

# Larchwood Care Homes (South) Limited

## Fleetwood Lodge

### Inspection report

Reading Road North  
Fleet  
Hampshire  
GU51 4AN

Tel: 01252614583

Date of inspection visit:  
03 October 2018  
11 October 2018

Date of publication:  
13 November 2018

### 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

At our last inspection we rated the service Good with a rating of Requires Improvement in Well-Led. At this inspection we found the evidence continued to support the rating of Good and Well-Led had improved to good.

There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the last inspection, although the provider had made improvements to systems to monitor quality and safety within the service, sufficient time had not passed to ensure that these improvements were fully embedded to effectively monitor quality and safety in the service.

At this inspection we found the provider's quality assurance systems had been developed and were effective in identifying service improvements. Audits were completed monthly and any identified actions were included in the home's overall improvement plan, which contained dates for completion of identified actions. Evidence we reviewed showed actions had been completed within prescribed timescales.

The provider had taken prompt action in response to safeguarding concerns raised by healthcare professionals. The registered manager and staff had worked collaboratively with health and social care professionals to identify and address poor practice to ensure people received safe care.

People were protected from harm or abuse from appropriately trained staff who used the provider's robust reporting systems. Risks to people were assessed and managed safely by appropriately trained staff.

People were supported to take part in their preferred activities and to have choice in their lives so that their independence was promoted and their freedom respected. Sufficient numbers of staff were deployed to meet people's needs and there were safe practices in place to ensure that people received medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported according to their needs and preferences by appropriately trained staff. Care plans and risk assessments were regularly reviewed and updated and reflected people's individual needs.

Staff liaised effectively with healthcare professionals to support people's health and wellbeing. People received consistent support from caring staff who knew them well and treated them with respect. Staff supported people to express their preferences about how they wished their care to be delivered.

The provider had a complaints policy in place and complaints were responded to and investigated promptly.

No-one at the home was receiving end of life care at the time of the inspection, however, people's care and support documents contained information about what people wanted to happen in their last days.

The provider demonstrated an inclusive, to delivering care which was understood and shared by staff.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service has improved to Good

The manager had a vision to provide care which met people's individual needs.

There were robust systems in place to monitor and improve on quality and safety in the service

The manager had developed ways of gathering feedback involving people in service developments. Staff reflected on practice to make improvements to care.

Staff worked effectively with agencies such as health and social care to provide appropriate support to people.

# Fleetwood Lodge

## 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.

The inspection took place on 3 and 11 October 2018 and was unannounced.

The inspection team included two inspectors 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. The Expert had experience of caring for older people who use services. They spoke with relatives and people living in the home. They also observed a lunchtime experience.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events, which the provider is required to tell us about by law.

We reviewed records which included five people's care plans and medicines administration records as well as five staff recruitment and supervision records. We also looked at records relating to the management of the service such as the Home Development Plan, medicines audits, asbestos safety plan, resident meeting minutes, staff rotas, safeguarding minutes, accidents and incidents log, complaints and compliments records and the provider's policies for safeguarding and medicines management.

After the inspection we reviewed further evidence sent to us by the provider which included pre-admission assessments, the staff training matrix and records of completed safeguarding investigations. We spoke with the manager, the deputy manager, the regional manager, eight relatives, three staff members and a visiting healthcare professional. We also spoke with eight people living in the home and observed people receiving care and support in communal areas.

# Is the service safe?

## Our findings

Staff completed comprehensive safeguarding training and yearly updates. Staff we spoke with were knowledgeable about actions they would take if they suspected abuse, such as notifying the local authority safeguarding team. This was in line with the provider's safeguarding policy. One staff member told us, "We do get training every year so we know what to look for. I would report any abuse I saw to the manager."

At the time of the inspection the service was under a safeguarding investigation by the local authority safeguarding team. Concerns had been raised by health professionals regarding the recording and quality of care at the home. The newly appointed manager was working effectively with specialist health practitioners and the local authority to identify and address poor practice and improve on care delivered to ensure people's safety. Staff reflected on practice and had made significant improvements to the care provided. Records we reviewed showed that where improvements were required, advice had been sought from suitably qualified professionals. For example, the provider had identified that the falls protocol required updating so that it was in line with the most up to date guidance. This had helped ensure people received evidence based care which maintained their safety and wellbeing.

Risk assessments provided specific information and instructions about the support people needed to stay safe. The plans we reviewed were person centred and accurately identified measures for staff to take to mitigate risks for people. Improvements had been made to all care plans so that risk assessments were more specific with clearer guidance for staff to help maintain people's safety. The care plans were in a revised format with a clear index to help staff find information quickly. Concerns had been raised by professionals regarding the accurate recording of people's weights. Care plans we reviewed contained weight charts which had been completed monthly. Those who were at risk of malnutrition or dehydration had more frequent weights recorded as well as guidance on maintaining a healthy weight, including offering supplements.

The provider used a dependency tool to identify the number of staff needed to support people. Staffing allocation records we reviewed showed staffing levels consistently exceeded the minimum requirement identified by the provider. This was confirmed in rotas we reviewed for the four-week period prior to the inspection.

Safe systems were in place to store, record and administer medicines. Medicines administration records were completed accurately for each person. Where people had been prescribed 'as required' medicines, protocols were in place which had been reviewed and approved by the person's GP. Medicines were administered by suitably qualified staff whose competencies were regularly assessed. Medicines audits were completed monthly and showed that practices were consistently safe.

People were protected from the risk of acquiring infections. We observed staff using personal protective equipment and the correct hand washing techniques to prevent the spread of infection.

The provider maintained a log of accidents and incidents such as falls. Evidence showed that staff had reflected on these and taken practical steps to prevent reoccurrences.

# Is the service effective?

## Our findings

People received care which met their needs and preferences. Care plans we reviewed contained assessments which identified people's individual needs and gave personalised information about people's preferences. Each person's care and support documents contained details of their life histories which had been provided by their friends and family. This meant it was possible for staff to gain a sense of people's personalities and interests even if people were not able to express this. Details from people's life histories were used to inform care plans, to help staff to provide effective, person-centred care for people.

Staff completed specific training to help them meet people's needs. Staff we spoke with told us they were well supported through their training, development and supervision. One staff member said, "It's good to be able to sit down and talk. I do think it's open and honest". Another staff member told us, "Yes, it's good. I've done dementia training and pressure wound awareness." The registered manager told us that they planned regular staff supervisions which were recorded on an overall matrix. This ensured staff received support in their role.

The service offered a varied menu. Food was freshly cooked and alternative meal choices were always available. People at risk of developing malnutrition or dehydration were given high-calorie food supplements such as smoothies.

Evidence we reviewed showed staff worked in partnership with professionals from health and social care to meet people's needs. The manager told us they worked with a nurse specialist to ensure they provided appropriate care for people. This included the use of a post falls tool, which was used to assess people after a fall to detect injuries. Staff had received training in this area. Records from the local authority safeguarding investigation showed staff had co-operated with social workers to provide information, update care documentation and improve practice to provide care which met people's needs and kept them safe.

The home was adapted for the needs of the people living there. Communal areas were clean and well lit, with separate well decorated areas for eating and for relaxation. Bathrooms were adapted with suitable mobility equipment and were clean. Corridors had been decorated with different themes to assist people living with dementia to move about the home.

Records showed that the provider complied with the requirements of the Mental Capacity Act. Staff had completed the relevant training. All decisions made on people's behalf and in their best interests were documented in their care plans. People's legally appointed representatives and healthcare practitioners had been involved in these decisions where appropriate.



## Is the service caring?

### Our findings

Staff had developed caring relationships with the people they supported. One staff member told us, "It's very caring. Everybody gets on well and people are happy here". Staff were responsive to people's needs and addressed people courteously, using their preferred names. Staff knew people well and were knowledgeable about their needs and preferences, for example, staff knew people's food preferences without referring to documentation. There was a calm and inclusive atmosphere in the home. It was evident staff saw people as individuals. One staff member told us, "This is like one family really". During the inspection we observed respectful interactions between people and staff. Staff used eye contact and reassuring hand touches to help people feel at ease. We observed many instances where staff spoke affectionately to people. On these occasions, staff took time to explain their actions to minimise people's anxiety.

Staff supported people to express themselves and make choices about the care and support they received. The manager told us she held regular conversations with people about how they wished to receive their care and support. We reviewed minutes from a meeting held with residents and relatives where the registered manager had introduced themselves and asked for suggestions about changes people wanted to see in the home.

Staff treated people with dignity and respect and displayed a thorough understanding of the importance of maintaining people's independence. We observed staff consistently asking for permission before intervening or assisting people. One staff member told us, "Yes, we always knock before we go in people's rooms. We talk to people as they want to be addressed." Our observations during the inspection confirmed this. Another staff member said, "We know this is their home. We treat people as people".

## Is the service responsive?

### Our findings

People received care which met their needs and preferences. Documentation was specific and detailed, so that it was possible to gain a sense of an individual's personality and history. People's life histories were recorded in their care plans. These were provided by friends and family and were detailed. This helped staff to have an understanding of people's hobbies, relationships and interests and were used to inform care planning. People were offered a choice of activities including bingo, singing, pamper sessions and film nights.

Care plans and risks assessments we reviewed contained relevant and up to date information. Documentation for a person who was a diabetic showed staff had taken appropriate actions to ensure they received the right care and support. This included referrals to specialists such as a podiatrist for foot care and an ophthalmologist for regular eye checks. Staff had also monitored the person's blood sugar levels to ensure they did not become ill from experiencing excessively high or low blood sugar levels, which requires prompt treatment to prevent serious illness. There was guidance in the care plan to aid staff in the management of these situations. The staff we spoke with understood their responsibilities in this area.

The provider had a complaints policy in place. Staff we spoke with were clear about their responsibilities in the management of complaints. We reviewed the provider's complaints log which showed there had been three formal complaints in the 12 months prior to the inspection. These had been investigated and responded to promptly, in line with the provider's policy.

At the time of inspection no-one was receiving end of life care. However, each person's support plan contained an 'Advanced Care Planning' section. This outlined the care people wished to receive in their last days, the place they wished to receive it in and preferred funeral arrangements. The manager told us they had arranged training for staff in end of life care with a specialist nurse to develop their knowledge in this area.

# Is the service well-led?

## Our findings

At our last inspection in December 2017 we found that the provider had made improvements to quality assurance and governance systems to effectively monitor quality and safety within the service. However, insufficient time had passed to fully embed these improvements.

At this inspection we found that the manager had made significant improvements and quality assurance systems were effective in identifying and taking actions to make improvements. These systems were fully embedded in the service and had resulted in positive changes, including the review and updating of all care plans to ensure that they contained all the required records so people's needs were met. Care plans we reviewed were detailed and gave specific guidance to staff to help them meet people's needs and keep them safe.

The manager maintained a detailed oversight of quality and safety within the home. The 'Home Development Plan' consisted of a comprehensive set of audits which were used to monitor areas such as safeguarding, care plan reviews and medicines management. The development plan used a colour coded system to identify priority actions for the registered manager and was informed by audits completed by the manager as well as suitably skilled staff. Evidence showed actions had been completed within their specified time frames which showed improvements were made promptly to maintain quality and safety in the service.

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.

The previous registered manager had left the service in June 2018. The provider had appointed a new manager who had begun the registration process with us. We are in the process of completing the appropriate checks before granting this application .

There was a clearly defined management and support structure in the home. The manager had appointed a deputy and was also supported by the regional manager and operations director. They told us, "[The managers are] really good...always on the end of the phone...I can always contact [line manager] if needed." The manager delegated certain responsibilities appropriately to the deputy manager. They said, "[Deputy manager] is so knowledgeable". We reviewed audits and care plans completed by the deputy manager. Audits were completed accurately and care plans contained specific, evidence based information to assist staff delivering care for people. The deputy manager told us they sought guidance from specialist healthcare professionals to ensure they provided the appropriate care for people.

The manager had a vision to provide person-centred, responsive care which met people's needs. This was shared by the staff team. The manager had a background in dementia care, had received appropriate training and had extensive experience of supporting and working with older people. They told us they had

begun planning improvements to the home to more effectively support people living with dementia.

Staff we spoke with commented on the manager's positive approach and professionalism. One staff member said, "I think it's well led now. The manager is really approachable and professional". Another staff member told us, "I think the care is really good, which is what matters. The manager appreciates that I think".

We observed several relatives entering the home. The manager told us relatives and friends were welcome to visit at any time and that they made themselves available to speak to them. Relatives we spoke with confirmed they felt comfortable visiting the home. One person said, "I can have lunch with [loved one] they treat us part of the family. On the whole I think it's a good place, I think it's very homely."

Staff used a number of methods to engage people in the service. The manager held regular, informal conversations with people about changes or improvements they wished to see in the home. The manager also held regular meetings with people and relatives to encourage people to raise any concerns or make suggestions. We suggested that the manager devise an action plan following the meetings to inform service developments and make positive changes in the home according to people's wishes.

The manager promoted a culture of openness, reflection and learning in the home. When concerns were raised staff reflected on these to identify improvements. Staff supervisions were used as opportunities for learning. Records we reviewed showed that staff were encouraged to identify ways in which they could develop their practice, as well as training opportunities.

Staff worked effectively with professionals from health and social care to meet people's needs and keep them safe. People's care plans contained instructions and guidance from healthcare professionals such as specialist nurses. Records we reviewed showed that when people required medical assistance, doctors were referred to promptly. Staff acted as advocates for people and ensured professionals were referred to when delivering care and support. The provider co-operated with social workers to ensure that people received appropriate care.