

# Larchwood Care Homes (North) Limited

## Withy Grove House

### Inspection report

Poplar Grove  
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Preston  
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Tel: 01772337105

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### Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inadequate** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

This focused inspection took place on 30 October 2018 and was unannounced. At our last comprehensive inspection of the service in July 2018 we rated it as Inadequate overall.

At the previous comprehensive inspection in July 2018 we found that Withy Grove House was in breach of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment, safeguarding service users from abuse and improper treatment, the need for consent, person centred care and good governance. The overall rating for the service was 'Inadequate' and the service was therefore placed in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will receive a comprehensive inspection again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If insufficient improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will act in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This may lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

Following that comprehensive inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all the key questions to at least good. The registered provider has provided an action plan and this is ongoing and being updated as actions are completed.

We undertook this unannounced focused inspection of Withy Grove House following receipt of information from people about the service regarding standards of care, nutritional support, the management and oversight of the service, staffing levels and skill mixes and safeguarding. We also wanted to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection were being made.

The team inspected the service against two of the five questions we ask about services. Is the service safe and is the service well-led? This is because the service was not meeting some legal requirements.

Withy Grove House 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 (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Withy Grove House is registered with CQC to accommodate up to 54 people in two units, each of which have separate adapted facilities. One of the units, on the ground floor, specialised in providing nursing care to people living with dementia and the first-floor unit was for residential use. At the time of the focused inspection there were 38 people living in the home with 18 on the nursing unit and 20 on the residential.

We could see that an experienced interim management team had been put into the home to support improvement and gradual progress was evident to meet the action plan provided by the registered provider. However, the home remains in breach of Regulation 12 [safe care and treatment] Regulation 13 [safeguarding service users from abuse and improper treatment] and of Regulation 17 [good governance].

At this inspection in October 2018 we observed that the home environment was cleaner and tidier than at our previous inspection and that it was calmer. People appeared well dressed and tidy. Redecoration was underway in areas of the home and improvements had been made to some environmental issues.

At the time of this inspection the home did not have 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. A deputy manager had been recruited and was due to take up their post.

At this inspection there was an interim management team in the home with a temporary manager, a change manager and two clinical leads were being supported by the registered provider's regional manager and operations director. The home was still using a high number agency care and nursing staff to cover gaps in the staff rota especially on night duty but did try to use the same staff for some consistency. Recruitment was underway to establish a permanent staff group. We observed that the recruitment process for new staff needed to be more closely monitored.

This fire risk assessment completed in October 2018 had recommendations for the registered provider to address. We asked the management team to consult with and confirm with the Lancashire Fire and Rescue Service that their policies and procedures on evacuation were acceptable with them and confirm when they had met all the recommendations. We also noted an inconsistency in the fire risk assessment about the home's maximum occupancy numbers and they needed to address this.

Medication storage was satisfactory. Quantities of medicines were being carried forward for stock monitoring apart from 'as required or PRN medicines'. PRN protocols were not always in place for individuals prescribed 'as and when required' medications to help make sure staff knew when and why the medicine should be used. We referred this to the management team and recommended that they review this procedure to promote better monitoring.

There were procedures in place to protect people from abuse. We saw that the management team were making referrals to, and working with, the local authority where there were allegations made of abuse.

At this inspection we found the clinical lead was reviewing and rewriting care plans and these were more detailed than previously. This was still in its early stages and some information was still not being included in care plans. Risk assessments for people who lived in the home were better managed than at our last inspection but had not always been done in all circumstances to keep people safe.

We found that nutritional risk assessments were being done and the clinical lead had identified areas for improvement where risks were not being correctly calculated by some staff. Improvements had been made to the dining experience for people who lived in the home.

There were systems in place to monitor the quality of the service at Withy Grove House however there was still inconsistency in the accuracy of some records and in care planning information. An audit programme had been established but was not yet fully effective in picking up all areas that needed to improve. Relatives and resident meetings had also taken place and people were being asked for their views and ideas about

the service.

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?

This service was not always safe.

There were sufficient staff on duty on the day of the inspection but a high number of agency care and nursing staff were being used, especially on night duty. The recruitment process for the new staff was not robust.

The service needed to confirm with the Lancashire Fire and Rescue Service that their policies and procedures on evacuation were acceptable with them and they had met all the recommendations of their risk assessment. Some environmental risks had not been dealt with.

We found that there were some systems errors in the management of medicines. Appropriate risk assessments had been completed in some cases but not in all to keep people safe. Safeguarding procedures were in place and the service was reporting any allegation to the local authority and CQC.

**Inadequate** ●

### Is the service well-led?

The service was not always well led.

An interim management team was in place help the service improve but there was no registered manager in post as required under the home's registration.

There were improved systems in place to monitor the quality of the service at Withy Grove House however there was still inconsistency in the accuracy of some records.

Audit programmes that had been established in the home but had not picked up on all areas that needed to be improved so action could be taken.

The service had sent CQC notifications required by regulation and when an allegation of abuse had been made.

**Inadequate** ●

# Withy Grove 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 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 focused inspection team consisted of two adult social care inspectors. The inspection took place due to information received by CQC in relation to safe care and treatment, safeguarding concerns and the management of the service. The inspection was also to check the registered provider was following their action plan.

We checked all the information we held about the service including statutory notifications.

During this inspection we spent time observing people's care and how staff interacted with them and observed a mealtime. We looked at the medication records for the people living in the home and at six in detail. We looked medication storage, stock monitoring and medicines audits. We looked at the care plans and risk assessments for people living in the home and at six care plans in detail. We looked at the recruitment records of new staff. We also spoke with three members of staff and the registered nurse on duty. We spoke with the home's interim manager, a change manager, a clinical lead and the regional manager.

## Is the service safe?

### Our findings

At our last inspection on 24 and 27 July 2018 we found there were breaches in this key question of Regulation 12 [safe care and treatment] and Regulation 13 [safeguarding service users from abuse and improper treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider was not making sure that the systems, processes and practices within the home kept people safe.

At our last inspection we found environmental risks to people that had not been noted on checks or reported by staff. The home was in a poor state of decoration and some communal areas looked shabby and uncared for. Some equipment in use was not being checked to see that it was working properly and some daily records had not been completed consistently. Risk assessments for people who lived in the home were not being well managed. We found that appropriate risk assessments had been completed in some cases but not in all circumstances to keep people safe and some care plans did not contain all necessary risk assessments. We found sluice rooms had been left unlocked and these rooms contained cleaning and disinfecting liquids.

At this inspection 30 October 2018 we made a tour of the premises to look at the environment and at maintenance and safety records. There were no cleaning records for wheelchairs to help monitor their cleanliness and the clinical lead confirmed they would implement this. We found that three radiator covers were still not securely fixed to the wall as only one side was fixed. This put people at risk of injury and we asked that this be addressed immediately to prevent harm to anyone. The management team took steps to address this straight away. We noted that some chairs that were in use had tears in the fabric that would make effective cleaning difficult and were told that new furnishings had already been ordered. We noted that there were some new furnishings in communal areas.

At this inspection we found redecoration was underway as planned on the residential unit and repairs had been made to the damaged dining room ceiling that we had seen at the last visit. We saw that window restrictors were in use on the windows and being checked. Equipment in use was being checked to see that it was working properly. We saw that work had been done since our inspection in July 2018 to improve the premises and reduce the environmental risks to people. Environmental checks were being carried out. We observed that the environment was cleaner and tidier than at our previous inspection. As we went around the home we saw that people were well dressed and that their clothes were clean and tidy. Gentlemen had been shaved and ladies had their handbags and jewellery on so they looked well groomed.

At the last inspection on 24 and 27 July 2018 people were not being adequately risk assessed and safely supported to have the correct diet to meet their needs safely and have sufficient fluids to stay hydrated. Also at that inspection people were being given inappropriate diets at meal times and that staff were not clear about what type of diet people should have. There were shortfalls in the support people received to eat and drink and maintain good hydration.

At this inspection 30 October 2018 we found nutritional risk assessments were being done and the clinical

lead had identified areas for improvement where risks were not being correctly calculated by some staff. Training for all staff had been provided on this and the application by staff was being monitored. We observed the meal at lunchtime and found that staff knew what diets people were supposed to have for their needs. Kitchen staff came to the dining room on the unit where people with dementia lived to serve the food. There was nutritional information on the food trolley about the type of diet people were to have, such as pureed diets, diabetic and thickened fluids. Fruit juices and fresh fruit was available and people were offered these by staff. We saw people using aids to help them have their meal more independently such as plate guards and adapted cutlery. A system was in place to improve the oversight of fluid monitoring and dietary information to help make sure people's diet and fluid intake was checked. The work had started on rewriting care plans and that included nutrition. Advice and support was being requested now from appropriate professionals where nutritional problems were encountered such as the GP or dietician.

At the time of this inspection care plans were being reviewed by the clinical lead and rewritten to try to make sure that staff, be they agency or permanent has accurate information to work with. These rewritten care plans were of a higher quality of detail and clarity than previously. This process was still in its early stages and we still found examples of other care plans not being updated and so having inaccurate or conflicting information, for example around mental capacity and moving and handling. Some information was not being included in care planning such as the use of sensor mats for falls prevention and we saw no risk assessments done for people who smoked. Risk assessments for people who lived in the home were better managed than at our last visit. We found that appropriate risk assessments had been completed in some cases but not in all circumstances to keep people safe.

We looked at the latest fire risk assessments that had been undertaken by an independent company in February 2018. This new risk assessment had made several recommendations to the registered provider. We asked the management team to consult with and confirm with the Lancashire Fire and Rescue Service that their policies and procedures on evacuation were acceptable with them and let us know about this and when they had met all the recommendations.

We noted an inconsistency in the fire risk assessment as it referred to the occupancy of the home being up to 52 people when the home was registered for 54 people. The risk assessment was based on six staff on duty at night when there were currently seven. We discussed these different numbers with the management team and asked them to make sure the information they were using was accurate and make changes where needed.

At the last inspection July 2018 some medicines had been missed and consequently people had not received the prescribed treatment. At this inspection we found that medication was in stock for people to receive. We found that quantities of medicines were being carried forward for stock monitoring apart from the quantities of 'as required' or PRN medicines. We noted that PRN protocols were not always in place for individuals prescribed 'as and when required' medications to help make sure staff knew when and why the medicine should be used and so that it was only used when it was needed. We saw some medicines had variable doses and these were not consistently being recorded. We found that handwritten changes to MARs were not being countersigned to record the new instruction had been checked for accuracy by two staff members. To promote best and safe practice we referred these matters to the management team and we recommend that they review their procedures to promote better monitoring of medicines.

We noted that people's food thickeners were not being left out in kitchens as they had been previously. However, the cupboard lock needed to be of a more secure type than the small the bolt lock being used. Arrangements were in place for the checking in, return and safe disposal of medicines. We also looked at the handling of medicines liable to misuse, called controlled drugs and found these to be safely managed and

stored.

At our last inspection in July 2018 we found staff had not always recognised incidents that required a safeguarding alert being raised to adult social care. At this inspection we looked at how people were protected from abuse and avoidable harm. According to training records staff had received training on safeguarding vulnerable adults and were aware of the process. Since our last inspection the management team had been referring any allegations of abuse to the local authority safeguarding team. The home had worked with the local authority and provided information to them to investigate allegations and to put plans in place to protect the person. This this needs to continue so we can see that this improvement can be sustained by the service and that training has been effective in raising the awareness of all staff especially new staff and those agency staff who work in the home

At our last inspection in July 2018 we found that care staff were not always being deployed in the right way so there were times when there were not enough care staff available to provide people living there with the assistance they needed in a timely way. At this inspection 30 October 2018 we found the home was still using a high number agency care and nursing staff to cover gaps in the rota. This was especially on night duty but the management did try to use the same staff where possible for consistency. An agency nurse was on duty on the day of the inspection and been working in the home for three months so was familiar with the people who lived there.

At this inspection we saw that the use of agency staff had reduced on the residential unit during the day but still had a high use at night. Rotas indicated that on night duty there had been times when 75% of staff were agency and on day duty times when 50% of day staff were agency. This maintained staffing levels for the dependency assessments in use. However, these were not permanent staff who were part of a regular team who were fully trained in the home's procedures and practices and invested in the long-term development of the service. The position is not desirable or sustainable if people living in the home are to be sure they will have a suitably trained, committed and experienced staff support. We realise that the registered provider was doing all they reasonably could to change this situation.

A major recruitment drive that offered financial staff incentives, was underway to employ a permanent nursing and care team and maintenance, activities and catering staff. The service had been successful in recruiting a new deputy manager and had recruited the desired level of senior care staff. A full-time activities coordinator had been found and was due to start work the week of the visit. A new maintenance person was awaiting final security checks before starting. At this inspection we noted a greater staff presence on the units, staff spending time with people in communal areas and having positive interactions with people who lived in the home.

At this inspection 30 October 2018 there was an experienced clinical lead in the home who specialised in dementia care. They had come from another of the registered providers homes to support staff training and development. We spoke with them about the need for an established staff team in the home. The clinical lead and management team clearly recognised that they needed to get a permanent staff group in place so that they could provide continuity of care and practice, develop teamwork and make sure everyone had received the training and competency checks to underpin their roles. The clinical lead told us that until they had that core staff team in place they could not measure how effective the training and development they planned was being and so great efforts were going into getting that core group employed.

We looked at the recruitment process for the new staff. Application forms had been completed, references had been taken up and a formal interview arranged. The files evidenced that references had been requested and a Disclosure and Barring Service (DBS) check had been completed before the staff started working in

the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped to make sure suitable people were employed. However, the service needed to make sure that a photograph was kept on file of the person being employed and that records made it clear why the person had left their previous employment. We discussed the importance of thorough recruitment checks and the management team confirmed these issues would be monitored and recorded for the continuing recruitment processes.

We could see that the registered provider was putting in the resources to help make improvements in safety, staffing, safeguarding, risk assessment and raise standards of care. Gradual progress was underway to meet the action plan provided. However, this gradual improvement itself was not sufficient to fully meet the regulations in these areas and evidence sustainability. The service is still in breach of Regulation 12 [safe care and treatment] and Regulation 13 [safeguarding service users from abuse and improper treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service well-led?

### Our findings

At the time of this inspection the home did not have 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. A deputy manager had been recruited and was due to take up their post.

At our last inspection in July 2018 we found accidents and incidents were not being consistently reviewed by the registered manager to identify any patterns or themes that needed to be addressed or lessons that needed to be learned. There had also been a failure to notify us of matters of concern as outlined in the registration regulations.

At this inspection accidents and incidents were being reviewed by the interim management team and their management had improved. Providers of health and social care services are required to inform us of all significant events that happen such as serious injuries and allegations of abuse. Since the last inspection the service had sent CQC notifications required by regulation. This meant that CQC could check that appropriate actions had been taken.

At our last inspection the systems in place to monitor the quality of the service at Withy Grove House were not being effective in identifying areas for improvement, the accuracy of some records and in care planning where conflicting information had not been picked up on quality checks. At this inspection we found there was still some inconsistency in the effectiveness of the systems. For example, the recruitment process for the new staff needed to be more closely monitored to make sure it was completely in line with the regulations. We also noted that at times the level of detail in care plans was poor and this had not been identified on checks either. For example, information around mental capacity and restrictive practices in care plans lacked a clear focus upon the individual and had not always identified who was an appropriate decision maker on someone's behalf. However, the care plan reviews had identified some areas that had needed action and that this action had been taken within the timeframes set.

At this inspection saw that the audit programmes that had been established in the home were promoting a quality assurance structure. For example, medication audits were being done and weaknesses identified. Dining audits were being done and the results showed a significant improvement over time to reach 92.8% in the audit against procedures and practice. Staff on duty were proud of the achievement in this respect and told us they had put a lot of effort into improving meals and mealtimes for people. Kitchen audits had identified some gaps in cleaning records and some areas the cook needed to increase their knowledge. These matters were being addressed. Overall the audit scores showed continued, if gradual, improvement in practices and following procedures.

We saw that there were records of the visual checking and of the servicing of equipment in use to see that it was working properly. There were cleaning schedules for the home and the kitchen and audits had been done to monitor the effectiveness of this. However, environmental checks had not identified that there were

still radiator covers that were not safely secured.

The service continued to be in breach of Regulation 17 [good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because work was still underway and governance systems were still not always reliable and the improvement made and planned would need to be embedded and the service would then need to show they could be maintained.

At this inspection the management team were making progress in monitoring staff practices and assessing their skills and understanding and monitoring quality. The management team were still actively recruiting to get a stable core staff team and a programme was being rolled out with staff to improve their knowledge and understanding of the needs of people with dementia and its different forms. This would be evaluated when it had been completed.

The service had developed a dementia strategy for the home covering both the units to set goals and had identified an individual to become the home's dementia champion to help lead progress forward. At this inspection we could see that improvements were being made in line with the action plan but this progress was gradual and would need to continue and be maintained in the long term.

Staff meetings were being held to keep staff informed and discuss practice issues and staff morale seemed slightly improved since our last visit. Relatives and resident meetings had also taken place and people were being asked for their views and ideas. A relative's information board had been put up to keep them up to date with work going on to improve the service and ideas. We could see from the notice on display that said, "You said we did" that ideas were being taken up, such as implementing music therapy and crafts.

The service had on display in the reception area of their premises and on their website their last CQC rating, where people could see it. This has been a legal requirement since 1 April 2015.