Locharwoods of Birkdale provides accommodation and personal care for up to 19 older people. Accommodation is provided in 19 single rooms, all of which have an en-suite facility. Communal space is provided in a lounge, conservatory and dining room. There is a small car park at the front of the building. At the time of the inspection 18 people were living at the home.

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

People's medication was not always stored and administered in accordance with good practice. In one case we saw that some medicines had been prepared for dispensing, but had not been taken by the person. The medicines had not been safely disposed of or correctly recorded.

At the previous inspection we identified a breach of regulation because care records and risk assessments had not been updated following a significant incident. We saw evidence that risk was assessed and reviewed on an individual basis each month. The home was no longer in breach of this regulation.

At the previous inspection we identified a breach of regulation in relation to obtaining consent to care. This related primarily to the use of bed-rails. During this inspection we looked at care records and spoke with people living at the home. It was clear that people had been asked about the use of bed rails as part of regular, general discussions about their care. The home was no longer in breach of this regulation.

The people that we spoke with and their relatives told us that care was delivered safely. There's always someone there keeping a check on people. During the course of the inspection we saw that staff provided care in a safe manner and were vigilant in monitoring risk. People were clear about what they would do if they were being treated unfairly.

Accidents and incidents were accurately recorded and were subject to assessment to identify patterns and triggers. Records were sufficiently detailed and included reference to actions taken following accidents and incidents.

The home had produced a personal emergency evacuation plan (PEEP) for each person living at the home and had conducted regular fire drills and fire alarm testing. Fire safety equipment was tested by external contractors annually and by the home on a regular basis. Other essential safety checks, for example, gas safety and electrical safety were completed annually. Moving and handling equipment was serviced and inspected in accordance with the appropriate schedule.

Staffing numbers were adequate to meet the needs of people living at the home. The provider based staffing allocation on the completion of a dependency tool. We were provided with evidence that this information was reviewed following incidents where new behaviours were observed which might increase or change the dependency for care. The home recruited staff following a robust procedure.

Staff were suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role. The training records and staff certificates showed that the majority of training required by the provider was in date.

The records that we saw showed that the home was operating in accordance with the principles of the Mental Capacity Act 2005. However, the recording of decisions regarding capacity was sometimes unclear.

The food was well presented and nutritionally balanced. People's preferences, allergies and health needs were recorded in a file and used in the preparation of meals, snacks and drinks. People gave us mixed views on the quality of the food. People told us that they were offered plenty of drinks throughout the day.

Most of the people that we spoke with had a good understanding of their healthcare needs and were able to contribute to care planning in this area. People had access to a range of community healthcare services.

Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used language, pace and tone that was appropriate to the individual. People's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's need regarding personal care.

People were involved in discussions about their care which was regularly reviewed. All of the people living at the home that we spoke with told us they received care that was personalised to their needs. We observed that care was not provided routinely or according to a strict timetable.

Quarterly meetings were held for people living at the home where important information was shared and people's views sought. Records indicated that people had been asked for their views on the quality of care, menus and activities.

Information regarding compliments and complaints was displayed and the registered manager showed us evidence of addressing complaints in a systematic manner.

The registered manager facilitated regular staff meetings and staff told us that they were confident about speaking out and making suggestions. We saw evidence that changes had been made following these meetings.

Staff understood what was expected of them and were motivated to provide good quality care. We saw that staff were relaxed, positive and encouraging in their approach to people throughout the inspection.

The provider had systems in place to monitor safety and quality. They completed a regular audit which included information that was fed-back to the staff team. We saw that the audit process was basic and did not produce a detailed record. The audit process did not provide an opportunity to benchmark the quality of the home and monitor improvement.

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.

Medicines were stored and administered safely in accordance with best-practice guidelines. During the inspection we identified one issue with the administration of medicines which was addressed by the registered manager.

People living at the home had detailed care plans which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

Staff were recruited following a robust process and deployed in sufficient numbers to meet the needs of people living at the home.

Is the service effective?

Good

The service was effective.

Staff were trained in topics which were relevant to the needs of the people living at the home.

The provider applied the principles of the Mental Capacity Act (2005) meaning people were not subject to undue control or restriction.

People were provided with a balanced diet and had ready access to food and drinks. Staff supported people to maintain their health by engaging with external healthcare professionals.

Is the service caring?

Good

The service was caring.

We saw that people were treated with kindness and compassion throughout the inspection.

Staff knew each person and their needs and acted in accordance with those needs in a timely manner. People's privacy and dignity were protected by the manner in which care was

delivered.

People were involved in their own care and were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People living at the home and their relatives were involved in the planning and review of care.

The home had a varied programme of activities which were reviewed in conjunction with people living at the home.

Complaints and concerns were recorded and dealt with effectively. The number of formal complaints was small.

Is the service well-led?

Good

The service was well-led.

The provider had systems in place to monitor safety and quality.

The registered manager was approachable and had a good understanding of the needs of each person living at the home.

The home maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate.

Valmar Care t/a Locharwoods of Birkdale

Detailed findings

Background to this inspection

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

This inspection took place on 6 June 2016 and was unannounced.

The inspection was conducted by an adult social care inspector.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority who provided information. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the home and the staff. We also spent time looking at records, including four care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who had involvement with the service to ask for their views.

On the day of the inspection we spoke with three people living at the home and three visiting relatives. We also spoke with the registered manager, a senior carer, the proprietor and two other staff.

Good

Is the service safe?

Our findings

The people that we spoke with and their relatives told us that care was delivered safely. Comments included; "My friend is kept safe", "There are people around all the time if you need help" and "Absolutely 100% safe. There's always someone there keeping a check on people." During the course of the inspection we saw that staff provided care in a safe manner and were vigilant in monitoring risk.

People's medication was not always stored and administered in accordance with good practice. Medicines were provided by a local pharmacy using a recognised blister-pack system. We spot-checked Medicine Administration Record (MAR) sheets and stock levels. In one case we saw that some medicines had been prepared for dispensing by opening the relevant section of the pack, but had not been taken by the person. We checked the relevant MAR sheet which had been signed to say that the medicines had been taken. We asked the registered manager to check the circumstances relating to this error with the staff member concerned. We were subsequently told that the person had refused some of their medicines after the blister-pack had been opened. The staff member had failed to mark the MAR sheet correctly or dispose of the medicines. The registered manager assured us that checks would be completed on all staff to ensure that they were administering medicines in accordance with best practice guidance.

We were told that nobody currently living at the home required covert medicines. These are medicines which are hidden in food or drink and are administered in the person's best interest with the agreement of the prescriber. Controlled drugs were stored safely and associated records were completed correctly. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. We saw evidence of PRN (as required) protocols and records. PRN medications are those which are only administered when needed for example for pain relief. A full audit of medicines and records was completed monthly.

At the previous inspection we identified a breach of regulation because care records and risk assessments had not been updated following a significant incident. We checked care records and saw that significant improvements had been made in relation to risk assessment processes following the last inspection. The records that we saw clearly indicated that these improvements had been sustained and that risk and care plans had been subject to regular review. We saw evidence that risk was assessed and reviewed on an individual basis each month. The home was no longer in breach of this regulation.

We asked people living at the home what they would do if they were being treated unfairly or unkindly. They each said that they would complain to the manager. Relatives also told us that they would speak to the manager if they had any concerns. All of the staff spoken with gave a good description of how they would respond if they suspected that one of the people living at the home was at risk of abuse or harm. The training records showed that all staff had received recent training in adult safeguarding. Staff knew how to recognise abuse and discrimination. They were seen to intervene in a timely and appropriate manner when people showed signs of distress. The provider maintained a file with details of safeguarding referrals. The file detailed the nature of the incident, subsequent investigations and actions taken.

Accidents and incidents were accurately recorded and were subject to assessment to identify patterns and triggers. Records were sufficiently detailed and included reference to actions taken following accidents and incidents.

The home had produced a personal emergency evacuation plan (PEEP) for each person living at the home and had conducted regular fire drills and fire alarm testing. Fire safety equipment was tested by external contractors annually and by the home on a regular basis. Other essential safety checks, for example, gas safety and electrical safety were completed annually. Moving and handling equipment was serviced and inspected in accordance with the appropriate schedule.

Staffing numbers were adequate to meet the needs of people living at the home. Two care staff were deployed on each shift and the registered manager was available between the hours of 9:00am and 5:00pm. The home also employed a domestic and a cook. The provider based staffing allocation on the completion of a dependency tool. The dependency tool recorded that a significant proportion of the people currently living at the home did not require high levels of direct care. We were provided with evidence that this information was reviewed following incidents where new behaviours were observed which might increase or change the dependency for care. The home recruited staff following a robust procedure. Staff files contained two references which were obtained and verified for each person. There were Disclosure and Barring Service (DBS) numbers and proof of identification and address on each file. DBS checks are completed to ensure that new staff are suited to working with vulnerable adults. There were also notes from the interview saved in each person's file.

Good

Is the service effective?

Our findings

At the previous inspection we identified a breach of regulation in relation to obtaining consent to care. This related primarily to the use of bed-rails. During this inspection we looked at care records and spoke with people living at the home. It was clear that people had been asked about the use of bed rails as part of regular, general discussions about their care. The home was no longer in breach of the regulation. However, the home had not sought signatures from people or their representatives as evidence of the discussions and agreements. We spoke with the registered manager about this. They agreed that signatures would be requested from people or their representative when care plans were next reviewed.

Staff were suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role. One member of staff said, "I've done moving and handling and safeguarding." Another member of staff said, "The training is good. E-learning was a bit strange, but we have practical sessions." Staff confirmed that the training was a mixture of computer-based courses with practical sessions for moving and handling and first aid. The training records and staff certificates showed that the majority of training required by the provider was in date. The people living at the home that we spoke with told us they thought that the staff were suitably skilled.

New staff were trained and inducted in accordance with the principles of the Care Certificate. The Care Certificate requires new staff to undertake a programme of learning before being observed and assessed as competent by a senior colleague. All staff that we spoke with confirmed that they had been given regular supervision and appraisal. We saw that this was recorded in staff records.

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.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The records that we saw showed that the home was operating in accordance with the principles of the MCA. The records relating to capacity assessments were summarised on a single page which indicated that the process was generic and had not focused on the needs of each individual. However, we saw evidence in other care records that people's capacity had been assessed in relation to a range of decisions. We spoke with the registered manager about this. They said that they would amend the records to provide clearer evidence that capacity in relation to a range of decisions had been assessed. Applications to deprive people of their liberty had been submitted appropriately. At the time of the inspection none of the people living at the home were assessed as lacking capacity to make decisions about their care.

Meals were prepared in a recently re-fitted kitchen and for the majority of people, served in a well presented dining room. Other people chose to eat their meals in their bedrooms. Tables were laid out with napkins, crockery and cutlery. Staff were attentive but busy serving and monitoring people. Staff wore personal protective equipment (PPE) in-line with good practice for food hygiene. We sampled the food and spoke with people while they ate their lunch. The food was well presented and nutritionally balanced. People's preferences, allergies and health needs were recorded in a file and used in the preparation of meals, snacks and drinks. People gave us mixed views on the quality of the food. Comments included, "The food's okay. There's always something there that you can eat" and "Most of the meals are very nice, but you don't always get a choice." Alternatives to the main meal were not displayed, but we saw that some people had different meals for their lunch. We were told that alternatives were available on request. Each of the people that we spoke with confirmed that they could ask for an alternative. We spoke with a manager about choice of food. They said that they would ensure that alternatives were clearly displayed and discussed with people each day. People told us that they were offered plenty of drinks throughout the day. We saw people being offered hot and cold drinks throughout the course of the inspection.

Most of the people that we spoke with had a good understanding of their healthcare needs and were able to contribute to care planning in this area. For those people who did not understand the provider had identified a named relative to communicate with. We asked people if they could see health professionals when necessary. We were told that they saw doctors, chiropodists, opticians and other healthcare professionals when they needed. We saw records of these visits on care files.

Good

Is the service caring?

Our findings

Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used language, pace and tone that was appropriate to the individual. Staff took time to listen to people and responded to comments and requests. Staff at all levels demonstrated that they knew the people living at the home and accommodated their needs in the provision of care. All of the people living at the home we spoke with said that staff listened to them. One person told us, "The staff are caring. You can have a joke with them." Another person said, "Staff are very, very, caring. I can't fault them." A relative told us, "Staff use language that is caring and respectful." Although there were only two carers deployed on each shift, we saw that other staff and the registered manager engaged with people to provide conversation and care throughout the inspection.

People living at the home that we spoke with said that they were encouraged and supported to be independent. One person said, "I can come and go as I please. I need to build-up my skills and confidence before moving to my own place." We saw that people declined care at some points during the inspection and that staff respected their views. One person told us, "I can refuse care and have done in the past."

People's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's need regarding personal care. People living at the home had access to their own room with en-suite facilities for the provision of personal care if required. Staff were attentive to people's appearance and supported them to wipe their hands, face and clothing when they had finished their meal. When we spoke with staff they demonstrated that they understood people's right to privacy and the need to maintain dignity in the provision of care.

We spoke with visiting relatives throughout the inspection. They told us that they were free to visit at any time. One visitor commented, "I turned-up at an inappropriate time. They [staff] didn't say it's nearly lunchtime, go away." Relatives made use of the communal areas, but could also access people's bedrooms and a visitors' room for greater privacy.

The service displayed information promoting independent advocacy services. One person had made use of these services to support them in discussions about living more independently.

Good

Is the service responsive?

Our findings

We asked people if they had been involved in their care planning and if they were able to make decisions about their care. Some people were unsure what this meant but had family members to represent them. Other people explained how they had been involved and what changes had been made as a result. In one case a person receiving respite care had expressed a preference for a shower in place of a bath. The home had made the change before the person moved-in on a permanent basis. One person told us, "They [staff] know my likes and dislikes now." Another person said, "I'm involved in meetings [about my care]." The registered manager said, "I review care plans every month. People's wishes and preferences are recorded in their care plans." We saw evidence in care records that people had been involved in the review of their care.

All of the people living at the home that we spoke with told us they received care that was personalised to their needs. We saw evidence in care records that people's preference for gender-specific care was recorded. People's preference for perfume, make-up and activities were also recorded. We also saw that people were encouraged and supported to follow their faith by the home. People's rooms were filled with personal items and family photographs. Some people had brought furniture from home with them.

We observed that care was not provided routinely or according to a strict timetable. Staff were able to respond to people's needs and provided care as it was required. We asked people living at the home if they had a choice about who provides their care. None of the people that we spoke with expressed concern about their choice of carers.

Quarterly meetings were held for people living at the home where important information was shared and people's views sought. Records indicated that people had been asked for their views on the quality of care, menus and activities. Recent meetings had been well attended and staff had taken time to speak to people who were unable to attend to ask for their views.

The registered manager told us, "We have a programme of activities. We have a singer who comes in every month." We saw a schedule of activities for each month which included; pamper sessions, exercise sessions, games and quizzes. Staff were honest about the difficulty they had in motivating some people to join-in the activities. Some of the people that we spoke with told that they preferred to watch television and chat or in one case, access community facilities.

The home circulated regular surveys to people living at the home covering; catering and food, personal care and support, daily living, premises and management. All of the responses were recorded as 'very satisfied' or 'quite satisfied'. The feedback from the January 2016 survey was summarised and shared with people living at the home and staff.

Information regarding compliments and complaints was displayed and the registered manager showed us evidence of addressing complaints in a systematic manner. However, they said, "I have a very open door policy. I don't get many formal complaints. I had a suggestion box, but it stayed empty." All of the people that we spoke with said that they knew what to do if they wanted to make a complaint. The staff that we

spoke with knew who to contact if they received a complaint.

Good

Is the service well-led?

Our findings

A registered manager was in post. We spoke extensively with the registered manager throughout the inspection. It was clear that they knew each person living at the home and their care needs well. They demonstrated an awareness of the day-to day culture of the home and provided practical care and support as required. They described the culture as, "Very homely" adding "I expect my staff to treat everybody like family." The registered manager understood their responsibilities in relation to the management of the home and their registration. They told us that they felt supported by the proprietor of the home. The proprietor was present to support the registered manager and the inspection process at various points throughout the day.

People spoke positively about the registered manager, their approachability and leadership of the home. One member of staff said, "I'm kept informed. [Registered manager] is an excellent manager." A visitor commented, "It's a very calm, well-run home." While one person living at the home told us, "[Registered manager] is very approachable. I can approach [proprietor] or [registered manager] when I need."

The registered manager dealt with the issues arising out of the inspection process openly and honestly. At one point during the inspection we identified a concern relating to the administration of medicines. They addressed any immediate concerns, investigated the matter and subsequently shared learning with staff.

The registered manager facilitated regular staff meetings and staff told us that they were confident about speaking out and making suggestions. We saw evidence that changes had been made following these meetings. For example, changes had recently been introduced to night-time routines.

Staff understood what was expected of them and were motivated to provide good quality care. One member of staff said, "I'm clear about what is expected. I've been here for [a number of years] but still feel motivated." We saw that staff were relaxed, positive and encouraging in their approach to people throughout the inspection.

The provider had systems in place to monitor safety and quality. They completed a regular audit which included information that was fed-back to the staff team. The records that we saw indicated that all audits had been completed in accordance with the provider's schedule. We saw that the audit process was basic and did not produce a detailed record. The audit process did not provide an opportunity to benchmark the quality of the home and monitor improvement. We spoke with the registered manager and the proprietor about this. They said that they would review and develop current procedures to make them more effective.

The home maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate.