

Larchwood Care Homes (South) Limited

Alexander Court

Inspection report

Raymond Street
Thetford
Norfolk
IP24 2EA

Tel: 01842753466

Date of inspection visit:
22 January 2019
23 January 2019

Date of publication:
07 March 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

Alexander Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement, The Care Quality Commission regulates both the premises and the care provided and both were looked at during this inspection.

The service provides personal care and accommodation for up to 47 older people. There are two floors and people with more complex needs or living with dementia live on the top floor. At the time of our unannounced inspection there were 46 people living at the service. Each person had their own bedroom and had access to communal lounges, dining rooms and a secluded garden.

The service had a registered manager. '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.'

At our last inspection of 19 October 2017, the service was rated as requires improvement. At that inspection we found that staff training was not being renewed in line with the provider's own expectations. The staff were not provided with regular formal supervision to monitor and develop their practice. We found a variable approach in promoting people's rights in accordance with the Mental Capacity Act 2005 (MCA) and restrictions imposed upon one person with regard to the associated Deprivation of Liberty Safeguard. Some information in people's care plan was missing which meant that staff lacked guidance about mitigating risks to people's safety especially regarding their mobility. The leadership and management of the service had not addressed issues identified in the providers own quality assurance reports. Left unattended these issues could have an impact on peoples well-being.

At this inspection of 22 and 23 January 2019 we found the service had improved and there were no breaches of the Health and Social Care Act 2008 and we have rated the service good. This is because the staff have received regular supervision and training. Peoples consent was sought and recorded regarding the care they received. The care plans were clear regarding how to support people with their mobility and falls were recorded and monitored to determine how the service could support the person.

The new registered manager having come into post in October 2018 had begun to address the quality assurance of the service through audits and actions plans derived from the audits. These were not as yet fully effective. The current audits in place had not identified that robust checks were in place with regard to the employment of new staff. We found a cupboard containing substances which could have been harmful to people were not locked and tiling in a bathroom had not been completed. Hence the bathroom at that time was out of use. A care plan of a person recently admitted to the service was not fully clear with regard to why they were not taking prescribed medicines. Although the staff knew the people well in their care, kitchen records for example regarding the number of people with diabetes was not clear. During our inspection action was taken on all the above to resolve the issues.

The staff had been trained in how to safeguard people. Staffing levels were appropriate to support people meet their assessed needs.

Staff had received training in the control of infections and the service was clean throughout.

The registered manager, along with the senior staff held meetings to determine how the service could learn from events and improve.

People were provided with sufficient amounts of nutrition and fluids and a variety of meals. The staff ensured that people were referred to professionals when they were unwell. Professional staff visiting the service each day informed us they had a positive working relationship with the service staff.

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 support this practice.

Care was delivered in an understanding and empathic way to meet people's needs. People were supported by staff to make day to day decisions about their care. The staff respected people's dignity and privacy.

Each person had a care plan which was based on an individual needs assessment and took into account people's preferences. The care plans were reviewed monthly to ensure they remained accurate and up to date. We did find one care plan which required some further information to be accurate but were aware that a meeting to discuss the person's care had been planned but not documented in the care plan.

People were encouraged to engage with a variety of activities which had been developed from listening to the views of the people. People and their relatives were aware of how to make a complaint and spoke positively about the service. The service had consulted with people and their relatives as appropriate to discuss plans of they wished to receive care should they become unwell.

People and relatives reported the service was run by knowledgeable and responsive staff with an open culture to listen to their views.

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 was safe.

Risks to people's well-being were assessed and plans were in place to minimise the risks.

There were sufficient staff to meet people's needs.

Medicines were administered safely and information recorded correctly although when a person refused medicines this needed to be reviewed with more urgency than awaiting the monthly audit.

Is the service effective?

Good ●

The service was effective.

People's capacity to consent to care and treatment was assessed and recorded to determine people's level of understanding in accordance with the MCA.

People's dietary needs were assessed and people had access to on-going healthcare support.

Staff were provided with supervision, an annual appraisal and training.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by staff that knew them well.

Staff were understanding, attentive and caring in their interactions with people.

People's independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

There was a complaints and compliments process in place which took into account people's feedback and put things right where necessary.

People were given the opportunity to participate in activities.

Is the service well-led?

The service was well-led

Quality assurance systems had not been fully implemented as yet although work was progressing.

The staff felt supported by the senior team and registered manager.

The service staff collected and acted upon information from service user meetings and this information was displayed within the service.

Good ●

Alexander Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 22 and 23 January 2019. On the first day, the inspection team consisted of two inspectors. On the second day there was one inspector.

Before our inspection we looked at information that had been sent to us by the registered manager. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We spoke with seven people who used the service and four relatives. We also spoke with the registered manager, the deputy manager, team leader, head of house-keeping, the chef, three members of care staff, one visiting health professional and a manager with the local authority.

We observed how staff cared for people and looked at care records of six people who lived at the service, how the service was staffed to meet people's assessed needs, three staff recruitment files, the dependency scores and training records. We reviewed how people were supported with their dietary requirements and prescribed medicines. We also checked the recorded complaints and compliments received by the service and audits of care.

Is the service safe?

Our findings

At the last inspection this key question was rated as requires improvement. At this inspection we have judged that the rating has improved to good.

At our last inspection of 19 October 2017 we found that people who needed to use a hoist and slings to assist with mobility did not have their own slings but shared them, including toileting slings. One staff member said that slings were washed regularly but they were unsure whose responsibility this was and how often it should happen. These concerns represented a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

At this inspection we found that each person had their own sling. We saw that each sling was identified with the persons room number via a tag which could not be removed when the sling was washed. We observed staff during our inspection fetching and using each person's sling from their room, which is where it was stored when not in use. The head of house-keeping was responsible for the maintaining of the hoist slings.

At our last inspection, we also found concerns for cleanliness and infection control in one of the treatment rooms used for storing medicines. At this inspection we found that action had been taken to resolve the issue. We also identified at the last inspection there was incomplete or unclear information for staff about supporting people safely with their mobility. Assessments of risk relating to falls, dependency and mobility were sometimes contradictory. Inconsistent or absent information presented a risk that people could experience unsafe care. At this inspection we saw that action had been taken to record any falls and to determine any action necessary to support the person to reduce the likelihood of this happening again. The service staff had consulted professional staff appropriately from the fall prevention team for their advice and support.

People told us they felt safe living at the service. Staff knew how to keep people safe and protect people from harm. One person told us, "I feel safe here the staff look after me very well." A relative told us " [My relative] is cared for in bed most of the time and the staff are very careful and caring when they move [my relative]. They know what they are doing."

People were kept safe from the risks of harm as processes were in place and staff had received training which enabled them to recognise signs of abuse and how to report and act upon concerns. A member of staff told us, "We have had safeguarding training which was very informative."

People's care plans included risks assessments to reduce pressure ulcers, choking and falls. Each person had an individual personal emergency evacuation plan (PEEP) in place so that staff and emergency workers knew what support they needed in times of emergency. The service continued to carry out routine maintenance of the fire procedures and checks upon water temperatures and that the equipment in use at the service such as hoists were safe to be used. A cupboard containing glues and paints for activities was closed but not locked. These substances could cause harm to a person if mistaken for drinks. All of the equipment was removed to a safe place during our inspection.

Prior to any member of staff commencing working at the service, pre-employment checks were carried out. The staff files contained evidence of proof of identity and disclosure and barring service checks, (DBS) checks. A DBS check is carried out to determine from the individual's history if they were suitable to work in a caring environment. We saw in two of the staff files that employment histories were not complete. Senior staff were able to explain the gaps and one member of staff had worked at the service previously and was well known to the senior staff. However this information had not been recorded and the registered manager arranged with the administration staff to carry out an audit of all staff employment files and this was done during the time of the inspection. They assured us that they would check for and ensure any gaps in employment histories in the future would be accounted for.

People were supported by sufficient members of staff to meet their assessed needs. We saw the registered manager used a dependency tool to determine the number of staff required to meet the needs of people. One person told us, "There are always enough staff here." The staff we spoke with all informed us that they considered there to be sufficient members of staff on duty to be able to meet the needs of the people who lived at the service. During our inspection we did not at anytime see staff rushing and the staff supported people in quiet reassuring ways, including laughing joking and smiling.

People told us that they received their medicines on time. One person told us. "They never forget to bring my medicines to me." The staff we spoke with were knowledgeable about people's medicines with regard to why they had been prescribed and possible side-effects of the medicines. We saw medicines were administered individually and staff completed the medication administration record (MAR) chart after each administration.

When 'as required' (PRN) medicines are prescribed, there was clear guidance on what each medicine is for, when it should be given and how often and any proactive strategies to use prior to using the medicine. This guidance was in place for the PRN medicines that were being administered.

The MAR charts contained an up to date picture of the person, information about allergies and any diagnosed illness. This information was clearly recorded and available for the staff to share with other professionals regarding new prescribed medicines. The medicines were stored safely and there was a clear procedure for ordering and returning any unrequired medicines to the pharmacy.

Information in one person's care plan had not been updated with the information from their MAR. The service had not recorded a plan of what to do regarding the person refusing to take some of their medicines. We were aware this had been discussed with other professionals and a planned review of the person's care had been arranged. However more checking of the care plan by senior staff should have alerted to this information needing to be recorded and earlier intervention than awaiting for the review.

The staff had received training with regard to the control of infection. There were cleaning schedules in place for the cleaning of people's bedrooms and we saw staff cleaning the communal lounges, dining rooms and corridors during the inspection. Staff informed us they enough equipment to keep the service clean and staff were wearing gloves and aprons appropriately.

The registered manager had implemented a system to learn lessons of how to improve and develop the service. Meetings of senior staff reviewed incidents, such as the care people being supported at the service by other professionals on a regular basis. The information was reviewed to determine if any lessons could be applied across the entire service.

Is the service effective?

Our findings

At the last inspection this key question was rated as requires improvement. At this inspection we have judged that the service has improved to good.

At our last inspection of 19 October 2017 we found that the registered person had not ensured that the staff were properly supported through supervision consistent with the providers policy. Also the staff performance and development needs had not been robustly addressed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

At this inspection we found that all staff received regular supervision, training arranged by the registered manager and an annual appraisal to discuss their performance and plan their future development. One member of staff told us, "I have done more training in the past year than ever before and it has been very helpful." We saw the training and supervision matrix which planned training and supervision sessions for the year ahead.

People living at the service told us that the staff had the skills and knowledge to care for them. The service continued to support new staff through a comprehensive induction programme. Staff told us about the training they had completed and they were provided with plenty of notice when the next training session was to be delivered.

At our last inspection of 19 October 2017 we found that there was no assessment of a person's capacity to decide on their preferred course of action, or to determine what was in their best interests. Their care records did not reflect consideration of less restrictive options. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated activities) regulations 2014.

At this inspection we found that the care plans were clear, staff were knowledgeable about how to obtain consent from people about their care and record this information. The service had worked with the local authority to increase the staffs knowledge through training regarding consent and how to complete records.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that best interest meetings had been arranged and the service had applied appropriately for a DoLS with regard to one person using the service. We found the registered manager and their deputy were

transparent with regard to inviting and seeking support from other professionals with regard to people's needs around areas of mental capacity.

Staff demonstrated they understood the MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently based on their capacity to do so.

People's needs continued to be assessed and their views sought regarding how they wished their care to be delivered. One person told us, "I prefer a shower to a bath in the morning and staff are always there to help." People told us that they got up when they wished and went to bed when they wanted to do so. One person told us, "I am a creature of habit but sometimes get up a little earlier or stay up later and the staff accept that." A member of staff informed us that people got up and went to bed when they wished.

People told us that they enjoyed their meals; they had choices for breakfast, dinner and tea and were able to ask for an alternative if they did not want what was on the menu. One person told us, "The fish and chips are really nice." Another person said, "Lots of choice and all cooked well." A relative told us, "The meals are appetising."

We observed people being provided with meals and drinks and snacks between meals. We were confident from our observations people were being provided with enough to eat and drink. We also saw in each person's care plan their weight was monitored and when there were concerns about a person's fluid balance a chart had been commenced to target and record daily intake. Action was taken to discuss with other professionals any concerns raised. One professional told us, "The staff work very well with us and keep us informed of any concerns. We come in everyday and hence can respond to any problems when we are here." We did note that one person with a diagnosis of diabetes was not mentioned in the records held by the kitchen staff. The kitchen staff were aware that the person had diabetes and the record was amended at the time of the inspection. As the staff knew this information it reduced the likelihood that the staff would provide the person with an unsuitable meal.

The staff had regular contact with GP surgeries that provided support and assisted staff in the delivery of people's healthcare. People were supported to attend hospital and other healthcare professionals, such as dentists and podiatrist as needed.

People had been consulted upon the decoration of the service. People told us that they were consulted about any changes including the decorating of their home. There were areas where activities were provided and secluded gardens for people to use.

Is the service caring?

Our findings

At the last inspection this key question was rated as good. At this inspection we have judged that the rating remains good.

People informed us that the staff treated them well and that they were kind and caring. One person told us, "Lovely caring staff." A relative told us, "Make sure you write about the kindness of the staff in your report. I do not think [my relative] would be alive if it was not for the care they have been given by these lovely caring staff."

We observed staff approaching people from the front of them and never from behind so as not to alert or frighten them. Staff spoke clearly and slowly sometimes reminding people who they were. The staff were polite and supportive and it became clear during our inspection the staff knew people well. The staff supported people with their personal needs in a discreet and sensitive way.

People received care from staff who had worked with them and their families to make a homely environment. A member of staff told us, "I only work here because I enjoy caring for older people and it is a nice place to work. The manager and deputy are focussed on person centred care."

People were supported to choose how they furnished and made their own bedroom personal to them as they chose. This was to empower people as per the service's philosophy to promote people's independence and choice. Staff informed us that they helped the person organise their room as they wished. This was confirmed by the person telling us, "Everything has its place and a place for everything."

Where possible people continued to participate in creating their own personal care plans so that staff understood their individual needs and preferences. Staff explained to us how they supported people to express their views and to make decisions about their day to day activities and the care they received.

One person told us, "I think all staff are good at giving me my privacy and dignity." People received care which was respectful of their rights to privacy and maintained their dignity. During the inspection staff were sensitive and understanding to people's individual needs and promoted their independence. A member of staff explained how they helped a person with personal care so the person maintained their independence as much as possible with washing and dressing.

Is the service responsive?

Our findings

At the last inspection this key question was rated as good. At this inspection we have judged that the rating remains good.

People receive personalised care and informed us they were happy with the care they received. Each person had an assessment of their care needs. Care plans recorded information about the person's likes, dislikes and how the service staff could support the person to meet their care needs.

The care plans were sufficiently detailed for the staff to understand how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence regarding choosing their own clothes, what to eat and when to get up and go to bed.

Different activities were planned and staff worked together in making sure people were provided with the opportunity of participating in activities of their choice. During our inspection we saw care and activity staff playing individual and group games with people. There was a planned programme of activities displayed around the service. One person told us, "There is enough going on, I do not always want to join but I do watch and enjoy the fun." One person informed us that they did not get involved with the activities as they preferred their own company. Although they spent much of their time in their room they did inform us that the staff did not forget or neglect them. They told us, "Everyday one [member of staff] comes in for a chat with me and whenever they are passing they ask me if I am alright?"

The service had a complaints policy and procedure and responded to any concerns raised through this process. People had been provided with a copy of the complaints system upon joining the service which was also available in the reception area. One person told us, "I have no complaints." A relative informed told us, "I have never needed to complain but if I did, I know the deputy and the manager and they would sort things out." Another person told us, "I have not been here long but have settled in very well everyone is friendly and I have not complaints just a lot of praise."

People were supported with care and dignity at the end of their lives. The service staff worked with people and relatives tactfully to record people's feelings and wishes regarding how they should receive care at the end of their lives. The service worked closely with other professionals to respect people's wishes.

Is the service well-led?

Our findings

At the last inspection this key question was rated as requires improvement. At this inspection we have judged that the service still 'requires improvement'.

At our last inspection of 19 October 2017 we found the systems for good governance and leadership were not operating effectively. Audits were not effective in assessing, monitoring and improving the quality of the service people received and in monitoring and mitigating risks to people's safety and welfare. Some records were incomplete and systems were not robustly evaluated to see whether they were effective in improving practice and sustaining those improvements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

At this inspection we found the audits had improved but some were still not always identifying shortfalls and recording what needed to be done and by when. We found the application forms for staff had not been fully checked. The care and kitchen staff were aware of the people with a diagnosis of diabetes and how to care for them but the records in the kitchen of who had a diagnosis of diabetes was not accurate. Action was taken on the day to correct these issues.

A bathroom was out of action because of tiling problems and was resolved on the second day of our inspection. However, people told us that the bathroom had been out of action for quite sometime but could not be sure how long. A cupboard containing glues and paints for activities was closed but not locked. All of the equipment was removed to safe place during our inspection.

The care plans were audited on a monthly basis and we saw that action was recorded of what needed to be done to update a care plan as required. In fact the auditing rarely found any missing information and the plans were accurate. However, we did find one care plan for one person having recently begun to use the service did not contain information regarding them refusing on occasions their prescribed medicines. The service did have a review planned for the person with other professionals to address that issue, but this had not been recorded in the care plan.

Had these issues of continued not to be addressed they each had a potential to impact upon the well-being of the people living at the service.

There were a number of other quality auditing processes in operation to monitor and plan any actions required to ensure a safe and quality service was delivered to the people. These were working well, for example, staff supervision, appraisals and training, health and safety checks upon equipment in use and care plans were being audited on a monthly basis.

There was 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.

The registered manager promoted a culture which placed the emphasis on individualised care in a relaxed and homely environment. People spoke positively about the registered manager. One person told us, "The new manager sees me everyday they are very good because they listen to me and care about us." Another person informed us that the deputy manager walked around the service every day and always spoke with them to see how they were. Another person told us, "I have got to know all of the staff well since I have been here especially the senior carer, she always wants to know how I am."

The management staff were involved in all aspects of the service and were accessible to people, relatives and staff. The staff interaction with people living at the service was observed to be caring and positive. A member of staff told us, "I like working here because we have a good team and help each other." They explained that the registered manager and staff were supportive. Another member of staff informed us that there were always enough staff on duty for the people and that supervision was planned in advance. Another member of staff told us, "Quite a change in the past few months lots more going on and the manager you can talk with at anytime."

The registered manager consulted with people living at the service, their relatives and staff through planned and audits and meetings. We saw that the registered manager did respond to requests and ideas these various audits and meetings generated.

The service worked in partnership with other organisations and sought the advice of other professionals as necessary with regard to developing the service and the wellbeing of people living at the service. A relative told us, "It is a pleasure coming here because I know [my relative] is well looked after. They also informed us that they found the staff supportive and always welcomed them when they came as well as keeping them informed by telephone of any concerns.