Larchwood Care Homes (North) Limited

Swan House

Inspection report

Pooles Lane
Short Heath
Willenhall
West Midlands
WV12 5HJ

Tel: 01922407040

Date of inspection visit:
08 June 2017

Date of publication:
25 July 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 8 June 2017. Swan House is a nursing home which provides accommodation and personal care for up to 45 older people. At the time of our inspection 36 people lived at the home.

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

People told us they felt safe living at the home and were supported by staff who received training in how to recognise signs or harm or abuse. People's risks had been assessed and staff knew what action to take to keep people safe. People received their medicines as prescribed.

People were supported by sufficient numbers of staff who had been safely recruited. Staff received induction, training and support from the management team. People were asked for their consent before staff provided care. Staff understood people's rights and choices when supporting them. People told us they had a choice of meals and had sufficient to eat and drink. People had access to healthcare professionals when needed.

People were supported by staff who were kind and caring and who treated them with dignity and respect. Staff knew people well and supported people to maintain their independence. People felt listened to and able to raise concerns they may have.

Staff understood their roles and responsibilities and felt supported by the registered manager. Processes were in place to listen to and respond to people's experiences of the service and audit systems were in place to monitor the quality of care being provided.

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 told us they felt safe and staff knew how to identify and report potential harm to people. Risks to people's care and health needs had been identified and staff knew how to minimise these risks. People were supported by sufficient numbers of staff. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective

People received support from staff that had the skills and training to meet people's needs. People consent was sought before staff provided them with care and support. People were happy with the food and drink they received and staff supported them to meet their healthcare needs.

Is the service caring?

Good

The service was caring

People were supported by staff who were kind and caring. People's choices were sought and respected.

Is the service responsive?

Good

The service was responsive

People and their relatives were involved in care planning. People had access to leisure activities. People were confident that if they raised any issues or concerns these would be listened and acted upon.

Is the service well-led?

Good

The service was well-led

People were complimentary about the registered manager and management team. Staff understood their roles and responsibilities. Quality audit systems were in place however analysis of incidents to identify trends was not completed.

Swan 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 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 8 June 2017 and was unannounced. The inspection team consisted of one inspector, one expert by experience and one specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The specialist advisor was a qualified nurse who had experience of medicine management and working with older people and people living with dementia.

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 also reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events, such as serious injuries. We spoke with other agencies such as the local authority to gain their views about the quality of the service provided. We used this information to help us plan our inspection of the home.

During the inspection we spoke with six people who lived at the home and six relatives. We spoke with eight members of staff and the registered manager. We also spoke with one healthcare professional. We reviewed a range of records about how people received their care and how the service was managed. These included ten care records of people who used the service, 18 people's medicine records, two staff records, complaints and records relating to the management of the service such as audit and quality checks. We also carried out observations throughout the inspection to look at how staff interacted with people.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes I feel safe living here, someone is always about if you need any help." A relative commented, "I know my relative is safe and looked after probably better than I could have done. They have people around day and night to keep them safe." Staff were able to explain the different types of potential abuse and how they would respond to protect people from the risk of harm. One member of staff told us, "I have had safeguarding training. If I saw something like unexplained bruising I would report it straight away to the senior or registered manager." Another member of staff said, "I have completed training in safeguarding. If I thought someone was at risk of abuse I would report it straight away to the manager." Staff were confident the registered manager would take the correct action if any concerns were raised. They said if they felt appropriate action was not being taken they would report concerns to the local safeguarding authority or the Care Quality Commission (CQC). The registered manager was aware of their responsibilities in reporting any potential harm or abuse. Records we looked at demonstrated where incidents had occurred concerning people's safety; these had been reported to the local safeguarding authority in order to keep people safe.

People told us staff understood their potential risks to their safety and how to minimise them to keep them safe from harm. One person said, "I have one or two little issues but nothing too serious. [Staff] are very good, they report it to the nurses when they see it and they treat it quickly."
Staff we spoke with understood how to protect people where there was a risk such as with people's mobility. They told us risks to people's safety were assessed and equipment was available for staff to use. We saw one person being assisted to move using a wheelchair; staff did not use the footplates when transferring the person. We asked staff about this, they explained the reason for the action and said this was documented in the person's care record. We looked at the care record and found no risk assessment in place with regard to not using the footplate whilst mobilising. We saw another person who self- propelled in their wheel chair using their feet. We looked at their care record and again found no risk assessment had been completed. The senior member of staff said they would complete the risk assessments straight away. All the staff we spoke with understood people's current needs and therefore were supporting them appropriately. However there was a risk that without the correct written guidance being available people could be at risk of not receiving the right care or support.

Staff we spoke with were aware of the importance of reporting and recording incidents, accidents and falls. We saw these were reported appropriately and action was taken by the registered manager to keep people safe. For example, referrals were made to the falls teams and sensory mats were used to alert staff of people's movements to maintain their safety. This showed incidents were monitored and action taken to minimise risks to people.

People told us there were enough staff to meet their care and support needs. One person said, "My needs are met and staff respond quickly if I need them." Staff confirmed staffing levels were sufficient to meet people's needs. One member of staff said, "There seem to be enough [staff]." We saw staffing levels were sufficient to ensure people's needs were met. We saw there was adequate numbers of staff on duty to assist people with their care and support throughout the day.

We discussed staffing levels with the registered manager. They said staffing levels were calculated based on people's individual levels of dependency which ensured there were sufficient staffing levels at all times to meet people's needs.

Staff told us recruitment checks were undertaken before they started working at the home. One member of staff said, "I completed an application form and had an interview and [pre-employment] checks completed." Records we looked at confirmed this. Appropriate pre-employment checks had been obtained before employment commenced. This included references from previous employers, proof of registration with the Nursing and Midwifery Council (NMC) for registered nurses and Disclosure and Barring Service (DBS) checks for all staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being recruited. This showed the provider had a safe recruitment process in place which meant people were cared for by staff that had been recruited safely.

We looked to see whether medicines were managed safely by the provider. One person told us, "I have my medicine from staff, I don't have any worries about my medicine." Staff we spoke with who administered medicine said that they felt confident with this. One staff member said, "I feel confident administering medicines. Competencies of staff administering medicines are checked."
We looked at how people were given their medicines by staff. Some people had medicine that was to be taken 'as required'. Staff demonstrated that they understood when these medicines should be given to people. We saw information was available for staff why the medicine would be needed, how much and when. This helped staff to administer the medicines when required. We looked at the medicines against the Medicine Administration Records (MAR) we found people received their medicines as prescribed. Medicines that were received into the home were stored and disposed of safely. Systems used to manage medicines were regularly checked by the registered manager and clinical lead who demonstrated a good understanding of people's individual health needs. However, improvement was required in the auditing of medicines to ensure issues we found during the inspection such as recording the dates some medicines were opened and information recorded on MAR were legible.

Good

Is the service effective?

Our findings

People told us staff had the skills and knowledge to meet their care and support needs. One person said, "[Staff] know how to care for me so I think they have been well trained." Staff told us they had the skills and knowledge to meet people's needs and said they felt confident providing the appropriate care to people. Staff told us they had access to a number of different training courses to meet people's needs. One member of staff said, "I have had quite a bit of training recently. I have done manual handling, Mental Capacity Act and falls [prevention]." The Provider supported staff to undertake nationally recognised qualifications such as the Care Certificate. The Care Certificate is a set of national minimum care standards to provide staff with the skills and knowledge to work in care services. This demonstrated staff were being supported by the provider to obtain the relevant skills to support people living at the home. Some staff had worked at the home for a few years. However they said when new staff started to work at the home they received an induction that included shadowing more experienced members of staff and getting to know people living at the home. They told us they felt supported in their roles and the management team were always available to offer support.

People told us staff sought their consent before providing care and support. One person said, "[Staff] ask me first before they do anything they explain to me what they would like to do." One member of staff said, "It's important to seek a person's consent before providing care. If someone says no you would possibly try again or come back later." Staff explained people's different communication methods and how they sought people's consent. For example, observing people's body language. Staff said they allowed time for people to make choices and we saw staff listened to people and waited for them to respond before attending to their 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 capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether staff were working within the principles of the MCA and found that they were. We saw assessments of people's capacity had been carried out to assess whether or not people lacked capacity to make certain decisions. Staff we spoke with demonstrated an understanding of people's individual capacity and were able to share examples of decisions people were able to make for themselves. Care records reflected best interest meetings had taken place to ensure decisions made about people's care and support were in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest 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. The registered manager was aware of DoLS and said that where people did not have capacity they considered if restrictions were required to keep people safe. 32 applications had been submitted to the local authority and were waiting to be assessed. Staff we spoke with had a clear understanding of DoLS and

what it meant in practice for people whose had been deprived of their liberty in their best interests.

People told us they were happy with the food and drink they received. One person said, "The food is good." Another person told us, "Food is generally acceptable and there are choices but if I don't like the choices [staff] will make me some soup and a cheese sandwich instead." One relative commented, "We have seen the breakfasts, porridge, eggs and bacon all looks very delicious and our relative has this every morning." Staff were able to explain people's individual dietary requirements and how those needs were met. For example, a softened diet to reduce the risk of choking. Staff told us where required nutritional assessments had been completed and professional advice sought from speech and language teams (SALT) to support people to maintain their nutrition and hydration needs. Staff offered a choice of drinks frequently to people throughout the day and checked with people that they had enough to eat and drink. Records we looked at detailed people's dietary requirements along with their preferences and staff followed this guidance to support people safely. This showed people were supported to eat and drink sufficient to maintain a healthy diet which met their nutritional needs.

People told us staff supported them to access health care professionals such as a doctor when required. One relative told us, "The nurses and the home have been very good with chasing the GP and the surgery. Rapid Response have been called several times as well." We looked at people's health records and saw referrals were made to healthcare professionals where concerns had been identified. For example, the dietician. Guidance provided by healthcare professionals was recorded in people's care files. Staff we spoke with were knowledgeable about people's health needs and were able to describe how they supported people with these. They said if they noticed a change in a person's health need they would speak with the nurse on duty or the registered manager who would contact the relevant healthcare professional. This showed people had access to appropriate professionals to support their health needs when required.

Good

Is the service caring?

Our findings

People and their relatives thought staff were kind and friendly. One person said, "The [staff] are lovely." A relative commented, "[Staff] are always friendly and know my relative well, they all have a laugh with [person] and I can see [person] is enjoying it." Another relative said, "The staff are wonderful can't do enough for [person] they are well cared for here." We saw staff interacting with people in a caring manner. For example, we saw a person calling out for their family. We saw staff respond to the person each time they called out and spoke with them in a kind manner. People had developed friendly relationships with the staff. One person said, "I have regular chats with [staff] they are all friendly and very approachable."

People told us they felt listened to and were involved in choices about their care. One person said, "[Staff] are really good at listening. " Another person told us staff respected their daily decisions they continued, "[Staff] always ask me if I want to get up and if I say no they come back later." Another person explained to us they liked to stay in their bedroom and staff respected their decision. Throughout the day we observed people being offered a variety of different choices such as where they would like to sit and what they would like to eat or drink. Some people invited us into their bedrooms and we saw they were personalised and decorated to reflect their taste. Staff we spoke with were able to tell us about people's life histories, their likes and dislikes. We saw people's preferences regarding their care and support were detailed in their care records which provided guidance to staff how a person wanted their needs to be met.

People told us staff supported them to maintain their independence. One person said, "I don't need any assistance with dressing or washing I am quite independent. The [staff] would help me if I needed them to." Staff explained how they supported people to maintain their independence such as, supporting people to dress themselves or encouraging people to undertake aspects of their personal care. This showed people's independence was promoted.

People told us they were treated with dignity and respect and their privacy maintained. One person said, "The [staff] always ask me if they can come into my room and things like that." A relative told us how staff respected their relative's individuality. They said, "[Staff] always help and make sure my relative is dressed up with some make-up and lipstick, as they would like and would have done when at home." We saw staff treating people with dignity. For example, we saw one member of staff ask a person if they would like to go somewhere private to have a conversation about their care. We saw staff spoke to people respectfully, knocking on doors before entering people's rooms and talking to people at eye level using words or phrases people understood. Staff we spoke with were able to describe to us how they maintained people's privacy and dignity while providing care. One member of staff said, "Always knock on people's doors, and speak to people discreetly when asking about personal care." This showed people were treated in a way that promoted their dignity.

People were supported to maintain relationships that were important to them. People told us their relatives and friends could visit anytime. One relative said, "The staff are fantastic. I come to visit every-day." We saw family members visiting throughout the day and they were welcomed by staff warmly.

Good

Is the service responsive?

Our findings

People told us they were involved in making decisions about their care and support. They said that they received the care they required when they needed it. Where people were not able to contribute to decisions about their care due to their level of understanding we saw people's relatives had been involved in planning their care. One relative said, "I was involved in the planning of the care package and all decisions." Another relative told us staff always kept them informed of any changes in their relative's needs. People were supported by staff that knew them well. Staff were able to tell us about people's daily routines and what was important to them. Staff told us they had access to people's care records should they need to refer to them and these contained information about how to respond to people's care and support needs. They continued to explain information about changes to people's needs was shared with staff at the start of each shift during handover. They said this ensured people received continuity with their support. We looked at care records and found they did not consistently reflect people's current needs or risks. For example, there was no care plan for a person who was assessed to be at risk of falls. Although information was shared at handover meetings with staff there was a risk in the absence of up to date records that people could receive inconsistent care.

We asked people what interested them and what they enjoyed doing with their time. One person told us, "I like to stay in my room and watch television, read books or go out with my family." Another person told us, "I go to bingo on a Friday sometimes and see my friends." People told us they were made aware of the different activities taking place from conversations with staff. They said they enjoyed taking part in a number of different activities such as going out to the park or shops with staff or their family. A member of staff said, "We have been to the park and we have played skittles. There is bingo, karaoke and we have a singer and dancers with exercises [people] seem to love it.

People told us they were given the opportunity to feedback their views about the service they received. Meetings had been arranged throughout the year. We saw information discussed at these meetings were reviewed by the registered manager and where improvements were noted concerns addressed. For example, the chef introduced a new menu following discussion with people. This showed people had an opportunity to feedback their views about the service they received.

Everyone we spoke to told us they had not had a reason to complain but felt confident if they did they would be listened to. Relatives echoed what their family members had told us and repeated they had never had a reason to complain because they were happy with the care provided. Staff we spoke with were able to explain how they would deal with any complaints or concerns people or their relatives raised. One member of staff said, "I would let the registered manager know if someone had any concerns." They were confident any issues raised would be dealt with appropriately by the registered manager. We looked at the system the provider had in place should people wish to complain. Records showed complaints had been investigated and responded to appropriately. This demonstrated people knew how to complain and the registered manager had a process in place to log and respond to issues raised.

Good

Is the service well-led?

Our findings

People and their relatives told us they knew the registered manager and thought the home was well-run. One relative said, "We are over the moon with this home." We saw people and relatives speaking with the registered manager throughout our inspection and good relationships had developed. One relative commented, "The registered manager is friendly, smiley and polite and we see them regularly when we visit and they appear to know all the [people]." People received care from a consistent staff group which meant that people were familiar with them and they knew people's needs well. There was a clear management structure in place and staff knew who to go to if they had any issues. Staff were aware of their roles and responsibilities and felt that they had enough support and training to do their job. Staff expressed positive views about the management team and one member of staff said, "[Registered manager] is very approachable." Staff told us they had regular supervisions and team meetings and were able to discuss their individual performance, training and any matter concerning people living at the home. Staff told us the culture in the home was positive and felt they could talk to management openly. Staff were aware of the provider's policies and procedures including the whistle-blowing policy. Whistle- blowing means raising a concern about a wrongdoing within an organisation.

The registered manager was at the home on a day to day basis and was aware of their legal duties to notify CQC about certain events such as serious injuries. We saw there were effective systems in place and where required notifications were made to the Care Quality Commission. The registered manager understood the Duty of Candour that requires registered person's to act in an open and transparent way in relation to the care and treatment provided to people. We found the registered manager was open and honest in their approach to the inspection. Discussions held with the registered manager demonstrated they were compassionate about their work and was clearly liked by people who used the service, their relatives and the staff team.

The registered manager and provider undertook a number of different quality checks to monitor the quality of the service. The registered manager completed observational checks of the home. For example, of the environment. We found systems in place to record allegations of abuse, incidents, accidents and falls. Complaints, compliments and feedback were recorded and monitored by the registered manager. However we saw incidents such as falls were reviewed on an individual basis which did not identify patterns or trends that could reduce potential risk to people or improve the quality of care a person received. While we did find some areas where improvement was required such as in some aspects of medicine management and ensuring care records including risk assessments were up to date the registered manager acted straight away to address these concerns.