

Larchwood Care Homes (North) Limited

Withy Grove House

Inspection report

Poplar Grove
Bamber Bridge
Preston
Lancashire
PR5 6RE

Tel: 01772337105

Date of inspection visit:
05 March 2019

Date of publication:
29 April 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Withy Grove House is registered with CQC to accommodate up to 54 people on two units, each of which have separate adapted facilities. One of the units specialises in providing nursing care to people living with dementia. At the time of the inspection there were 31 people living in the home.

At the last comprehensive inspection 24 and 27 July 2018 inspection we found that Withy Grove House was in breach of six regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment, safeguarding service users from abuse and improper treatment, staffing, the need for consent, person centred care and good governance. The service was rated inadequate and placed in special measures within this time frame. During this inspection the service demonstrated to us that improvements had been made and it was no longer rated as Inadequate overall or in any of the key questions. Therefore this service is now out of special measures.

After the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good. We found improvements had been made in all domains and the six breaches of regulation from the previous inspection had been met. Work needs to continue to show all the improvements can be sustained in the long term.

People's experience of using this service

- Relatives told us the home had "improved immensely" since the last inspection. People told us they were aware of and appreciated the improvements that had been made to their home to improve their environment and care.
- People commented positively on the improvements in the standard of care and the quality of staff. Everyone felt they or their relative were safe and that the home was meeting their needs.
- The environment had been improved to support people living with dementia. There was signage to help people to find their way about their home and promote their independence.
- Staff were more aware of people's life history and preferences and they used this information to develop positive relationships and deliver person centred care.
- People received their medicines when prescribed and these were stored safely. However, medicine allergies were not consistently recorded. This could put people at risk of receiving inappropriate medicines. We have made a recommendation about this.
- Staff had received training on safeguarding people from abuse and knew how to raise concerns to keep people safe. Risks to people were assessed and action was taken to address them. There were enough suitable staff working to support people safely.
- Care plans had been improved to provide more detailed information about people and their care needs and behaviour management. Risk assessments were being done and recorded in care plans along with the action to be taken to try to mitigate identified risks.
- Assessments obtained from other health and social care professionals were being used to plan care for people.

- Accidents and incidents were monitored to see if lessons could be learned and changes made to help keep people safe.
- The cleanliness of the home had improved. Effective infection control procedures were in use.
- Staff were receiving training appropriate to their roles and supervision was being given to support staff development and performance.
- People enjoyed the meals and their dietary needs and nutritional risks were being assessed and monitored. Pureed diets were provided but not well presented in an appetising way. We made a recommendation about this
- Weights were monitored but there were some people whose weight monitoring had been inconsistent. We made a recommendation about this.
- People told us they were given choice over their day to day lives and supported to maintain their independence.
- Staff were knowledgeable about people and their needs and care plans had been reviewed and updated
- There was a limited range of activities on offer but staff encouraged people to participate in things of interest to them.
- The service displayed the latest rating at the home and on the website. When needed notifications had been completed to inform us of events and incidents and this helped us to monitor the action the provider was taking.
- We could see the registered provider interim management team and staff had been working hard to complete the action plan they had for improvement.

Rating at last inspection: Inadequate. (The report was published 5 September 2018).

Why we inspected: This was a planned comprehensive inspection based on the rating of Inadequate at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Withy Grove House

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: This inspection was carried out by three adult social care inspectors and an 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, in this case, older people and people living with dementia.

Service and service type: 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.

The service had an interim manager in post who was not registered with CQC. This means that the registered providers are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did:

Before to our inspection we looked at the information we held about the service. This included safeguarding investigations, incidents, accidents and feedback about the service provided. We looked at statutory notifications that the provider is required to send to us by law. We looked at issues raised in complaints and how the service had responded to them. We also contacted service commissioners who provided feedback about their experiences of the service. We used a planning tool to collate all this evidence and information prior to visiting the service.

During the inspection we spoke with eight people who lived at the service and four relatives. We also spoke

with four members of care staff including a senior carer, a member of maintenance staff, a member of domestic staff the interim manager and the deputy manager

We looked at a range of records which included the care files for six people who used the service and seven new staff recruitment files. We looked at a selection of medicines and medicines administration records. We also looked at records relating to the quality monitoring, maintenance and operation of the home.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

At the last inspection on 24 and 27 July 2018 the systems, processes and practices within the home did not ensure care was provided in a safe way for people. There were serious shortfalls in the arrangements to ensure people received safe care and treatment. We asked the provider to act to make improvements in safeguarding people, in assessing and managing risk and in safe staffing deployment and this action has been completed. The improvements and changes made need to be maintained to show they can be sustained and have been embedded in the systems and culture of the home.

Systems and processes to safeguard people from the risk of abuse.

- The registered provider had policies, procedures and effective safeguarding systems to help safeguard people. The interim manager reported incidents to the appropriate agencies for action.
- At the last inspection we found the registered provider's safeguarding systems had not been operated effectively to prevent people from being at risk of abuse. At this inspection the systems had been improved and given greater priority.
- People who lived in the home, their relatives and health professionals we spoke with told us they felt the service provision had improved and it was a safe place to live. One person, "I am well looked after here I have no grumbles at all. I never have to worry about being not safe because these carers are so good. They always treat me well and are very polite. I have no concerns." Another person told us, "I am safe here I have no worries". We were also told, "I am safe, there are lovely people here looking after me."
- Training records showed staff had received training on safeguarding vulnerable adults and recognising the signs of abuse and the actions required. Staff we spoke with confirmed this and knew how to report any safeguarding concerns.

Assessing risk, safety monitoring and management

- The registered provider made sure risks were assessed and managed to keep people safe.
- Staff logged accidents and incidents and analysed for trends. Appropriate action had been taken following analysis. This had a positive impact and there had been a reduction in falls at night. Staff made referrals to external professionals promptly.
- Risk assessments and guidance were in place to help reduce the risks to people. These assessments had been reviewed and updated as required. assessments included the safe use of bedrails, skin integrity and moving and handling.
- We looked at the fire safety policy and latest fire risk assessment that had been carried out by an independent company in February 2018. The new risk assessment had made several recommendations to the registered provider and these had all been carried out to improve fire safety.
- Emergency plans were in place to ensure people could be supported in the event of a fire. We saw firefighting equipment was in place and had been serviced. Fire drills had been carried out with staff.

Staffing and recruitment

- Relatives we spoke with told us that staffing levels and staff availability had improved. One said, "We have no concerns about the number of staff, we see staff attending to residents very promptly. Recently [relative] needed support and I called out for help and the carers got to [relative] immediately." One person who lived there told us, "I have no problem with the number of staff, there is always someone around to help. Sometimes they come quickly other times it takes a bit longer, it depends if they are having a busy day."
- We checked the recruitment files for seven new members staff employed since the last inspection. Application forms had been completed and references had been taken up. All the checks of suitability to be employed to work with vulnerable people had been completed. This helped to make sure suitable people were employed.
- Rotas indicated staff levels were sufficient for the current occupancy. Staff told us that they felt staffing levels had improved and there were more permanent staff in post now. This meant the use of agency staff had greatly reduced.

Using medicines safely

- Staff administered medicines as prescribed and stored and disposed of them safely.
- We noted medication allergies were not being consistently recorded. Daily records for one person stated they had no known allergies however they had an allergy to a medicine. We found four examples of where information on people's allergies was contradictory. This could put people at risk of receiving inappropriate medicine. The interim manager addressed this straight away. We recommend the registered provider seeks guidance on effectively reviewing their monitoring of allergy recording.
- Medicines were safely and appropriately stored.
- The registered provider had systems to audit the medicines procedures and management.
- Staff carried out regular stock checks to make sure people had sufficient medicines when they needed them.
- Care plans contained information on the medicine support people needed. We saw there were plans that outlined when to administer 'as required', medication and were in sufficient detail for staff to be able to administer correctly.

Preventing and controlling infection

- Relatives told us the cleanliness of the home had improved. We were told, "The home is very clean now. My [relative's] room is cleaned every day and the cleaner cleans the floor and furniture. The bedsheets and the laundry are done very regularly, though at times some of his clothes have gone missing." People said "The home is lovely and clean I am very pleased" and "I think it is a lovely clean home. It is always clean and it is decorated well. My room is very clean, they clean it every day. I even get my laundry done and my sheets changed."
- There was an outbreak of diarrhoea and vomiting in the home. The interim manager had informed all the relevant agencies and was following their infection control procedures for such an outbreak. Staff had applied the procedures rigorously and had been effective in preventing the spread to the other unit.
- We saw staff used personal protective equipment to prevent the spread of infections. Staff had received training in infection control and in food hygiene.
- The environment was clean and tidy and the equipment in use was cleaned and maintained for safe use.

Learning lessons when things go wrong

- Accidents and incidents were now monitored to see if lessons could be learned and improvements made to help keep people safe. For example, falls had been reduced following changes to monitoring systems and to the levels of lighting in the home.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At the last inspection the registered provider had not made sure that the service always acted within the principles of the Mental Capacity Act 2005 and had not monitored staff training to make sure it was being correctly applied. The dining experience and management of people's dietary needs had been inconsistent at the last inspection. We asked the provider to act to make improvements in these areas and this action has been completed.

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.
- The registered provider had procedures for assessing a person's mental capacity in line with the MCA.
- Capacity assessments had been completed for people when decisions had been made in their best interests.
- The management team provided evidence that DoLS applications had been submitted in line with individual assessments and any restrictions on the person had been noted in the application and in the person's care plan.
- There was a system to check if people who used the service had a valid power of attorney. This identified what sort of power of attorney had been registered and if a person had legal authority to make decisions on another individual's behalf. We looked at 'do not attempt cardio pulmonary resuscitation' (DNACPR) records that showed the person with power of attorney had been consulted in the decision.

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

- Staff used assessments obtained from other health and social care professionals to plan help them plan care for people. For example, specialist nurses, community mental health teams, occupational therapists, speech and language teams.
- Assessments of people's needs were detailed, the expected outcomes were shown and care and support needs were reviewed when required and updated.
- The registered provider had taken guidance on administering covert medication, if required, from the local

safeguarding team. This was to help make sure people's rights were upheld and best practice followed.

Staff support: induction, training, skills and experience

- Staff had received induction to the service and training that was suitable for their roles and gave them enough information to carry out their duties in line with the registered provider's policies and procedures.
- We saw the service's training report showed 95 percent of staff had completed the training required by the registered provider. This included, safe moving and handling, health and safety, fire training, fluids and nutrition, food hygiene, medication, person centred care, positive behavioural support, the MCA and DoLS. A training programme was planned for the coming year.
- The registered provider had introduced more training on supporting people to live with dementia to underpin the home's new dementia strategy. Records of staff training showed reflective practice had been used to help monitor staff understanding and application of the training they received, including the MCA and DoLS.
- The management carried annual appraisals and supervision was being given to staff to support their development and performance. Staff confirmed they received this and felt well supported by the interim management team to develop their skills.

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

- People were supported to receive meals which met their dietary requirements. This included the food texture they needed to reduce the risk of choking.
- Since the last inspection the service had improved people's mealtime experience. We saw staff engaged with people to make mealtimes a sociable and relaxed experience. People were supported to be independent with their meals. For example, one person used a plate guard.
- A relative told us "The meals are good. My [relative] eats everything and they give [relative] plenty of drinks and snacks throughout the day." One person who lived there told us, "The food is good every day." Another person told us, "The meals are good and if I want something else, they can do that for me. Sometimes I think there is too much food-, a cooked breakfast and two cooked meals a day. We get lots of drinks and snacks."
- Staff completed nutritional assessments to identify people's needs and any risks they may have when eating. People were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking.
- We saw pureed diets were being provided but these were not presented in a way that made them appetising to people. We recommend that the registered provider finds out more about best practice in the presentation of pureed food to enhance the dining experience of people on pureed diets.
- Staff monitored people's weights and where necessary people had been referred to their GP or to a dietician. However, we noted there were some people whose weight monitoring had not been done weekly as required in their care plans. The interim manager addressed this straight away.
- We recommend the registered provider take advice on consistent weight monitoring.

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

- The registered provider had systems and processes for referring people to external bodies to help ensure they received appropriate treatment and support.
- Staff made referrals to a range of health care professionals when that area of support was required such as the falls team, the dietician and speech and language therapists.
- Staff had followed up referrals to other agencies to help make sure people got the treatment they needed. For example, the falls team.

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

- The registered provider had made changes to improve the environment to meet people's needs. There

was new seating in lounges and communal areas had been redecorated, corridors had better lighting and a new bathroom had been installed. Dining areas were less cluttered.

- The home was putting into action current best practice guidance in dementia care such as that from the National Institute for Health and Care Excellence(NICE) to try to make sure the home was more 'dementia friendly'. The registered provider had used an environmental assessment tool, developed by the Kings Fund, to assess the home and develop a more supportive environment, especially for those living with dementia.
- Technology was used within the service such as, sensor mats for those at risk of falls.

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.

At the last inspection we found care and support was not always being given by staff in a way that always promoted people's independence and dignity. We asked the provider to act to make improvements in these areas and this action has been completed.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw people were treated with kindness and people were positive about the staff's caring attitude.
- We received feedback from people and relatives which supported this. Visiting relatives told us, "We cannot fault the staff, they are all so kind and demonstrate respect for [relative's] needs." One person told us, "The staff are very good now and they are kind. I cannot complain about them, they do a very good job. They treat me with respect and they are always polite and ask permission before they support me. I appreciate that."
- We looked at the registered provider's arrangements to help make sure equality and diversity was promoted. We saw support was provided for people in maintaining important friendships, family relationships and to follow their own faiths and beliefs. Relatives told us how they could visit at any time and were made to feel welcome.

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

- People were offered options and supported to make choices over their daily lives at the home.
- People told us they were given choice over their day to day lives and supported to maintain their independence. People's comments supported this and included, "I make all my own choices, what time I get up and go to bed and what to wear" and "I can make all my own decisions and they let me do that. I choose when to go to bed and when to get up." All the people we spoke with said they had never been stopped from doing anything they wanted to do.
- Information on advocacy services was available in the home. We saw independent advocacy could be arranged for those who needed assistance in expressing their wishes. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.
- People had personalised their bedrooms reflecting their tastes and interests. They were personal spaces where people could spend time in private if they wished to.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully.
- We saw staff always knocked on people's doors and waited for a response before entering the rooms. We observed bedroom and bathroom doors were kept closed during care.
- Staff promoted people's independence and we saw they encouraged people to do things for themselves. During the lunchtime meal we observed staff were encouraging and polite.

- Staff made sure that people's confidentiality was maintained and records were kept safe.

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.

At the last inspection people's care and treatment was not being specifically personalised for them, was not sufficiently responsive to their needs and complaints were not being well managed. We asked the registered provider to act to make improvements in these areas and this action has been completed.

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

- Care plans were person focused and contained person-centred information about people.
- Some people were not sure if they had a care plan. Others were aware and told us, "I know all about my care plan and I have told them how I want to be cared for." Relatives said they had been fully involved and that they discussed their relatives care plan with staff whenever they need to.
- Staff were knowledgeable about people and their needs and care plans had been reviewed and updated. The improvements made to handover records, following the last inspection, to better reflect people's clinical needs, had been maintained.
- Care plans contained personal information and some detailed life stories. Families had also been involved, where appropriate, in bringing together personal information. This background knowledge gave insight into people's experiences and helped staff get to know and understand them better.
- We noted that organised activities were not being provided every day. An activities coordinator had been recruited to start work the following week to provide a consistent activities programme in the home. This was an area previously identified as needing improvement.
- Some activities were being organised by staff and advertised on the activities boards, such, as crafts, singing and bingo. An external person was booked to visit and provide gentle exercise classes for people.
- One person told us, "I do keep myself busy on my laptop and soon I hope I can go to the leisure centre for a swim and use the gym. My sister visits regularly and she takes me out at times."
- Information was available to people in different formats such as pictorial and large print to make the information more accessible.

Improving care quality in response to complaints or concerns.

- The registered provider had a complaints procedure in place. This was displayed within the home and outlined the procedure people needed to follow, should they wish to make a complaint.
- At the last inspection some relatives told us they were not comfortable making a complaint and did not have confidence in the way complaints were dealt with.
- At this inspection relatives told us, they felt they were being listened to by the staff and management and their concerns better addressed. We were told, "If I am not happy with something, I mention it and they sort it out. They [staff] do listen to my views which I really appreciate." One relative told us, "I have never had need to make a complaint or raise a concern as I am happy with all the care my [relative] receives." One person who lived there told us, "I have no reason to complain. Everyone does the best they can for me."

End of life care and support

- People were supported to make decisions regarding their care at the end of life
- Some people had expressed their preferences for end of life care. Information regarding resuscitation was indicated in their care plans and the staff were aware of these. A relative told us, "My [relative's] end of life care has been discussed and everything is in place just as they want it."
- Advance care planning was done and was person centred with the person's wishes, including religious needs at the end of their life, clearly stated.
- Since the last inspection staff had received training in end of life care and supporting people and families at the end of life. This was to improve this aspect of care being provided. The advanced nurse practitioner visited weekly and was available to advise and support staff on end of life and palliative care along with the person's GP.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection there were serious shortfalls in the governance systems to monitor and improve the quality and safety of the service. Statutory notifications for some incidents had not been submitted as required by regulation. We asked the registered provider to act to make improvements in these areas and this action has been completed. These improvements need to be maintained in the long term to show they can be sustained and have been embedded in the systems and culture of the home.

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

- The interim manager and staff promoted person centred care and inclusive support.
- Relatives told us the home had improved "immensely" since the last inspection.
- Staff spoke positively about the new management team and told us they felt "really supported" and "I am much happier now and believe people are being well cared for. I could not have said that six or 12 months ago."
- Staff morale was good and they told us they felt they had all worked hard to make positive changes and had pride in improving the service for people.
- We saw that the monitoring systems in use were being more effective at identifying areas for improvement and in identifying trends that needed addressing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The service had a governance structure that was identifying and managing risks. Staff performance was being monitored. Management and staff understood their responsibilities in line with their different roles.
- The service did not have a registered manager in. An interim manager was in place and was being supported by the deputy manager. Some people who lived there were not sure who the interim manager was. We were told, "I don't know the manager, but I do know the senior staff that look after me are in dark blue. All staff are very good, very friendly and supportive."
- The registered provider used quality assurance systems to help monitor the quality and running of service being delivered. People told us that that improvements had been made to make the service better for them. We noted there were still some inconsistencies in aspects of recording and the interim manager was taking steps to address these
- There was evidence of auditing effective by the interim manager with regular monitoring of accidents and incidents and 'near misses'.

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

characteristics

- We saw that people and their relatives were involved in consultation about the provision of the service and its quality.
- People who lived there and relatives told us that communication had improved. The interim manager held relatives/resident's meetings and regular staff meetings so information could be shared.
- A relative told us, "I have not been involved in how the service is run but I can say that the home corresponds with me very well regarding issues with my [relative]. They talk about issues with me regarding [relative] care and health and they phone me at home if [relative] is ill."
- A relative told us, "I am not aware of any questionnaires, but I did attend the meeting for relatives which followed the last inspection to discuss what was going to happen to the home. There is a meeting next week which I hope to attend."

Working in partnership with others

- The interim management team and staff were working with other agencies and specialist services to try to make sure people received joined up treatment and support. Records showed people had access to all healthcare professionals as and when required.