

Mr Stuart Gordon Pearson & Mrs Charlie Pearson Locharwoods Care Home

Inspection report

23 Carrs Crescent
Formby
Liverpool
Merseyside
L37 2EU

Tel: 01704832047

Date of inspection visit:
05 February 2019
07 February 2019

Date of publication:
25 February 2019

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

About the service:

Locharwoods is a residential care home that was providing personal care to 14 people aged 65 and over at the time of the inspection. Situated in a residential area of Formby, close to public transport links, leisure and shopping facilities, it is a two-storey property which is fitted with a passenger lift. All the bedrooms are for single occupancy and most have en-suite facilities. There is a lounge, dining room, small sitting room and conservatory on the ground floor.

People's experience of using this service:

People told us that they felt safe living at the service. Care records provided detailed information around people's individual risks in order for staff to keep them safe from avoidable harm. Person centred care was delivered, giving people choice over their daily routines in line with their preferences.

Staffing levels were appropriately managed and people received care from consistent, regular staff. Enough staff were employed each day to meet people's needs and keep them safe. People and their relatives told us that care was provided in a safe and timely manner.

Recruitment processes were robust. The necessary pre-employment checks were completed and people received care from staff who were suitable to work in adult social care environments.

Processes and systems were in place to ensure people received their medicines on time from trained and competent staff.

The home was clean and hygienic. Health and safety measures were in place to ensure people lived in a safe, well-maintained environment.

People's overall health and well-being was effectively assessed and managed. Referrals were made to external healthcare professionals accordingly.

People made positive comments about the quality and standard of food they received. Menus offered choice and a variety of home-made and fresh meals each day.

People were supported in a kind, caring and compassionate manner. Staff were familiar with the support needs of the people they were supporting.

The registered provider had a complaints policy in place. People and relatives knew how to make a complaint if they needed to. However, no-one had made a complaint for some time.

People were encouraged to participate in a variety of different activities. We received positive feedback about the activities that were planned.

We received positive feedback about the overall management of the service and the quality of care people received.

More information is in Detailed Findings below

Rating at last inspection:

Good (Report published 19 October 2016)

Why we inspected:

This was a planned comprehensive inspection based on the ratings at the last inspection. It is CQC methodology to re-inspect 'Good' providers within a 30 month timescale.

Follow up:

No concerns were raised within this inspection. We will therefore aim to re-inspect this service within 30 months. We will continue to monitor the service through the information we receive. If any concerning information is received we may inspect 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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

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 well-led

Details are in our Well-Led findings below.

Good ●

Locharwoods Care Home

Detailed findings

Background to this inspection

The 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Day one of the inspection was conducted by one adult social care inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was conducted by one adult social care inspector.

Service and service type:

Locharwoods is a care home. People in care homes receive accommodation and nursing or personal care. Care Quality Commission (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:

Day one of the inspection was unannounced and day two was announced.

What we did:

Prior to the inspection we reviewed the information we held in relation to Locharwoods. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority to get their opinions of the service. We also considered any information received from the public and professionals. We used this information to plan our inspection.

During the inspection we spoke with the registered manager, registered provider, two care staff, one

member of the kitchen staff, two domestic staff, six people who lived at Locharwoods, and a visiting relative.

We looked at three people's care files, two staff recruitment files, medicine administration processes, incident records and other records relevant to the quality monitoring of the service.

We undertook general observations of the home over the course of the inspection, including the general environment, décor and furnishings, bedrooms of some people who lived at Locharwoods, bathrooms and lounge and dining areas.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to keep people safe from abuse.
- People told us that they felt safe living at the service. Comments included, "Yes I do feel safe and that includes safe from other residents", "Yes, I feel safe in here" and "Do I feel safe? Yes, absolutely".
- We spoke to staff who had good knowledge of safeguarding and how to report concerns.

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed. Care records provided detailed information around people's individual risks in order for staff to keep them safe from avoidable harm.
- Regular safety checks were completed on the environment to ensure it remained safe.

Staffing and recruitment

- Enough suitably qualified and trained staff were employed each day to meet people's needs and keep them safe.
- Current vacancies were in the process of being filled. Staff, including the registered manager, had worked additional hours to cover for staff sickness when necessary.
- People and their relatives told us that care was provided in a safe and timely manner. Comments included, "My call bell is at my bedside and is always answered quickly" and "On the whole there are enough staff on duty, but they have had some sickness. The staff are very good so we don't suffer".
- Recruitment was safely managed. All necessary pre-employment checks were carried out. People were receiving care from staff who had been deemed fit to work with vulnerable people.

Using medicines safely

- Medication processes and systems were in place. Staff received the necessary training and regularly had their competency assessed.
- Medication was safely stored in locked cabinets, were administered in conjunction with guidance and instructions; medication administration records (MARs) were appropriately completed.
- Routine medication audits were completed. Audits ensured that medications processes were assessed and areas of risk were identified and improved upon.

Preventing and controlling infection

- Domestic staff worked each day to ensure the home remained clean.
- Staff had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control. Staff used personal protective equipment (PPE) where required.

Learning lessons when things go wrong

- Records were kept of any incident or accidents that occurred and were reviewed regularly to identify any patterns or trends. The information was used to re-evaluate people's assessed needs.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's care needs were completed in good detail and included people's needs and choices. A comprehensive assessment was completed prior to people receiving support and used to help plan effective care for people.
- Care records were reviewed and updated following a change in need, for example, following a fall or deterioration in physical health.
- Staff knew people well and how to best meet their needs.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited staff completed a comprehensive induction which included shadowing other more experienced staff. This gave them the opportunity to get to know people's needs and behaviours before working with the person.
- Training was provided for staff throughout their employment to maintain up-to-date skills and knowledge.
- Staff they told us they felt supported on a day to day basis by the registered manager and registered provider and could "Go to them at any time with anything." Staff received regular supervision and an annual appraisal.

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

- People were supported to maintain a healthy balanced diet and were provided with regular food and drinks throughout the day. Staff were knowledgeable of people's individual dietary needs and preferences and meals and snacks were provided accordingly.
- People were protected from risks associated with poor nutrition, hydration and swallowing difficulties; such as weight loss, dehydration and choking risks.
- Staff were aware of those who required their food and drink intake to be monitored throughout the day and relevant charts had been completed within a timely manner.
- People's comments about food and drink included, "The food is very good actually", "There's plenty choice and its varied. The food is of good quality", "We have a lovely Sunday roast and other good meals as well. You can have what you like for breakfast. You can get a cup of tea and a sandwich at anytime. I've never been hungry" and "I have meals in the dining room and mealtime is very nice. If you are unwell you can have your meal in your room".

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

- The home was well maintained. People's bedrooms were personalised with photographs and personal items.
- People could safely and independently mobilise throughout the home.

- Adaptations, equipment and handrails were available in bathrooms to assist people and keep them safe.

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

- We saw that staff responded promptly to people's changing needs. Records showed staff had engaged well with health and social care professionals to ensure that people's needs were met as effectively as possible.
- Information was shared with other agencies if people needed to access other services such as GPs, district nurses and Speech and Language Therapists.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's level of capacity was appropriately assessed. Staff ensured that people were involved in decisions about their care. There was no-one living in the home who required a DoLS authorisation to be made to the local authority.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with care, compassion and kindness. Feedback from people confirmed this. Their comments included, "They're all my friends or as good as my friends. They are very kind and compassionate, they seem to like the job they are doing. If you want them to they will spend time with you", "They constantly go the extra mile as a matter of routine, I can't fault them. we're very lucky to be here, they are very kind and compassionate, and always treat you with respect. The staff are a very good group there's no major problems" and "I like the staff that look after us. They are very caring and I've had no arguments. The staff go out of their way to help you, they are patient and give you time to do things".
- Staff were familiar with people's needs. They were attentive, responsive and provided support and care in a respectful manner.

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

- People were supported to make decisions about their care and staff ensured people were provided with 'choice' on a day to day basis.
- Staff were familiar with the level of care and support people required as well as being familiar with their likes, dislikes and preferences.
- People and family members had been given the opportunity to share information about their life history and important relationships. Staff used this information to get to know people and engage them in meaningful conversations.
- For people who did not have any family or friends to represent them, contact details of a local advocacy service were available. Advocacy services support people to make decisions with different areas of care and support they may need.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and their independence was promoted. Feedback from people supported this. Their comments included, "They [staff] treat you with respect and give you time to do things", "They always knock before entering and peep round the door and if you're not decent they'll come back" and "They always treat you with respect".
- People were supported to maintain and develop relationships with those close to them. Care records included information about important relationships and how staff were to support people with them.
- People were supported to remain as independent as possible. Care records showed what tasks and routines people were able to do for themselves and when staff support was required.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care people received was person centred and based on their individual needs. Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted, such as, how they preferred to spend their time.
- Care records were detailed and contained all relevant and up-to-date information regarding people's needs. The service ensured that all relevant records were completed in a timely manner when people's needs changed so that staff had access to the most up-to-date information.
- People were supported to access a range of activities on a regular basis. Activities were planned based around people's needs and preferences. People comments included, "My main pastimes here are reading and crosswords. They put on little events, bingo with a buffet and tea. They have birthday parties for residents. A singer comes in, sometimes a band. They are planning trips in the future. I can go out if I want, my sister takes me", "I spend my day reading and watching TV and writing cards to people. This afternoon we've got chair exercises. There's bingo and board games. In the summer we go into the garden", "I always find plenty to do, I'm an avid reader! I'm kept busy all day" and "I like reading and knitting, the home puts on entertainments. They have trips out".

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure which was made available to people. No complaints had been made since the last inspection.
- People and family members were confident that any complaints they made would be listened to and acted upon in an open and transparent way. A person told us, "I can't envisage a situation where I would have to make a complaint but I would feel comfortable about doing so." A relative said, "The home seemed opened to comments. I have raised concerns in the past but I'm happy to say they were all addressed."

End of life care and support

- At the time of our inspection, the service was not providing end of life care to anyone. Staff showed good knowledge of working alongside the GPs and community nurses should they need to provide people with end of life care. A visiting relative told us, "Staff were very kind and compassionate to my family member, especially in their last few weeks. The staff are kind and caring and we couldn't thank them enough."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service was run by a registered manager and provider. Both were clear about their individual roles and worked well together to provide high quality care for people.
- The provider promoted a positive person-centred culture. Staff were positive about the management and leadership of the service and told us they were well supported.
- People and family members spoke highly of the management team, their knowledge and how they managed the service. Comments included, "The manager is very nice, very kind, if we have a problem we go to her and she puts it right", "The home is well managed and I would recommend it to other people", "Yes, the home is well managed, there's nobody like [registered manager]. I have recommended this place and so have some of my friends", "(Manager) knows her job and she's very good. I've never seen anyone unhappy" and "Yes I would recommend it, it's as good as anywhere". A relative said, "Yes we would consider the home well managed, it has an open, honest culture, they are very friendly."

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

- There was a registered manager in post, who had the support of the registered provider.
- The registered manager was aware of their role and responsibilities, including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.
- Staff received supervision and support to develop their practice.
- Information related to people who used the service was stored securely and treated in line with data protection laws.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People voiced their opinions and the management team responded to comments and suggestions made. The registered manager and provider had an open-door policy and people came with their individual matters directly.
- The registered manager met with people regularly, including relatives, to obtain their views and provide up-to-date information.

Continuous learning and improving care

- There was an effective system in place for checking on the quality and safety of the service and making

improvements.

- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team. Regular spot checks took place to ensure that high standards of care were met and maintained.

Working in partnership with others

- The registered manager and staff maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals.