Larchwood Court Limited

Larchwood Grove

Inspection report

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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

We carried out this inspection on the 5 and 7 January 2016, and it was unannounced.

Larchwood Grove is a privately owned care home, providing personal care and accommodation for up to ten adults with learning disabilities. There were nine people living at the service at the time of the inspection. People had complex needs, including mental health and physical health needs.

Due to people's varied needs, some of the people living in the service had a limited ability to verbally communicate with us or engage directly in the inspection process. People demonstrated that they were happy in their home by showing warmth to the staff who were supporting them. Staff were attentive and interacted with people in a warm and friendly manner. Staff were available throughout the day, and responded quickly to people's requests for help.

People and their relatives described a service that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered. Staff supported them in making arrangements to meet their health needs.

There was a registered manager employed at the service, who was on leave at the time of the inspection. 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.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Where people lacked the capacity to make decisions the home was guided by the principles of the Mental Capacity Act (MCA) 2005 to ensure any decisions were made in the person's best interests. Staff were trained in the Mental Capacity Act 2005 (MCA) and showed they understood and promoted people's rights through asking for people's consent before they carried out care tasks.

Staff were recruited using procedures designed to protect people from the employment of unsuitable staff. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal to carry out their roles.

Staff had been trained in how to protect people from abuse, and discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff understood the whistle blowing policy and how to use it. They were confident they could raise any concerns with the provider, the registered manager or outside agencies if this was needed.

There were policies and a procedure in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely. People received their medicines when they needed them and as prescribed.

Staff understood the challenges people faced and supported people to maintain their health by ensuring people had enough to eat and drink.

The registered manager and care staff used their experience and knowledge of people's needs to assess how they planned people's care to maintain their safety, health and wellbeing. Risks were assessed and management plans implemented by staff to protect people from harm.

There were systems in place to review accidents and incidents and make any relevant improvements as a result.

The provider investigated and responded to people's complaints and people said they felt able to raise any concerns with staff.

Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served and at other times during the day.

People were given individual support to take part in their preferred hobbies and interests.

There were systems in place to obtain people's views about the quality of the service and the care they received. People were listened to and their views were taken into account in the way the service was run.

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.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

People experienced a service that made them feel safe. Staff knew what they should do to identify and raise safeguarding concerns. The registered manager acted on safeguarding concerns and notified the appropriate agencies.

Risks to people's safety and welfare were assessed. The premises were well maintained and equipment was checked and serviced regularly.

Is the service effective?

Good

The service was effective.

People and their relatives spoke positively about the care they received. The food menus offered variety and choice and provided people with a balanced diet.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Staff understood people's individual needs. They had received appropriate training and gained further skills and experience through extended training in behaviours that challenged.

Staff were guided by the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to ensure any decisions were made the person's best interests.

Is the service caring?

Good

The service was caring.

People had forged good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals and able to make choices about their care.

Staff treated people with dignity and respect. Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were comprehensive and records showed staff supported people effectively.

A broad range of group activities was provided and staff supported people to maintain their own interests and hobbies.

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

Is the service well-led?

Good

The service was well-led.

The provider and registered manager promoted person centred values within the service. People were asked their views about the quality of all aspects of the service.

A system was in place to regularly assess and monitor the quality of service people received, through a series of audits. The provider sought feedback from people and acted on comments made.

Visitors were welcomed and the manager communicated with people in an open way.

Incidents and accidents were investigated thoroughly and

responded to appropriately.

Larchwood Grove

Detailed findings

Background to this inspection

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

This inspection took place on the 5 and 7 January 2016, was unannounced and carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We examined previous inspection reports and 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 provider is required to tell us about by law.

The provider and staff on duty assisted with the inspection process. We spoke with the provider and four members of care staff. We spoke with three people and five relatives. We received written information from health and social care professionals that visited the service. These included local authority care managers. We looked at the personal care records for three people, medicine records; activity records, staff recruitment records and staff training records. We observed the care provided to people who were unable to tell us about their experiences.

At the previous inspection on 17 September 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. Some people used facial expressions to indicate they had positive experiences and felt safe living at Larchwood Grove. For example, they smiled when staff approached them. One person said, "This is my home". One relative told us, "I feel she is safe there". Another relative told us, "Absolutely happy could not wish for better".

There were enough staff to care for people's safely and meet their needs. The provider showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times. A senior staff member said if a member of staff telephones in sick, the person in charge would ring around the other staff to find cover. We saw that there were sufficient staff on duty to enable people to go to planned activities, for example going shopping or going bowling. The provider told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

The provider operated safe recruitment procedures. There was a recruitment policy which set out the appropriate procedure for employing staff. Staff recruitment records were clearly set out and complete. This enabled the provider to easily see whether any further checks or documents were needed for each employee, for example references to be followed up. Staff told us they did not start work until the required checks had been carried out. These included proof of identity checks, and a criminal background check. The records showed that these checks were carried out for each new member of staff before they started work at the service. These processes help employers make safer recruitment decisions and helped prevent unsuitable staff from working with people who use care and support services. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and knew how to care for people safely.

There was a safeguarding policy, and staff were aware of how to protect people and the action to take if they suspected abuse. Staff were able to describe the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people, so their knowledge of how to keep people safe from abuse was up to date. The provider was familiar with the processes to follow if any abuse was suspected in the service. The provider said if any concerns were raised, they would telephone and discuss them with the local authority safeguarding adult's team. All staff had access to the local authority safeguarding protocols and this included how to contact the safeguarding team. People could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately.

Care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risks identified when people went out into the community and risks in the kitchen. Staff told us about the risk management strategy for one person who was at risk of falls. Staff were to support the person to wear appropriate footwear and also to ensure that "The belt is on when going out in a wheelchair".

Incidents and accidents records were checked by the provider to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. If people had falls, this was fully recoded so that patterns and frequency could be monitored with actions taken to minimise the risks.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Staff were suitably trained and followed best practice guidance when administering medicines. They knew how people liked to take their medicines and medication administration records (MAR) confirmed that people received the medicines as prescribed. There was information for staff to read about possible side effects people may experience in relation to certain medicines. This was to make sure that policy was followed and people received their medicines appropriately and in a safe way.

The premises had been maintained and suited people's individual needs. People were cared for in a safe environment and equipment was provided for those who could not weight bear so that they could be moved safely. Equipment was serviced and staff were trained how to use it. The premises were maintained to protect people's safety. There were adaptations within the premises like wooden rails along the corridors to reduce the risk of people falling or tripping.
The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. The provider had an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had an emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Therefore people could be evacuated safely.

Good

Is the service effective?

Our findings

People told us that staff looked after them well. One person said "I like it here, and I like the staff". Relatives told us "There is always a variety of food, and it is all home cooked", "They (staff) make sure my relatives health needs are looked after, and they attend all their hospital appointments", and "Some staff have worked at the service from some years and they support my daughter and ensure that her needs are met".

New staff undertook induction training, which provided them with essential information about their duties and job roles. A new member of staff told us that they were working through the induction process. The induction also included shadowing an experienced worker until the member of staff was assessed as competent to work unsupervised. Staff had completed or were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to work to the required standard.

Staff received refresher training in a variety of topics such as moving and handling and food hygiene. The provider showed us the staff training records, and the training courses that were booked to take place over the coming months. These courses included, health and safety, infection control and first aid. Staff were trained to meet people's specialist needs such as, dementia awareness and epilepsy. Staff had also completed practical training in behaviours that challenge and behaviour intervention. Staff said the training they undertook, enabled them to give people the support they needed.

Staff were supported through individual one to one meetings and appraisals. These provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. In this small service staff saw and talked to each other every day. These handover discussions gave staff an opportunity to discuss any issues and made sure they were up to date with any changes to people's needs.

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These decisions included do not attempt cardio pulmonary resuscitation (DNACPR) forms, and showed that relevant people, such as social and health care professionals and people's relatives had been involved. The provider understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications

had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

People were supported to have a balanced diet. There were menus in place. One relative told us that people chose their menu on a fortnightly basis. The menu showed a variety of food people could choose from. The staff knew people well and asked each week if people had any requests. Staff offered people hot and cold drinks throughout the day or supported people to make their own drinks. People were offered choices of what they wanted to eat, some people were able with support to assist with making meals. People were weighed regularly to make sure they maintained a healthy weight. One health and social care professional said, "In particular they provide very varied and nutritious freshly cooked meals every day that are carefully adapted for individual residents tastes and needs".

The provider had procedures in place to monitor people's health. Health action plans had been discussed with people and completed. Referrals were made to health professionals including doctors and dentists as needed. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People's health and well-being had been regularly and professionally assessed and action taken to maintain or improve people's welfare.

Good

Is the service caring?

Our findings

People told us the staff are all good. One person said "I am very happy here". Health and social care professionals said, "The people always look well kempt and are chatty with the staff, joking and teasing frequently", and "The staff team is very stable and many of the staff have been there for five or six years". One relative commented, "The staff are very caring". Another relative said, "Wonderful staff, patient, kind, caring and very willing to help".

Due to some people's varied and complex needs they had a limited ability to understand and verbally communicate with us. Staff recognised and understood people's non-verbal gestures and body language. This enabled staff to understand people's wishes and offer choices. We found that people's social and emotional needs were considered and catered for as well as their physical care needs. Staff chatted and joked with people and ensured that the people felt comfortable. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff built good relationships with the people they cared for.

Staff demonstrated an understanding of people's diverse needs and were able to tell us about non-verbal actions and signs that people used to communicate their needs, for example facial expressions. Support was individual for each person. All members of staff, regularly interacted with each person who lived at the service, throughout our inspection. This demonstrated that staff involved people and this in turn helped to promote their well-being.

Relatives felt welcomed when they visited and had been involved in planning how they wanted their family member's care to be delivered. Relatives told us they felt involved and had been consulted about their family member's likes and dislikes, and personal history. People indicated through facial expressions and gestures that staff knew them well and that they exercised a degree of choice throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. We observed that people could ask any staff for help if they needed it. People were given the support they needed, but encouraged to be as independent as possible too.

The staff recorded the care and support given to each person. People were involved in regular reviews of their care plan, which included updating assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing.

Relatives told us and we saw that people's privacy and dignity was respected. Staff gave people time to answer questions and respected their decisions. Any support with personal care was carried out in the privacy of people's own rooms or bathrooms. Staff supported people in a patient manner and treated people with respect. Interactions were observed to be respectful and patient. Requests for help or attention were responded to promptly by staff.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to choose the décor for their rooms and could bring personal items with them. We saw people had personalised their bedrooms according to their individual choice. People were invited to attend meetings, where any concerns could be raised, and suggestions were welcomed about how to improve the service. Relatives told us that they could talk freely to the manager or the provider. The provider followed these up and took appropriate action to bring about improvements in the service.

Information about people was kept securely in the office. When staff completed paperwork they kept this confidential.

Good

Is the service responsive?

Our findings

Relatives told us that the manager kept in contact and provided updates in relation to any changes. They said they were informed when reviews were taking place, so that they could attend the meetings. One relative said, "I visit regularly, and all the staff keep me up to date with any changes". A health and social care professionals said, "They (the staff) are pro-active and quick to phone me if there is any deterioration in health. If they disagree with me or don't understand anything I have advised or written to them all support workers have the confidence to discuss this with me and we can then problem solve together".

People and their relatives or representatives had been involved when assessments were carried out. People's needs were assessed and care and treatment was planned and recorded in people's individual care plan. There were comprehensive needs assessments in place, detailing the support people needed with their everyday living. These care plans contained clear instructions for the staff to follow so that they understood how to meet individual care needs. For example, "I require all support to meet my personal care needs", and "I like to be woken up with a cup of tea at around 7.30am in the morning". The staff knew each person well and was able to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed. The level of support people needed was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People had their individual needs regularly assessed, recorded and reviewed. They and their relatives as appropriate, were involved in any social services care management reviews about their care. Staff confirmed that people received care or treatment when they needed it.

Clear guidance was in place for staff to support people who presented behaviours that could harm them or other people. The specific behaviours that the person may exhibit were clearly listed, together with the appropriate response that staff should take and information about what could trigger the behaviour so this could be avoided. For example, if the person showed signs of becoming aggressive, the guidelines for staff stated "Staff were to speak with them and ask them to go into another room to calm down". Staff told us that guidelines in place worked, and the person would spend sometime of on their own to calm down. People's changing needs were observed and recorded on a daily basis. This information was monitored and reviewed by staff. Findings were fed back into individual care plans, risk assessments and behaviour guidelines to make sure that they were up to date. This meant that people's needs were monitored and reviewed on a regular basis to ensure that their needs were met.

People were supported to take part in activities they enjoyed. People told us they had the opportunity to access the local community such as the local shops, pub meals and visiting day centres and other clubs. Records showed that people were able to celebrate events that were important to them, such as birthdays. We saw that people were supported to go out to their planned activities. One person told us they enjoyed bowling, and went twice a week. Activities had been tailored to meet people's individual needs. Staff

described how they continually reviewed and developed activities by seeking feedback from people. People's family and friends were able to visit at any time. We saw that people were helped to develop independent living skills such as cleaning, making drinks and being supported to make meals on the day of our visit. This meant that people took part in home life and activities in the local community.

The service was adapted to meet people's individual needs. For example, bedrooms were decorated with posters and ornaments chosen by the person, demonstrating an understanding of person centred care. To meet one person's physical needs, an overhead hoist track was in place for staff to be able to support the person from their bed to their bathroom to maintain their safety.

Relatives told us they had no complaints. The provider told us that there had been no complaints made, but should she receive a complain. It would be dealt with in a timely manner and in line with the provider's complaints policy. People were given information on how to make a complaint in a format that met their communication needs. For example, in large print and pictorial format. Staff told us that people showed their concerns in different ways either verbally, or by facial expressions and different behaviours. Most concerns were dealt with at the time they were raised by people. Relatives told us that if they had any concerns they would speak with the provider. They said they had no concerns. The provider said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. We saw records to support this. Relatives told us they knew how to raise any concerns and were confident that the provider dealt with them appropriately and resolved these.

Good

Is the service well-led?

Our findings

Relatives and staff told us that they thought the service was well-led. Relatives said that they had no concerns and that the provider was approachable and very helpful. One relative told us, "I can always speak with the provider if I have any concerns". Staff commented, "We all work well together" and "We can talk with the provider if there is a problem, she is very approachable. One health and social care professional told us that at a recent 'best interest' meeting the manager was supported by the provider, which they felt was a good example of how the team worked very well together.

People, relatives and health and social care professionals spoke well of the provider and staff. We heard positive comments about how the service was run. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people and visitors and listening to their views. The provider said there was regular contact with parents and families.

The provider had a clear vision and set of values for the service. These were described in the Statement of Purpose, so that people had an understanding of what they could expect from the service. The provider demonstrated her commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. From our observations and what people told us, it was clear that these values had been successfully cascaded to the staff. It was clear that they were committed to caring for people and responded to their individual needs. For example, individual and varied activities, individualised records of support and bedrooms that had been decorated to the individuals taste.

The provider provided support for the staff. Staff understood who they were accountable to, and their roles and responsibilities in providing care for people. Staff said that the provider was approachable and supportive, and they felt able to discuss any issues with them.

There were systems in place to review the quality of all aspects of the service. Audits were carried out to monitor areas such as person centred planning and accident and incidents. Appropriate and timely action had been taken to protect people from harm and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings where people were asked about their views and suggestions; events where family and friends were invited; questionnaires and daily contact with the provider and staff. Questionnaires received in September 2015, included the comments, 'It has a family feel', 'I have never had to complain', 'Provide peace of mind in a caring environment', 'Shows care for people', and 'It is always clean and welcoming'.

Minutes of staff meetings showed that staff were able to voice their opinions about the service. We asked staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting

agendas and 'be heard', acknowledged and supported. The provider had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

There were a range of policies and procedures governing how the service needed to be run. They were currently being updated with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

The provider of the service was kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate any complaints to the provider so that they were dealt with to people's satisfaction.

The provider was aware of when notifications had to be sent to the Commission. These were notifications about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service, plan our inspection and check how any events had been managed. This demonstrated the provider understood their legal obligations.