Larchwood Care Homes (South) Limited

Diamond House

Inspection report

Bennett Street
Downham Market
Norfolk
PE38 9EJ

Tel: 01366385100

Date of inspection visit:
05 April 2016

Date of publication:
01 June 2016

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 5 April 2016 and was unannounced.

The home was registered to provide accommodation with personal care for up to 42 older people. There are 38 single rooms and two double rooms which were not used as multi-occupied rooms. On the day of our visit there were 39 people living at the home, some of whom were living with dementia.

There was a registered manager at the service, who was permanently based onsite. 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 felt safe living at the home. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm of it they needed to report any suspected abuse.

Systems were in place to identify risks and protect people from harm. Risk assessments were in place and regularly reviewed. Where someone was identified at being at risk actions were identified on how to reduce the risk and referrals were made to relevant health care professionals.

There were sufficient staff numbers on duty to keep people safe and to meet people's needs. Safe staff recruitment procedures were in place which ensured only those staff suitable to the role were in post.

Policies and procedures were in place to provide staff with the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely by trained staff.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were trained in the MCA and DoLS. Staff sought consent from people regarding their care. Appropriate referrals where in place, along with best interest decision meetings and consent from relatives where appropriate for people assessed as lacking capacity to make specific decisions.

Staff were worked well with people living with a dementia and had received appropriate training to deal with all elements of providing care services.

People health care needs were assessed, monitored and recorded and referrals for assessment and treatment were made. Where people had appointments within healthcare they were supported by staff to attend these.

Staff were caring, knew people well, and supported people in a dignified and respectful way. Staff acknowledged people's privacy. People felt that staff were understanding of their needs and provided support during periods of distress. Staff had positive working relationships with people.

Care was provided to people based on their individual needs and was person-centred. People and their relatives were fully involved in the assessment of their needs and in care planning to meet those needs. Staff had a good knowledge of people's changing needs and action was taken to review care needs.

Staff listened and acted on what people said and there were opportunities for people to contribute to how the service was organised. People knew how to raise any concerns. The views of people, relatives, health and social care professionals were sought as part a quality assurance process.

Quality assurance systems were in place to regularly review the quality of the service that was provided.

This particular service was taken over in January 2016 by Larchwood Care.

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 received safeguarding training and knew how to recognise and report abuse.

There were sufficient staff numbers to ensure that people were safe and their needs were met.

Risk was managed effectively and regularly reviewed to ensure they reflected people's current level of risk.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received training to ensure that they were able to meet people's needs effectively. They received regular supervision.

People were supported to maintain good health and had regular contact with health care professionals. They had sufficient to eat and drink and were involved in menu planning.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures and staff were provided with training. The legislation was being followed to ensure people's consent was lawfully obtained and their rights protected.

Is the service caring?

Good

The service was caring.

People were treated with kindness and dignity by staff who took time to speak and listen to them. Staff were understanding of those living with dementia. Staff acknowledged people's privacy.

People were consulted about their care and had opportunities to maintain and develop their independence.

Is the service responsive?

Good

The service was responsive.

People received care which was personalised and responsive to their needs.

Some activities were available for people and plans were in place for improvements to this.

People were able to express concerns and feedback was encouraged.

Is the service well-led?

Good

The service was well-led.

The registered manager sought the views of people, relatives, staff and professionals regarding the quality of the service and to check if improvements needed to be made.

There were a number of systems for checking and auditing the safety and quality of the service.

Diamond 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 on 5 April 2016 and was unannounced. The inspection team consisted of one inspector and one Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This 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 reviewed this alongside the notifications that had been sent to us, as is required by law. We also contacted social care professionals within the county for their views.

We spoke with six people living at the home and three visitors. We also spoke with the registered manager, one senior carer, two care workers, the head chef and the maintenance officer. We spent time observing care provided to people during the day.

We reviewed the care records of five people, training records and staff files as well as a range of records relating to the way the quality of the service was audited.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home as they were cared for by staff who understood their needs, with one person saying, "Oh yes I do feel safe". A visitor told us that their relative had numerous falls in the past but since being at the home they had not had any.

Staff had the knowledge and confidence that they would know what to do if a safeguarding situation arose, and were able to explain the process to us. Staff told us they knew how to carry out the appropriate reporting of incidents and accidents, which we saw to be the case. There were systems in place to reduce the risks to people of harm.

The registered manager told us, and staff confirmed that they had received face-to-face training and online training for safeguarding. Additionally to this the registered manager told us that a member of staff would receive training to deliver safeguarding training in order for new staff to have quicker access to the training.

A number of people living at the home were living with dementia which meant staff were dealing with behaviour that challenged others on a regular basis. We saw evidence that showed that in these instances the appropriate referrals had been made to the dementia and intensive support team. Additionally to this we saw that risks had been identified around individual's safety and how to keep people safe from harm, including those who were unable to call for help or reach the call bell. Staff told us that they were confident in supporting the people living at the home. They felt they had relevant guidance and sufficient information in order to meet the needs of people with behaviour that challenged others.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. For example we saw that people living at the home could walk around the home independently and processes were in place to support people who wanted to go outside to take part in personal activities. Visitors to the home were asked to inform staff if someone wanted to go outside of the home, and they supported the person so they could do this in a safe manner.

People's care records showed the risks that had been identified and how these were to be managed. These were updated every four to six weeks and changes made to continue to best meet needs. For example we saw that someone was at risk of falling from bed as they got caught in their bed sheets, to minimise the impact of these falls meant that a crash mat was put in place to break the fall. We saw the relevant best interest meetings were recorded with options for this person and the referral and risk assessment once the decision had been reached. We saw that the falls team and the social worker had been involved in this process.

We also saw risk was managed for people that were unable to call for help, or use the call bell. These people were confined to bed due to their current needs and therefore the doors had been fitted with stair gates. We saw the relevant best interest meeting for this and appropriate risk assessment. The gates allowed people who were confined to their beds to feel less isolated while reducing the likelihood of disturbance from people who may suffer from memory loss entering their rooms in error.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew how to access the information. In people's care records we saw personal evacuation plans. Staff told us that the fire alarm was tested weekly and the personal evacuation plans outlined how to deal with these individuals safely in the event of a fire.

People who were at risk of developing pressure areas were risk assessed appropriately. We saw evidence that one person had an airflow mattress and a gel pad to go between their knees, this relieved pressure and helped to minimise the risk of developing pressure areas.

There was a dedicated resource for maintenance and staff involved explained the processes for health and safety checks, and showed us records of audits undertaken. These were all up-to-date and relevant service engineers called when needed, to keep equipment safe.

On the day of our visit there were two senior and six care staff on duty, they were supported by housekeeping and domestic staff. The registered had confirmed that they had recently recruited to all their vacancies and we saw that there was enough staff on duty to meet people's needs during the day and at night. The rota's we viewed confirmed this and staff told us that they felt there were enough staff to meet people's needs. However there was not a dedicated activities co-ordinator and therefore staff felt they did not have time to sit and chat with people living at the home. People living at the service told us that they were happy with the staffing and that staff were quick to respond to them with one person telling us, "They come quickly when I ring the bell" which we saw to be the case.

The registered manager confirmed to us that they used a dependency tool to determine staffing levels, and we saw the tool used and recent staff rotas, which showed this to be the case. The registered manager told us they normally over staffed a day in order to cover sickness.

The service followed safe recruitment practices which included the appropriate criminal record checks and references. The registered manager told us about the recruitment process they followed and staff confirmed this to be the process they experienced.

People living at the service were happy with how their medicines were managed and told us, "They're [care staff] in charge of the tablets and deal with repeat prescriptions". Whilst two other people told us they did not have any problems with their tablets.

There were safe medicine administration systems in place and people received their medicines when required. We observed staff carrying out the medicines round after lunch and medicines were stored securely, administration records were up to date, clear and concise. Staff wore vests that indicated they were on a medicines round and not to be disturbed. Staff told us that they had received medicines training and that they could shadow senior care staff before being observed by them. This could be for as long as the new staff member felt confident to carry out the task safely. Staff were knowledgeable and confident with the process and policies around medicines management and what process would be in place if a medicines error occurred.

Good

Is the service effective?

Our findings

People and their visitors spoke positively about staff and their abilities and expressed confidence in having their needs met.

The registered manager showed us the records they had to show what staff training had been completed and what was outstanding, these were thorough and up-to-date. The relevant training, that the provider considered mandatory, had taken place and additional training based on individual needs was accessed by staff where needed. Staff confirmed to us that they received appropriate training, and told us that they could access training at any time. This meant staff had access to effective training so they could undertake their caring roles.

The competency of staff following training was checked through an observation method and by giving staff scenarios to respond too, this was carried out by the registered manager. The registered manager told us that new staff were enrolled in the Care Certificate and could work towards formal qualifications in care. One staff member told us that they had used their training on dementia to communicate with people living with a dementia. And to understand how to encourage them to carry out some tasks independently.

The registered manager told us that they undertook supervisions with staff, and we saw evidence that this had been carried out. The registered manager told us that she used supervisions to discuss with staff their competency checks and if they required further training. Staff told us that they had supervisions regularly and that these were helpful. Staff also told us that they did not have to wait for their next supervision if they had specific issues.

Staff told us about the induction that they received when they started with the provider. This induction included shadowing and observations which are recorded separately and reviewed by the registered manager. The home had a mentor scheme to support them through this process and to aid learning. Staff confirmed to us that they could do as much shadowing as they wanted and it was for them to say when they felt confident to continue alone. Staff told us that they enjoyed coming to work every day.

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 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. We found that one person was subject

to a DoLS and the registered manager and staff knew and understood the restrictions placed on this person. A number of applications for DoLS were currently in process and there were best interest meetings in the care records of these individuals, which were reviewed every four to six weeks. Where people living at the home had some capacity their care records showed this, and what decisions that person liked to make themselves and how staff should support this.

People living at the home told us that they were happy with the quality of the meals. One person said, "The food is really nice" whilst another person said, "You never go hungry here, there's plenty to eat".

We saw that at lunchtime people were given a choice of two main meals and people did not have to make a choice until lunchtime. We saw that staff showed the plated food for both options to people for them to make a visual choice. There was also a large sign on each table with the two choices listed. The food was presented well and those on a pureed diet were given the same choice and the food was presented well. The staff told us that if someone didn't like either of the choices another dish could be sought, and this was confirmed by the people living there.

Staff supported people with their lunch if they required it and this was done in calm manner and they did not rush people. One staff member went around asking everyone if it was alright and awoke one person who could eat independently but that had fallen asleep and prompted them to try a little more. Drinks were readily available and those being supported with lunch were offered drinks intermittently between food. People told us, "We get enough to drink, they [the staff] encourage you to drink" and another person told us that the home helped them to obtain food that they wanted to have, as this is their preference, and it was kept in the kitchen.

Some people were at risk of poor nutrition and we saw that were they had been prescribed nutrition supplement drinks, these were available. Staff also ensured they had a variety of flavours as well. Those people at risk of poor nutrition also had their foods fortified at meal times and this was in line with their care records. Appropriate likes and dislikes had been noted and continually updated, and risk assessments were in place for weight loss. People at the home were weighed monthly.

People living at the home had access to healthcare and we were told, "I am going to the heart clinic, the carer will come with me" and "When I've been poorly they've [staff] rung for the doctor." Visitors also told us that their relatives received appropriate to support to access hospital clinic when they are required. For example one person had problems with their teeth and was supported to get appropriate care. On the day of our visit one person was visiting the dentist and was being supported by staff.

Staff told us they felt confident that they would know what healthcare professionals to call if they needed to. The chiropodist visits the service regularly as do the district nursing teams. And we saw evidence of eye test prescriptions and consultant meetings recorded clearly in peoples care records.

Good

Is the service caring?

Our findings

People living at the home told us that they were happy with the care provided by the staff. One person said, "They're all so friendly and very willing". A visitor said to us, "I do feel they are well trained and so kind and see the needs of people". We saw examples at lunchtime where one person was sitting in another person's favoured place, this was dealt with by staff in a clam and reassuring manner and meant that both people could still sit at the same table and caused no anxiety for either person.

People told us that staff were always kind and gentle when providing care and never rushed them and that they built trusting relationships. One person told us, "I like them all" which was confirmed by their visitor. Staff told us that they felt confident in their roles, which was evident when we observed them working with the people living at the home. For example, one person liked to walk around and got up during lunch and went towards the heated trolley. Staff calmly intervened and guided the person back to their chair with the offer of dessert.

We saw evidence that people's cultural needs were addressed and people had access to religious groups if they wished. For example we were told that there was a church service held on the second Sunday of every month, and a visitor confirmed that, "Someone comes to the home to give them [the visitor] and [their relative] Holy Communion in [the relative's] room.

There was a person living at the home who did not have English as a first language. We saw evidence of where the registered manager had worked with professionals and family to create tools and key phrases to help staff communicate with this person. We saw that people living at the home had care records that were updated every four to six weeks. We observed that people were encouraged to make decisions where they could about the care they received. Two visitors told us that had recently been involved in care plan reviews and records showed that this was the case as with gaining consent, where this was the case there was best interest decisions or consent from people for relatives to be involved. Care records showed formal review meetings of care that the person living at the home was invited to attend and their relative if this was appropriate. Staff were able to explain to us some of the people living at the home and the lives they had led when they were younger. Staff told us this was important as it helped when talking to people and was something they could engage in.

Staff were observed throughout the day giving choices to the people they were supporting. For example lunch was served and choices shown with plated food and drinks were offered in the same way. Staff asked individuals if they wanted support with personal care throughout the day. Where people were showing signs of anxiety as they did not know where they were and were asking for their visitors to come, staff were reassuring and offered people a drink whilst they waited, which alleviated the persons anxiety.

Some people living at the home had returned to bed after breakfast and care records showed that this was their preference; additionally care records stated what was important for the person and for their relatives. Records showed evidence of discussing with relatives about the people living at the home and how to offer choices to these people.

People living at the home told us that they felt their privacy and dignity were observed, with a person telling us, "I have my privacy here and know there are people around if I need it". We also observed that if a person's door was closed staff always knocked before entering.

Staff explained to us how important it was to them to talk to the person whilst delivering personal care, enabling them to encourage and reassure and support people to remain as independent as possible. Staff told us that this also helped them to get to know people which was important.

Staff discreetly asked people when they required personal care and gave them the option to return to their room or to the communal facilities. During the visit we observed that a person living at the home asked where the toilet was, staff immediately stopped what they were doing and went with the person to support them with personal care.

The registered manager told us that there were dignity champions within the service and they were on hand to support staff and to highlight good practice. Staff told us that they found this useful as it helped them to always have a person's dignity at the forefront of their mind when supporting with personal care.

Good

Is the service responsive?

Our findings

We reviewed the care records of five people that lived at the home. Records were concise and showed the care people required, for each element of their care needs. For example care records focused on one area at a time, like personal care and went into detail for each section separately. Within the records there was a detailed 'for me' section showing what was important to that person, for example if they would prefer a shave and when they would like it. There was evidence that this was reviewed on a regular basis and signed by the people living at the home and their relatives if appropriate. One person had a shower every day, however recently the records stated that they had expressed a wish to now have a bath. This was then carried out and recorded daily as to their wishes.

Some people were able to undertake some tasks that they could still do themselves, this was important to them and was reflected within care records. People told us, "I have two baths a week. They [staff] put me in the bath and I can bath myself. They pop in and make sure I am alright" and. "I am fairly independent, I can do most things for myself" and another person told us, "They don't lead you in anyway, you can make your own decisions". We observed that one person was still asleep mid-morning and were told that they liked a lie in. The care records reflected this and said that this person preferred to lie in as they often had disturbed sleep at night.

Staff told us how they liked to get to know a person and about their lives so that they could understand the person better, and engage them in conversation. We saw in care records that there were pen pictures and life histories where people had wanted to share them. One person was supported throughout the day to have a cigarette, they would ask staff to take them outside and they would.

There were regular 'resident and relative meetings' which looked at the menu plans, decisions on outings as well as the care people receive. We saw evidence of this and corresponding pictures of the outings. The head chef told us that they attended this meeting and also sat and chatted with people to see if they liked the food and if they would like to try something different.

The registered manager told us that at the time of our visit there was not an activities co-ordinator and the post was being advertised. Staff told us that they struggled to give as much time to people as they could after their normal tasks, but confirmed they still did as many activities as they could. For example one person told us that, "If they organise anything [activities] in the lounge I will go and support them" they carried on saying, "There was a trip to the local farm recently which people enjoyed". Staff confirmed to us that there were outings and they had recently taken people to the pantomime.

The care records we reviewed for each person had a section that listed those people in their lives that were important to them. For example spouses; siblings and children and what their relationship was to the person living at the home. This was to support staff to talk to people about their relatives and support with engaging people in conversation.

We saw in one care record that a person calls out to go home and that staff should reassure this person and

encourage them to have a drink while they wait for their relative to come and get them. We observed this practice and staff were kind and considerate, as this continued throughout the day. Another person required one to one care and this was in the staff rotas, this was to keep this person stimulated and not interrupting other people. We saw the use of musical instruments that people found stimulating and one person was asked to announce lunch at lunchtime with her musical instrument. The home was set up to support people living with dementia and there were flash cards and appropriate signage. However the only use of tactile objects we observed were the two musical instruments and people living at the home did not have any tactile objects of reference to help them navigate around the home. However the room doors were all different colours to support people to find their room. People's room were personalised to their tastes.

People told us that they knew how to complain. One person said, "I have no complaints but would talk to someone if I was worried about anything". A visitor told us, "I had no complaints but would speak to a senior carer or the manager if they did", whilst another visitor said, "I have raised concerns in the past and these have been resolved to my satisfaction".

Good

Is the service well-led?

Our findings

People living at the service and their visitors told us that they could talk to the registered manager and staff about concerns, or ideas for making the service better. They told us that this could be done in a number of ways including directly talking to staff; meetings; service questionnaires and care reviews. For example two relatives had made comments about the communication between staff and themselves and this was taken to senior care staff for discussion and work with carers for further training around customer service. This was fed back to relatives and no further issues had arisen recently. The complaints process was visible to all at the home and there was a file for compliments and complaints. This had been completed in detail with the outcome of each concern documented and they were all dealt with in a timely manner. There were no outstanding complaints at the time of the visit.

Staff told us about the core values of the service, which included quality care and staff told us what good care meant to them. This meant that people living at the home received care from caring and knowledgeable staff, which was confirmed by people who spoke to us during our visit about the staff. Staff told us that they felt supported to speak up if they felt things could be carried out differently. For example a staff member made suggestions following a discussion at a staff meeting, and these were implemented with good outcomes for the people living at the home. Staff also told us that if they had concerns about the manager they knew the processes to follow to raise these outside the organisation. There was clear information for people displayed in the home that supported this.

People living at the home knew who the manager was, one person told us, "Oh yes I know the manager, she always speaks to me when I see her" and another person said, "The manager is [her name], she's very nice". Visitors also told us that, "[manager's name] is an extremely good manager" and another confirmed, "She always listens".

Staff were also very positive about the registered manager and the support they received to carry out their roles. They confirmed that they had regular staff meetings and senior staff confirmed they also had meetings for heads of departments. Senior care staff provided a report for the registered manager which summarised all care for each person living at the home and fluid and food intakes, this was to ensure that the registered manager had an oversight of the service, and could support staff when they spoke to them. Staff knew how to contact senior care staff for support and if the registered manager was away from the service there was a clear line of accountability for staff to access.

The registered manager told us that part of the role was to oversee the competencies of the staff and this was undertaken through observation of care delivery, how staff conducted themselves and determining through supervision how they would deal with different situations.

Appropriate health and safety audits were undertaken as were fire safety audits, which were overseen by the registered manager. For example a recent fire safety audit had showed that the fire doors needed some updating, and therefore a request had been placed to the provider to have the work carried out. This had been done to ensure a safe place for the people to live in and a safe working environment for staff.

We saw records that showed us that the service carried out their quality audits around the same areas as the Care Quality Commission (CQC) reports; additionally we saw evidence of monthly quality audit reports carried out by regional managers. The registered manager reports all relevant incidents to the CQC and other relevant agencies.

The registered manager had recently undertaken a recruitment drive to ensure continuity of care to people living at the home; recently a deputy manager had been appointed. The role of this deputy would be to support the registered manager with day-to-day running of the home, and enabled the registered manager to undertake more of their managerial role.

The registered manager confirmed to us the processes they had undertaken when they were not happy with a staff member's performance, and the steps they followed in order to find a solution that would be appropriate. The registered manager worked with heads of departments and looked at incidents and accidents and this is shown in risk assessments to minimise these risks going forward.

The registered manager told us that they felt supported by the provider and that they attended regional meetings with other managers to ensure continuity; good practice and to share professional feedback.