

## Royal Bay Care Homes Limited

# Larks Leas

### Inspection report

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### 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 

### Overall summary

People felt safe at the service and this was confirmed by comments made by people using the service and their relatives. Staff understood how to keep people safe and were well informed how to protect and safeguard people from abuse. They told us about the whistle blowing policy and how risks to people were regularly assessed and reviewed. We saw plans showing how people were kept safe in an emergency.

There were sufficient staff on duty to care for people and support their individual needs. This was confirmed by the many comments we received from staff, people who used the service and their representatives.

Medicines were administered safely and we observed staff checking that people received the correct medicine at the correct time according to their prescriptions and medicine administration records (MAR).

Staff were aware of the Mental Capacity Act 2005 and how this affected the care people received. They described how agreement was sought from people and or their

# Summary of findings

representatives and understood the importance of gaining agreement before carrying out care or treatment. The registered manager had knowledge of the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. They understood the procedure and application process involved when requesting an assessment for DoLS and were aware of how to uphold these decisions.

Staff were knowledgeable about the support needs of people living at the home. We observed staff communicating effectively when talking with people and their families. Staff commented on how they were supported through induction and spoke about the training they received which helped them to understand people's needs. Records showed that staff met with the registered manager to discuss their skills, learning needs and performance.

People told us they were offered sufficient food and drink and we observed people being supported to eat their meals and enjoy their food in comfort.

Everyone said that staff demonstrated care, kindness and compassion and the staff understood their needs. Staff helped people, displaying an empathetic approach to those they supported, encouraging people to be involved in making decisions about their preferences. Staff carried out their duties while protecting people's dignity and respected their privacy by closing doors and knocking on doors before entering.

Staff provided examples of the personalised care they provided. People were given choices and were encouraged to be involved in activities and other events offered at the service. Relatives told us that they felt confident to talk with the registered manager if they had any concerns but all those we spoke with also talked about the high standards of care they received.

The registered manager fostered an open and honest culture at the home. Relatives felt confident to approach staff who were friendly and receptive. Staff told us they felt supported and encouraged by the registered manager and surveys were used to gain feedback on the quality of the care and service improvements. Checks were used to identify service short falls and to make the necessary changes required.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. There were sufficient staff to meet people's needs.

People received their medicines safely. Medicines were stored safely and were checked against people's medicine administration records before they were administered.

People were kept safe from harm because staff understood their roles and responsibilities. People were protected from abuse by staff who knew about the procedures for reporting abuse.

Please add info re risk assessments and recruitment.

Good



### Is the service effective?

The service was effective. People's consent was sought before staff provided care. Staff understood the principles of the Mental Capacity Act 2005 and how to implement this in their work..

People were cared for and supported by staff who were trained and received learning, support and development.

People were offered sufficient food and drink and were provided with the individual assistance where this was needed. Their weight and health was monitored and this meant staff were aware of people's changing nutritional requirements.

Good



### Is the service caring?

The service was caring. People were treated with care and kindness, and their privacy and dignity was respected.

People were treated with compassion. People and their relatives were encouraged to participate in decisions about the care.

Good



### Is the service responsive?

The service was responsive. People received personalised care and this was confirmed by people's individual assessments and care plans.

People were given choices and were encouraged to be involved in their own care and activities provided at the service. People and their relatives knew how to raise matters of concern with senior staff and the registered manager, and had confidence these would be fully addressed.

Good



### Is the service well-led?

The service was well-led. People's representatives told us they felt confident to approach staff who were friendly and receptive.

Staff told us they felt supported by the registered manager who was approachable.

Results from satisfaction surveys were used to improve the quality of the service provided to people.

Good



# Larks Leas

## Detailed findings

### Background to this inspection

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

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked and reviewed other information we had received from the service. This included statutory notifications we had been sent about specific incidents, events and activity occurring within the service. A notification is information about important events which the service is required to send us by law. We also reviewed information from commissioners about the service.

Before and during the inspection we spoke with eight health and social care professionals who provided us with information about how people's needs were met by staff at the service and their experience of working with the staff at Larks Leas.

During our inspection we spoke with the registered manager, eight staff including a team leader, four care workers, catering and cleaning staff. We spoke with eight people who were using the service and seven relatives.

We looked at the care records of four people, three staff recruitment files, and eight people's medicine administration records. We looked at records relating to the management of the service. This included certificates and records for fire and safety equipment and checks on the quality of the service and people's feedback. We carried out general observations in the lounge and dining area during and mealtimes. We attended a shift handover meeting and listened to staff communicating the care and support given to people.

# Is the service safe?

## Our findings

People told us they felt the home was a safe environment to live in. One person said, “I feel safe and looked after properly.” Someone else said “I can talk to anyone here if I feel worried or unsafe.” Relatives told us they felt people were kept safe and when accidents happened people’s care needs were reviewed to ensure risks were acknowledged and minimised. People’s representatives told us that staff were aware of how to support people safely when using equipment. Comments included, “I’ve seen staff apply brakes to wheelchairs and they slow down when people move with their walking frames.” Another person’s representative said, “Staff reminded my relative of how to use the walking frame and gave helpful explanations.”

Staff had an understanding of abuse and told us they had received training. Learning and development records confirmed this. One worker said, “I’ve received support to safeguard people and protect adults from abuse.” Another staff member explained the types of abuse and the actions they would take to protect people. The provider had an adult safeguarding policy which staff had signed, indicating they had read. Two staff spoke with us about whistleblowing; both were aware of policies to support this.

Records showed where people were at risk and how these risks were managed. For example, some people were at risk of falls while others were at risk of developing a pressure ulcers. For example, risks associated with falls and pressure ulcers had been assessed and reviewed, and staff was aware of these. At a shift handover, staff gave detailed information about how they had managed the risk to someone’s skin. One staff member explained the most recent care someone received to prevent the risk of a pressure ulcers.

People and their relatives told us that staff assessed people’s risks and safety and involved them in discussion and decisions. Records contained information about personal emergency and evacuation plans. Each plan stated whether the risk was low, medium or high and the actions for staff to follow. Emergency packs were available throughout the service. These contained high visibility jackets, whistles, bottled water and details about fire drills, testing and fire training.

The registered manager kept records of accidents and incidents and these were reviewed and monitored regularly as a means of learning and reducing further accidents. For example, one person who was at risk of falling received support from a physiotherapist to improve their use of a walking aid. A relative told us that an incident resulting from poor care was investigated and addressed immediately by the registered manager. Staff took appropriate action following incidents to ensure people were safe. One staff member gave a description of how they had managed an incident. They told us about their observation and assessment skills, their first aid training and how they had reassured and supported the person following a fall.

There were sufficient numbers of suitable staff to meet people’s needs. People told us there were always staff available if they needed help or assistance. One person said, “Plenty of consistent staff.” Another said, “Staff are ready to help me at any time, there are enough of them and they come quickly if I use my call bell.” Relatives felt confident about staff levels. One relative said, “Lots of staff about” and “staff are always visible and accessible.” Another relative said, “When call bells ring they are responded to very quickly here. There is enough staff on duty; I’ve never heard people calling out for long. Staff are responsive to people’s needs and requests are attended to straight away.”

Staff told us the team worked together to provide care and support to people and that staff levels met people’s needs. One staff member said, “Some people wear their call bells as pendants and we respond as soon as we hear the alarms.” Another staff member said, “We’re fully staffed most of the time and managing well; we’ve had a couple of staff leave but new staff are recruited quickly.” A third staff member said, “When people are unwell or considered near the end of their life, we have more staff, sometimes six staff instead of four.” During the inspection we observed sufficient numbers of staff on early and late shifts. Staff were visible in communal areas, regularly visited people in their rooms and quickly responded to call bell alerts.

People’s medicines were stored, administered and recorded safely. People received their medicines when they needed these and at the required times. People told us they received their medicines regularly and one person said, “They are very good here, you know roughly when

## Is the service safe?

your tablets are due.” A relative told us that staff managed people’s medicines efficiently. They said, “Whenever there are changes, the staff contact the GP straight away and changes to medicines are recorded; they also let me know.”

Staff told us they were trained to administer medicines. One staff member said, “I’ve been trained to give medicines; I watched others, the registered manager observed me and asked me questions. I received support from other staff before being assessed as safe.” Another

staff member explained the process for managing any medicine errors and omissions and this reflected the policy at the service. We observed people receiving their medicines safely and saw staff carry out safety checks, including checking people’s identity before administering medicines, staying with people while they took their medicines and remaining with the medicine trolley at all times.

# Is the service effective?

## Our findings

People told us staff were knowledgeable about the care they needed and contacted their GPs and other health and social care professionals to arrange appointments and be referred to services. One person said, “I was referred to my GP and got equipment to help me manage which improved my mobility.” A relative told us about the care their family member received after advice was sought by staff about preventing pressure ulcers. They said, “Staff are aware and understand people’s needs, people are referred quickly.” One relative said, “Staff communicate very well, and keep me informed. Another person’s representative said, “They recently arranged an optician appointment and new glasses and the flu vaccination for my family member.” One professional told us that staff communicated effectively with people and managed pressure ulcers well. They told us they felt staff supported people at the end of life care with compassion and empathy. Records showed that people received care from specialists in response to their changing health needs.

People were cared for by staff who were trained to support and meet their needs. For example, staff were trained in moving and handling. Staff provided advice and information to people when supporting them to sit, stand and move safely. Staff explained how their induction training helped prepare them for their roles. One staff member said, “I’ve been given support to do well and my role has changed for the better. Seniors encourage progress and opportunities.” Staff told us they had learned about personalised support. They described their learning and said, “It’s important that people are treated as individuals, treat the person first, not the illness.” Other comments included, “We have team meetings where important changes are discussed.”

Staff told us about their training and development and gave examples of how this had increased their knowledge, skill and confidence to carry out their roles. One worker said, “I’ve attended training on infection control, moving and handling, deprivation of liberty and dementia care. Before the training I didn’t realise how dementia can affect people and that making a cup of tea is not always straight forward for people.” Staff told us about their annual appraisals and how this was used to develop staff and improve performance. Several staff had achieved nationally

recognised qualifications in health and social care. Records confirmed that staff received on-going support, supervision and annual appraisals with goals and achievements documented.

People were consulted and their consent was sought before care was provided. Staff sought people’s consent in line with legislation. Records showed that people had signed consent documents for their care. Records included information about lasting power of attorney. Staff were aware of their responsibilities to directly involve attorneys when making decisions about care and welfare.

One staff member told us that when some people declined treatment or care, staff were encouraged to explain the importance of the care or treatment and to offer again later. Staff told us they reported to the registered manager if they had concerns about people’s safety or human rights. One staff member said, “If someone declined their medicines we would record this, inform the manager and discuss with the GP.” One staff member said, “If we are not able to gain someone’s consent to receive care we do not force people, we offer later or report and record this.” One relative said, “Staff tried to encourage my family member to join in with social activities but they fully respected his choice not to participate.” Records showed that where people required the use of bedrails to keep them safe, they or people important to them had been consulted and agreement for their use obtained,

Where people lacked the mental capacity to make decisions staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person’s best interest. We saw that people’s mental capacity had been assessed and documented in their records and staff had followed the required assessment process. The registered manager understood when an application should be made and how to submit one. Staff were meeting the requirements of DOLS and ensured that any restrictions to people’s freedom had been authorised by the local authority as required. Health and social care professionals confirmed that applications for DOLS assessments had been requested.

People received sufficient food and drink to help them maintain a balanced diet. One person said, “I’m never hungry, staff check my water jug and regularly top me up with coffee or tea.” Someone else said, “Good choice of food and I can have extra if I ask; I’ve never been missed or forgotten at meal times.” Another person said, “Staff assist

## Is the service effective?

by cutting and preparing my food; I don't use a knife or fork I prefer a spoon and the meals are hot and wholesome." One relative said, "Staff keep an eye on fluids; the jugs are changed regularly and there is plenty of refreshments and hot drinks." Another said, "Home cooked food smells great and people can have more. Staff know about residents' particular likes. My family member's weight is stable and this is monitored." Reviews of the food and menu were positive as seen from people's feedback.

Fresh fruit was available for people and records showed that people's nutritional needs were assessed. People with conditions like diabetes had detailed plans and catering staff were informed of their required dietary needs.

Some people required extra calories, full fat foods and fortified foods. Others had been assessed by speech and language therapists because of swallowing difficulties. Decisions about nutritional requirements had been documented in care plans and staff knew what these were. Staff knew about the texture and consistency of food that some people required.. Our observations during meal times showed that two people were supported to eat and drink safely and received assistance to manage their meals where appropriate. One person had a second serving and staff told us that snacks like cake, biscuits and yoghurts were available between meals.



# Is the service caring?

## Our findings

People were cared for by staff who showed compassion and kindness. People told us that staff were courteous and thoughtful. One person said, "Very kind and caring." Someone else said, "You couldn't wish for better staff, the manager and all; they are patient, thoughtful and willing to help with a smile." Other comments included "A very cheerful team." "Staff are respectful to everyone here and we all have a laugh and a joke with each other." One person told us that staff made them feel at home and treated them in a way that made them feel it was their very own home. They also said, "The manager, she comes around regularly, she checks all is well, asks questions and listens."

People's relatives told us they felt confident that staff at the service provided good quality care. One relative said, "Staff working here are kind and genuine. Nothing is a problem they are happy to assist." Another relative said, "Relatives are welcomed. They are pleased to see us and make an effort to come and chat." Other comments included, "Good staff and a good team, always cheerful to residents." One relative told us that staff were understanding about visiting times and had a flexible approach, in particular, where relatives might have long distances to travel or had difficult work arrangements. One relative said, "We were invited to attend lunch and visitors are encouraged to participate in events. Staff changed the small conservatory into a family area to accommodate our needs." Other comments included, "Staff make time for people and relatives, particularly if someone is ill. They are tactile and will sit and talk to people when they feel unwell."

Relatives told us that staff were responsive to calls for assistance and made sure that people's care was delivered professionally and with dignity and privacy. Staff told us how they respected people's privacy such as waiting for a response before entering people's rooms after knocking on their doors. We looked at satisfaction that indicated that people felt the service was relaxed and homely and people were satisfied with their care; staff were approachable and

helpful. Everyone we spoke with including people and their families commented on the high standard of care people received. We observed staff attentive to people's individual requests.

People's needs were met by staff who demonstrated a caring manner. Staff spoke with people expressing a warm and friendly manner. Staff spoke with people respectfully and addressed them by their preferred name. Conversations during meal times were cheerful and friendly and staff were seen encouraging people to enjoy their meals in a calm environment. Several staff shared friendly banter with people which created a happy and relaxed atmosphere.

Staff understood the need to treat people with respect and that people's information was confidential. One staff member told us that respecting people's personal information was important. They said, "We don't discuss residents' outside of our work, anything we hear or learn about a resident is not repeated, this is considered confidential."

Staff offered people advice and encouraged them with daily activities. Where people needed guidance, staff were patient and supportive and carried out their work with consideration to people's needs. For example, one staff member gave assistance to someone who required personal care. The staff member supported them to stand and encouraged them to "take their time." Another worker spent time chatting to someone and demonstrated a meaningful interest in the person's views and comments.

We were shown the progress and development made by the team to achieve the delivery of the Gold Standard Framework in end of life care and advanced care planning. We saw written information, charts and educational resources displayed throughout the service to help staff and those using the service to understand the importance of effective end of life care and what this meant to people. One staff member told us that people's faiths and beliefs were important and this was encouraged and respected. Another staff member explained the stages of care associated with end of life support and people's specific wishes.

# Is the service responsive?

## Our findings

People received care, treatment and support that was responsive to their needs. This was reflected in what people and their relatives told us about staff awareness of their individual needs and choices.

People had their needs met by staff who treated them as individuals. People told us that the registered manager and staff were in regular contact with them to discuss their care and support needs. One person said, “The manager and staff are always passing and check if I am ok. They often ask whether I need anything, it’s very informal so I can talk about things regularly if I need to; I don’t have to wait to discuss my care formally. Another person said, “Staff listen to me and ask what I want. If I decide I don’t want a bath, this is respected or they will offer it later.”

People told us that staff responded quickly to call bells, encouraged them to maintain their freedom of movement and independence and respected their decisions. One person said, “I never wait long when I use the call bell and if it’s an emergency.” Another person said, “The night staff are very good they encourage me to walk

People and their relatives were involved in the planning of their care needs. Some people told us about their initial assessment but not everyone could remember these details clearly. One person said, I remember meeting the manager and having a chat but I cannot recall the questions.” Another person said, “Staff were interested in finding out what was important to me and what my usual routine was like. I was asked about the things I liked, what I used to do and where I was born.” One relative explained how they had received invitations to participate in a care reviews. Another relative said, “We were part of the initial assessment and care planning stage, lots of questions to get to know and understand our family member. We are still very involved and are informed when meetings and reviews are due.” Another relative told us they were kept informed and the registered manager and staff communicated regularly and encouraged their family member to be involved in care decisions.

Staff gave detailed explanations about people’s individual preferences and how they had been involved in making these choices. These included how and when people received personal care, whether people wanted ‘as required medicines’ and people’s wishes to remain

independent. Details about people’s life history and memories important to them were recorded in their care records. Examples included, people’s important relationships, their recreational interests, special friends and their achievements. People and their families had been directly involved in this process. One person told us about their previous hobbies and how staff often spoke with them about this. One person’s representative said, “We met the manager and discussed our family member’s needs at the assessment.” Another comment included, “I was sent a letter inviting me to attend a care review.” One person told us that staff did not assume but asked how people were and what they needed support with. They said, “I like to be independent and try for myself, staff encourage this and only assist if I ask.”

One person told us, “We have a very good activity person here. They ask about my hobbies and come up with lots of interesting ideas every week.” People told us staff were receptive to suggestions and comments. Visitors were welcomed and on the day of the inspection there was a social function where people and their friends and relatives had come together to celebrate. .” Some people choose to go out and visit their friends or family.” They also told us they had searched for information about local stroke support groups and people from the service have joined the stroke club Another worker said, “We learn about people’s life history, what has been important to them, their lives are fascinating; that helps when planning their care.”

People were encouraged to follow their interests to meet their needs. People maintained links with the wider community outside of the service. They were offered the choice of visiting outdoor events and joining pre-arranged trips. One person visited friends and relatives. Staff had researched and made contact with a number of local services and resources for people living at Larks Leas. People received religious services and worship from the local churches and faith leaders. Staff described people’s interests and told us that where possible they arranged activities, events and visits to accommodate these. For example, people visited a shopping centre and enjoyed a boat trip in late summer. One staff member said,

People received care that met their needs. Staff described the care of several people. This included assessment and reviews for personal and social care, risks, people’s choices, their diet, weight management and support from health

## Is the service responsive?

and social care professionals. One care worker described the personal care and hygiene needs of one person who was at risk of infections and told us who preferred showers instead of baths. They also described how one person's weight was monitored every two weeks because they were at risk of weight loss. They told us that informing the person's GP and involving the catering staff was important in communicating the changing needs of the person.

People, their families and staff were encouraged to provide feedback about the service and how it could be improved. The survey sought to understand what people thought about the service, staff, food and information provided. People could post their comments in a comments box at the main entrance. We looked at a selection of these and read many complimentary quotes. Surveys showed that people and their families were positive about their experience of the service. One suggestion was made about the value of having more outings. We checked with staff and were advised of several shopping visits within the local community, a boat trip, and visits to local garden centres and access to external groups, like the stroke club. People

told us that staff considered people's views and encouraged participation and involvement in the home. For example, people attended meetings to discuss how the service was managed. One person said, "We meet up as a group each month with the manager to talk about new ideas, discuss topics like food and recent changes

People had no complaints about the service or the staff and spoke of the dedication and genuine approach of the staff team. Almost all knew that they could raise concerns directly with staff or the registered manager and expressed confidence in the process. One relative said, "I've no complaints, in fact I'd recommend the home to anyone." The complaints log showed all concerns had been fully addressed and resolved to people's satisfaction. There was an up to date complaints policy and staff were aware of how to help people exercise their right to complain. People and relatives were given regular opportunities to discuss and feedback their views through group meetings, satisfaction surveys, a comments box and by meeting the registered manager.

# Is the service well-led?

## Our findings

People and their representatives told us that the service was effectively managed and the team worked well together in the interests of people at the service. One person said, “The manager is well organised, it all runs very smoothly here.” Someone else said, “This is good value for money and the staff are up front, honest and open.” Another person said, “The manager and other staff are informal and are always willing to stop and chat.”

Relatives described the culture as “welcoming” and “open”. They told us the registered manager and staff were approachable and interested in everyone. They described staff as “responsive” and “responsible”. One relative described staff as proactive and inclusive of family’s suggestions. A relative told us that staff seemed to stay at the service and had a positive approach to their work and the people they cared for. One relative said, “It’s warm and friendly with a welcoming atmosphere; staff seem to get along well together. They are opportunistic; I’ve often seen them stop and ask if people are ok.” Another relative said, “Improvements are accepted and well received by the manager and the team. They have a ‘can do’ approach,” and “The manager is in control, yet she’s supportive to staff and the residents and can relate at all levels.” Another relative said, “The manager is out on the floor, she is always about and she knows where the staff are.” Relatives described being involved through surveys and feedback but also commented on the informal approach to ideas and suggestions.

Staff told us they enjoyed working at the service because it was a friendly environment and they felt supported by the registered manager and senior staff. They told us they were encouraged to develop and progress their skills and were trusted with new responsibilities. For example, one staff member said, “I’m listened to and I’ve been encouraged to take on a champion role. Staff are valued and the manager helps the team learn and welcomes our ideas.” A second staff member said, “The manager told me she was pleased with my work and that I’m a valuable part of the team. I

know I can go to her if I have any problems she’s really supportive.” Other comments included, “I think the staff feel empowered because the manager is inclusive; we are all encouraged to contribute at team meetings.”

The registered manager was visible and accessible to people, relatives and staff. We observed shift handovers where the registered manager demonstrated leadership skills through questions and guidance to staff about people’s care.

Audits and checks were carried out across all aspects of the service. These included quality checks on health, fire and safety systems, policy updates, staff training and development, care plans and medicine administration. The registered manager carried out spot checks on infection prevention and control and hand hygiene and we saw the results of this from the November records. Accident and incidents were monitored and risks were reviewed. The registered manager discussed learning developments, changes and service improvements at regular team meetings and minutes we looked at reflected this.

People were kept informed of developments within the service. At the entrance to the service and throughout the premises notice boards displayed useful information about service developments, group leisure activities, health and safety information and new projects that staff were involved in to improve care.

The registered manager attended provider meetings to discuss quality and share good practice across the providers other homes. We were told this was where ideas were exchanged and managers could support each other in developing the services offered to people. One example was the development work staff at Larks Leas had started in relation to advanced care planning and end of life care. A group service manager provided support on targets, budgets, quality, staffing and other senior management matters. The registered manager and staff at the service had signed up to the Department of Health initiative called The Social Care Commitment.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.