

Larchwood Care Homes (North) Limited

Swan House

Inspection report

Pooles Lane
Short Heath
Willenhall
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23 January 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Swan House is a care home registered to provide personal and nursing care for up to 45 people living in one purpose-built building, divided into two separate units. The home accommodates people living with dementia at different stages in its progression and people living with a range of complex health care needs. At the time of our inspection there was 40 people living at the home.

People's experience of using this service and what we found

Risks were not consistently managed, and systems and processes were not always effective for mitigating ongoing risk to people. The providers quality assurance system had not always identified where improvements were needed or where improvements had been identified action on these was not always timely.

People said they felt safe and were comfortable around staff. Relatives told us they felt their family members were safe. Many people and relatives told us that more staff was needed to meet their needs.

Staff knew people needs and demonstrated a good understanding of the level of assistance people required. Staff were observed to be kind and caring. Staff spoke to people with dignity and respect and took the time to support and encourage people.

Staff received the training they needed so they had the skills and knowledge to meet people's needs. Staff had been recruited safely.

People were supported to access external healthcare professionals to maintain their health and wellbeing. People were supported to have enough to eat and drink and appropriate referrals had been made to healthcare professionals where people had specific dietary needs.

Staff knew the importance of giving people choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to plan for and receive appropriate end of life care. There were systems in place for people and relatives to give their feedback on the service.

The provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, race, religion and belief. Staff members we spoke with knew people they could tell us about people's individual needs and how they were supported.

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

Rating at last inspection and update.

The last rating for this service was good. (published September 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to regulation 12 safe care and treatment and regulation 17 good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may return sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Swan House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and a specialist advisor (who was a qualified nurse) on 20 January and just the inspector returned on 22 and 23 January 2020 to complete the inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided

Notice of inspection

The inspection was unannounced on the first day with an announced visit on the second and third day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 12 people who used the service and seven relatives to ask about their experience of the care provided. We used a range of different methods to help us understand people's experiences. Some people

were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight members of staff, including care staff, nursing staff, the registered manager and provider representative.

We reviewed a range of records. This included six people's care records and four medicine records. We also reviewed the process used for staff recruitment, records in relation to training and supervision, records relating to the management of the home and a range of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection the key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks were not consistently managed, and systems and processes were not always effective for mitigating ongoing risk to people. For example, a person who was cared for in bed and was at risk of choking was eating a meal. They were not in the required position to eat safely and in accordance with their care plan and risk assessment.
- A person was supported by staff to move to the dining room in a wheel chair. The person had a foot injury and their feet were not placed on the foot rest. There was no risk assessment in place to inform staff how they should support this person when using the wheelchair and how to prevent further injury.
- Food thickener used to thicken drinks and food for medical purposes was not stored securely and could present a risk if a person was to swallow it accidentally or without following the correct instructions for how it must be used.
- We saw a person with an abrasion mark on their leg. The injury had not been identified, recorded or reported.

Using medicines safely

- Prescribed medication was missing for one person and there was no explanation or audit trail to explain the reason for this.
- A person was prescribed an oil medicine for 14 days and staff had continued to administer this until it was identified during our inspection, which was after 17 days of administering.
- People were prescribed creams for sore skin or to prevent sore skin developing. Records lacked detail about how and when the creams should be applied. Medicine administration records had several days when no recordings had been made to confirm the creams had been applied and there was no other system for recording the application of the cream. Creams had not been dated when opened and labels had become damaged and were difficult to read. A prescribed cream for one person was found in another person's bedroom. Creams were not stored securely.
- Some people were prescribed medicines on an, 'as needed basis' (PRN). There was no protocol in place for staff to follow for at least three people who were prescribed PRN medicines. Protocols that were in place lacked detail about when and how the medicines should be offered and how the person may request these medicines outside of the medicine round.

Systems in place were not always robust enough to demonstrate risks to people were effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager took immediate action at the time of the inspection to ensure people received safe support.

Preventing and controlling infection

- We saw some equipment in use in two people's bedrooms presented as an infection control risk because the condition of the surface of the equipment was damaged and would make it difficult to keep clean.
- These matters were dealt with immediately when we brought them to the attention of the registered manager and the equipment was replaced.
- We saw that generally the home was clean, and staff had access to personal protective equipment and used this when required.

Staffing and recruitment

- There were mixed responses about the levels of staffing for the home. Some people and their relatives told us at times staff were very busy. A person told us, "The staff are very good, but I do have to wait sometimes for help, I do think they seem short staffed at times, not always." A relative told us, "The staff are good, but most people need two staff to help them and at times they seem too busy."
- Our observation was at times during the day staff were very busy particularly on the nursing floor because most people needed two staff to attend to their personal care needs.
- The registered manager told us they had a system in place for assessing the staffing levels and this was based on people's dependency levels, staff rotas showed that the minimum staffing levels identified by the registered manager were maintained.
- The provider had a recruitment process in place to reduce the risk of employing unsuitable staff to support and care for people. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and relatives, we spoke with told us they felt safe living at the home. A person told us, "I am very happy here and yes I do feel safe I have no concerns." Another person told us, "I have lived here a few weeks and I really like it here. I feel safe now."
- Staff had received safeguarding training and knew what action they needed to take if they witnessed or suspected abuse. A staff member told us, "Any concerns I have I would report to the manager immediately and I know they would be acted on and reported to the local authority."

Learning lessons when things go wrong

- Accident and incidents were recorded by staff. Information was analysed by the management team to identify any patterns or trends. Learning from incidents was also discussed in meeting and staff handover sessions.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.
- Where people did not have capacity to make certain decisions, they were supported to have choice and control of their lives and staff supported them in the least restrictive way. We saw staff tried to obtain consent before delivering care and give people as much control as possible.
- Although staff had received training of the MCA and DoLS some staff had limited knowledge about who had a DoLS in place. However, they told us they would go to senior staff or the manager for support or advice regarding DoLS. To ensure people were not unduly restricted.
- There was information in people's care plans around likes, dislikes and choices.

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

- Where people had undergone assessments from health professionals in relation to their food and fluids improvements were needed to ensure advice was followed consistently. For example, ensuring people were correctly positioned whilst eating and ensuring food thickeners were safely stored.
- People received drinks and snacks throughout the day and between meal times. For example, we saw a fresh fruit platter was prepared and served midmorning to people.
- People at risk of weight loss were monitored and provided with a fortified diet (extra calories) to help them gain and maintain a healthy weight.

- People at risk of choking had received appropriate assessments from healthcare professionals. For example, Speech and Language Therapist (SALT).
- Specialist cutlery and eating aids were available for people who needed it, to promote their independence.

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

- A pre-admission assessment was carried out prior to people moving to the service to ensure people's needs could be met and the care planned reflected their individual needs and preferences.
- Most staff had a good understanding of people's needs. Some staff were not aware of all risks in relation to people's care.

Staff support: induction, training, skills and experience

- Staff told us they received appropriate training, including face to face and completion of training booklets.
- The provider had a person employed to oversee and provide specific training across all their registered services. They told us that training could be tailored to meet the specific needs of the service. For example, they told us for moving and handling training, "We can tailor the training to the individual staff member and I will do hands on practical training with the staff specific to the needs of the person they will be assisting."
- Staff told us they had completed an induction when they were first employed. New staff were offered the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- There were systems in place, such as daily care records, and regular handover meetings to share information about people's progress. We suggested information about DoLs approvals could be added to the handover records, to ensure staff had this information to hand.
- People had access to health professionals such as district nurses. People were supported to meet their oral healthcare and to maintain their health.
- People confirmed they saw the doctor when they needed to.
- A healthcare professional we spoke with during our inspection told us they had no concerns about people's care. They told us, "The staff engage very well with us and follow our instructions and the manager is very approachable." They went on to say, "People look well looked after."

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

- People were supported in a purpose-built home.
- Corridors and doorways could accommodate mobility equipment and walking aids.
- The registered manager told us that recent decoration of the dining room had taken place and bedrooms were being refurbished on a planned basis to make the environment more comfortable for people.
- There was some signage to assist people with dementia.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection the key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed positive interactions between staff and people.
- People and relatives told us staff treated them with dignity and respect. One person told us, "The staff are lovely they really do care about [name]. Its important that [name] looks nice and staff always make an effort, so they look nice."
- Staff knew what might make a person feel unsettled and told us what they would do and how they reassure people when they needed to. A relative told us, "I know [name] can be difficult at times and sometimes refuses staff's help. They [staff] are really good and they are patient and kind. I can't fault the way they are."
- Care plans included information about people's diverse needs including information about religion, celebrations, life histories, wishes and preferences. This enabled staff to use this information to provide personalised care.
- Staff told us about the importance of keeping information confidential however we did see people's personal information was not always securely stored. We brought this to the attention of the registered manager and this was immediately dealt with.

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

- People's care plans included information about how they would like their care to be carried out.
- People told us they made choices about their care. A person told us, "The staff always ask me about my care and they tell me what they are doing."
- Relatives told us staff were quick to respond to any requests they made about family members care. A relative told us, "They [staff] are really good and any query I have they sort it out."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. "A person told us, "They {staff} are excellent in that way, they do respect my privacy and dignity."
- Staff ensured people's dignity and privacy were maintained. People had their own bedroom which enabled private personal space.
- Staff explained how they encouraged people to do some tasks for themselves to maintain some level of independence. A person told us, "I do what I can and then staff are there to help me with the things I struggle with."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff we spoke to could tell us what was important to each person and knew their likes and dislikes. We saw staff engaging in discussion with people about their lives.
- People told us they were satisfied with their care.
- Care plans contained information about how people liked their needs to be met. Some records needed more detail and updating about people's support requirements.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and included in their care plans. This included guidance to staff on how to communicate with the person.
- People received a guide to the service when they first moved in to the home. The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). They told us that people were asked about what format information should be provided at the point of assessment and whatever format was required, would be provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A staff member was employed to organise and facilitate activities. During the inspection some themed activities related to the Chinese New Year celebrations took place and people enjoyed these sessions. An art session took place and staff told us they were planning to display people's art work.
- There was an activities timetable displayed and this included arts and crafts, bingo's and quizzes and guest singers. A daily magazine was provided and included articles that may be of interest to people to read and discuss.
- People's personal beliefs and backgrounds were respected by staff.
- Relatives and people's friends said they always felt welcome at the home. A relative told us, "It's a lovely welcoming atmosphere here, staff are always friendly and call you by your name and ask you how you are."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. We saw records that showed complaints had been recorded and responded to.

- People and their relatives told us if they had any concerns they would speak with staff or the manager and they were confident they would be listened to. A relative told us, "I see [registered managers] around. They are approachable."

End of life care and support

- The provider had policies and procedures in place to ask them about their wishes and to support them through this time.
- People's end of life wishes were discussed and documented.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection the key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were systems in place to monitor the service. However, these had not always been effective at identifying where improvements were needed as identified during our inspection.
- There were systems in place to assess, monitor and mitigate risks to people however these were not always robust and followed through consistently. We saw risks to people that required immediate attention, so people received safe care.

- There were systems in place to audit the medicine administration.

The system in place for the auditing of non- blister pack medicines had not identified this was not consistently carried out.

- System in place to audit care records and risk assessments had failed to identify that records did not always contain the required current information. For example, a risk assessment was required for a person who used a wheelchair and was at risk of harm, food and drink guidance records had not been updated following changes in need for one person. Some care records lacked detail, for example, catheter care monitoring did not record a description of urine, to identify whether the person was consuming the right amount of fluid to maintain their health. Although staff told us this information was shared verbally. Some daily records lacked detail about people's care and response to care. Systems in place had not identified that records were not always stored securely. Out of date records were stored in a person's file.

This demonstrated that the provider's systems in place to review quality were not always effective. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded positively to the inspection process and action was taken to make improvements at the service. For example, staff were informed about immediate action on risks that we had seen, and the action required to support people to mitigate the risks.
- The registered manager told us that some of the issues we had raised had been identified through their own monitoring system. They told us the steps they had taken to address the shortfalls needed to be more robust to address the concerns.
- The registered manager understood their role and regulatory responsibilities. The latest CQC inspection report rating was displayed at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The registered manager had notified us of important events as required.

- The service had received a five-star rating from the local authority for kitchen hygiene.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and relatives spoke positively about the registered manager. A staff member told us, "They have an open door and you can go and speak with [registered manager] whenever you need to." A relative told us, "I see [registered manager] around and they are approachable. I would speak to them if I needed to, but I haven't. If I have query I speak with the staff and they sort things out straight away."
- The registered manager and provider representative told us they were committed to generating a culture where learning from mistakes takes place in an open and inclusive way.
- The registered manager told us that although meetings took place with the staff team and specific meetings with nurses and heads of department they were going to increase the frequency of these and schedule the meetings for the next twelve months in advance.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities under the duty of candour and told us relatives would be informed of any concerns or issues that had arisen. People and relatives, we spoke with told us that staff and managers were approachable and helpful.

Working in partnership with others; continuous learning and improving care

- The manager told us they worked closely with health and social care professionals and the local authority.
- The registered manager told us they kept their own knowledge and learning up to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems in place were not always robust enough to demonstrate risks to people were effectively managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's systems in place to review quality were not always effective.