Ideal Carehomes (Kirklees) Limited

Larkhill Hall

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

This unannounced inspection was conducted on 29 September 2015.

Situated in North Liverpool and located close to public transport links, leisure and shopping facilities, Larkhill Hall is registered to provide accommodation for up to 66 people with nursing and personal care needs. The location has two specialist units for people living with dementia. It is a large three storey property which is fitted with a passenger lift. Each bedroom has its own en-suite facilities.

At the time of inspection 61 people were using the service.

A registered manager was 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. All staff spoke positively about the influence of the registered manager.

Summary of findings

We had received information of concern relating to incidents between people living at the home. The provider had taken appropriate action to reduce or eliminate the risk of further incidents through engaging with external healthcare services, introducing changes to care plans and additional monitoring. People told us that they felt safe living at the home.

Staff knew how to recognise abuse and discrimination and were seen to intervene in a timely and appropriate manner when people showed signs of distress. This reduced the risk of behaviours escalating to a point where personal safety was threatened.

People living at the home had detailed care plans which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

The location had produced a personal emergency evacuation plan (PEEP) for each person living at the home and had conducted regular fire drills and fire alarm testing. Procedures had been assessed by the local fire service.

Accidents and incidents were accurately recorded and subject to monthly assessment to identify patterns and triggers. Accident records were particularly detailed and included reference to post-accident observations and actions taken.

Staffing numbers were adequate to meet the needs of people living at the home. The provider based staffing allocation on the completion of a dependency tool. We were provided with evidence that this information was reviewed monthly and following incidents where new behaviours were observed. The provider recruited staff following a robust procedure.

People's medication was stored and administered in accordance with good practice.

Staff were suitably trained and skilled to meet the needs of people living at the home. The four staff we spoke with confirmed that they felt equipped for the role.

People spoke positively about the food and drink available to them. People were given a reasonable choice at mealtimes. Meals were nutritionally balanced. We sat and ate lunch with the people living at the home. Tables were laid out with table cloths, crockery and cutlery.

Some people used adapted crockery and cutlery which allowed them to eat their food and consume their drinks more independently. Staff were attentive but busy serving and monitoring people.

Most of the people that we spoke with had a good understanding of their healthcare needs and were able to contribute to care planning in this area. For those people who did not understand the provider had identified a named relative to communicate with.

The physical environment and equipment were not fully adapted to meet the needs of people living with dementia. With the exception of bathrooms, colour schemes were bright but lacking in contrast. The arrangement of chairs in the lounges and the colour of their coverings meant that they blended-in and didn't provide the contrast and definition that would benefit people living with dementia.

All of the people living at the home we spoke with said that they were treated with kindness and compassion. Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used language, pace and tone that was appropriate to the individual. Staff took time to listen to people and responded to comments and requests. Staff at all levels demonstrated that they knew the people living at the home and accommodated their needs in the provision of care. All of the people living at the home that we spoke with said that staff listened to them.

We asked people if they had been involved in their care planning and if they were able to make decisions about their care. Some people were unsure what this meant but had family members to represent them. Other people explained how they had been involved and what changes had been made as a result.

Each of the people living at the home that we spoke with said that they were encouraged and supported to be independent. Throughout the inspection we saw people moving around the building independently and engaging in activities of their own choosing. We saw that people declined care at some points during the inspection and that staff respected their views.

Summary of findings

People's privacy and dignity were respected throughout the inspection. People living at the home had access to their own room with en-suite facilities for the provision of personal care if required.

We received conflicting information regarding restrictions on visiting times. Relatives told us that restrictions were in place around mealtimes. The registered manager told us that the times were only a guide because these were the busiest times of the day. They said that people were free to visit at meal times if they chose to.

All of the people living at the home told us that they received care that was personalised to their needs. People's preferences and personalities were reflected in the décor and personal items present in their rooms. Important items and photographs were prominently displayed.

We observed that care was not provided routinely or according to a strict timetable. Staff were able to respond to people's needs and provided care as it was required.

Information regarding compliments and complaints was clearly displayed and the provider showed us evidence of addressing complaints in a systematic manner.

Staff expressed confidence in the registered manager and were supportive of their management approach. We saw evidence that staff were encouraged to be constructively critical and to report errors without fear of repercussions.

We also saw that the views of people living at the home and their relatives were sought and used to develop the service. This was achieved by actively and regularly seeking their views and changing care delivery as a result.

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.

People living at the home had detailed care plans which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

Staff were recruited following a robust process and deployed in sufficient numbers to meet the needs of people living at the home.

Medicines were stored and administered in accordance with best-practice guidelines.

Good

Is the service effective?
The service was effective.

Staff were trained in topics which were relevant to the needs of the people living at the home.

The provider applied the principles of the Mental Capacity Act (2005) meaning people were not subject to undue control or restriction.

People were provided with a balanced diet and had ready access to food and drinks. Staff supported people to maintain their health by engaging with external healthcare professionals.

Decoration in some areas of the building could have been better adapted to the needs of people living with dementia.

Good

Is the service caring?
The service was caring.

We saw that people were treated with kindness and compassion throughout the inspection.

Staff knew each person and their needs and acted in accordance with those needs in a timely manner. People's privacy and dignity were protected by the manner in which care was delivered.

People were involved in their own care and were supported to be as independent as possible.

Good

Is the service responsive?
The service was responsive.

People living at the home and their relatives were involved in the planning and review of care.

People's preferences were reflected in the environment and the delivery of care.

The views of people had been recorded and used to change the way that care was delivered.

Good

Is the service well-led?
The service was well-led.

The registered manager understood their role and responsibilities in relation to people living at the home and other stakeholders and promoted a culture of openness and transparency.

Good

Summary of findings

Staff were encouraged to contribute to discussions about quality and development and were accountable for their own actions.

The provider monitored quality through a robust audit process and introduced changes as a result of findings.

Larkhill Hall

Detailed findings

Background to this inspection

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

This inspection took place on 29 September 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience in residential and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority who provided information. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the home and the staff. We also spent time looking at records, including five care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who had involvement with the service to ask for their views.

On the day of the inspection we spoke with three people living at the home. We also spoke to nine relatives. We spoke with the registered manager and four other staff.

Good

Is the service safe?

Our findings

We had received information of concern relating to incidents between people living at the home. The provider had taken appropriate action to reduce or eliminate the risk of further incidents by engaging with external healthcare services, introducing changes to care plans and additional monitoring. We asked people if they felt safe living at the home. One person told us, "If I wasn't here I'd be on my own and I'd be frightened." Another person said, "We've got plenty of helpers [staff], we have a buzzer at night and they come immediately." A visiting relative told us how the environment and specialist equipment are used to help keep people safe. They said, "There are handrails on the corridors and sensors and a pressure mat in the room." We were taken on a tour of the building and saw that the corridors were wide and free from obstructions. Each had a handrail on both sides and automatic lighting to ensure that areas were well-lit.

We asked people living at the home what they would do if they were being treated unfairly or unkindly. They each said that they would complain to the manager or the senior staff. Relatives also told us that they would speak to senior members of staff or the manager if they had any concerns. All of the staff spoken with gave a good description of how they would respond if they suspected that one of the people living at the home was at risk of abuse or harm. The training showed that all staff had been training in adult safeguarding. Staff knew how to recognise abuse and discrimination and were seen to intervene in a timely and appropriate manner when people showed signs of distress. This reduced the risk of behaviours escalating to a point where personal safety was threatened.

People living at the home had detailed care plans which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses. We saw that risk assessments had been reviewed and care plans amended following recent incidents. In one case it was determined that the home could not continue to meet the needs of an individual and keep them and others safe. This person was supported to find more suitable accommodation. In other cases we saw that the provider sought advice from other healthcare professionals to help manage behaviours and reduce risk. The provider maintained a file with details of safeguarding referrals which were made following incidents. The file detailed the nature of the incident, subsequent investigations and actions taken.

The home had produced a personal emergency evacuation plan (PEEP) for each person living at the home and had conducted regular fire drills and fire alarm testing. Procedures had been assessed by the local fire service. The service was last visited by Merseyside Fire Service in September 2015. No recommendations were made as a result of this visit.

Accidents and incidents were accurately recorded and subject to monthly assessment to identify patterns and triggers. Accident records were particularly detailed and included reference to post-accident observations and actions taken.

Staffing numbers were adequate to meet the needs of people living at the home. The provider based staffing allocation on the completion of a dependency tool. We were provided with evidence that this information was reviewed monthly and following incidents where new behaviours were observed. The home recruited staff following a robust procedure. Staff files contained two references which were obtained and verified for each person; there were DBS numbers and proof of identification and address. There were also notes from the interview saved in each person's file, with a scoring system which showed the reason the person was given the role. We saw evidence that poor performance had been addressed through counselling, re-training and observation by senior staff. This was in-line with the provider's policy and procedure.

People's medication was stored and administered in accordance with good practice. We were told that nobody currently living at the home required covert medicines. These are medicines which are hidden in food or drink and are administered in the person's best interest with the agreement of the prescriber. We saw evidence of good PRN (as required) protocols and records. PRN medications are those which are only administered when needed for example for pain relief. We saw that the provider used body charts to indicate where topical medicines (creams) should be applied. Records relating to the administration were detailed and complete. A full audit of medicines and records was completed weekly.

Good

Is the service effective?

Our findings

Staff were suitably trained and skilled to meet the needs of people living at the home. The four staff we spoke with confirmed that they felt equipped for the role. One person said, "The training is great". Staff confirmed that the training was a mixture of classroom days with practical sessions for moving and handling and first aid. This was followed by shadowing more senior members of staff and then working under supervision on the floor. The training matrix and staff certificates showed that all training was in date and refresher training was booked. The people living at the home that we spoke with told us they thought that the staff were suitably skilled. When asked to comment on staff skills and suitability one relative said, "Yes [they are suitably skilled], they're always having training sessions." All staff that we spoke with confirmed that they had been given regular supervision and had an annual appraisal.

Staff were asked about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) Four of the five members of staff that we spoke with were able to fully explain the basic principles behind the legislation. DoLS is part of the Mental Capacity Act (MCA) 2005. The MCA is a piece of legislation which covers England and Wales. It provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty in a hospital or care home. Assessments of people's mental capacity had been completed. The records that we saw showed that assessments were not generic and were focused on the needs of each individual. We looked at five notifications for DoLS and could see that they had been appropriately completed. The process was well documented.

We sat and ate lunch with the people living at the home. The service operated a four week rolling menu which detailed options for each mealtime and additional items which were available on request. Tables were laid out with table cloths, crockery and cutlery. Some people used adapted crockery and cutlery which allowed them to eat their food and consume their drinks more independently. Staff were attentive but busy serving and monitoring people. Staff wore personal protective equipment (PPE) in-line with good practice for food hygiene.

The meal started with soup and a choice of drinks. People were then given the option of baked potatoes or sandwiches and a choice of fillings. Staff took time to ensure that the person understood the choices. Where people did not express a preference they were provided with sandwiches with a range of fillings. Portion sizes were good and people were asked if they wanted more. We saw that some people did not eat all of their meal. Staff gave people adequate time to finish each course but did not assist those that were slow to finish. We asked the people living at the home about the food. One person said, "The food's excellent." Another person told us, "You have a choice of three or four different things." There was some concern that the soup and the dessert were too hot for some people. This was not checked by staff and may have presented risk to some people living with dementia. We spoke to the registered manager about this. They told us that the matter would be raised with staff and temperatures checked before serving. Each floor had its own kitchen which could be used to prepare food and drinks as requested.

Most of the people that we spoke with had a good understanding of their healthcare needs and were able to contribute to care planning in this area. For those people who did not understand the provider had identified a named relative to communicate with. We asked people if they could see health professionals when necessary. One person said, "Yes, but I need a prescription and couldn't get one at the weekend". Other people confirmed that they could access healthcare professionals when they needed to. A relative told us, "[relative] choked twice and they saved [relative]. They brought the dietician in and [relative] now has a blended diet and thickener in their drinks." We asked people if the staff reviewed their health needs. One person told us, "They always ask every day how I am." The relatives that we spoke with confirmed that they were involved in decisions about changing health needs and that communication was good.

The physical environment and equipment were not fully adapted to meet the needs of people living with dementia. With the exception of bathrooms, colour schemes were bright but lacking in contrast which would have been of benefit to people with visual impairments. The arrangement of chairs in the lounges and the colour of their coverings meant that they blended-in and didn't provide the contrast and definition that would benefit people living with dementia. On the second floor there were some chairs

that were the same colour as the wallpaper. This would make it difficult for some people to differentiate between the two surfaces. There were ornaments placed around the building but nothing that would encourage the residents to touch. There were black and white photographs of old Liverpool to promote discussion and reminiscence.

Good

Is the service caring?

Our findings

All of the people living at the home that we spoke with said that they were treated with kindness and compassion. One person said, "I'd complain if they weren't kind." Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used language, pace and tone that was appropriate to the individual. Staff took time to listen to people and responded to comments and requests. Staff at all levels demonstrated that they knew the people living at the home and accommodated their needs in the provision of care. All of the people living at the home we spoke with said that staff listened to them.

Each of the people living at the home that we spoke with said that they were encouraged and supported to be independent. One person said, "You want to do things for yourself." Throughout the inspection we saw people moving around the building independently and engaging in activities of their own choosing. We saw that people declined care at some points during the inspection and that staff respected their views.

People's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's need regarding personal care. On one occasion we saw a member of staff discretely approach a person living at the home and support them to their room when they needed to change their clothes. People living at the home had access to their own room with en-suite facilities for the provision of personal care if required. Staff were attentive to people's appearance and supported them to wipe their hands, face and clothing when they had finished their meal. When we spoke with staff they demonstrated that they understood people's right to privacy and the need to maintain dignity in the provision of care. A visiting relative that we spoke with said, "They [staff] were brilliant with my mum and dad. They supported them to spend time together."

We spoke with visiting relatives throughout the inspection and saw that the location had quiet areas where they could spend time with their relatives away from bedrooms and lounges. We received conflicting information regarding restrictions on visiting times. One relative told us, "There're certain times we're not allowed in. At breakfast, lunch and tea". This view was confirmed by other visiting relatives. When we spoke with staff regarding this we were told that relatives are asked to avoid visiting at mealtimes if they can because visits can sometimes distract people and stop them eating. The registered manager told us that the times were only a guide because these were the busiest times of the day. They said that people were free to visit at meal times if they chose to.

Good

Is the service responsive?

Our findings

All of the people living at the home told us they received care that was personalised to their needs. One person said "I choose to have a daily shower." Another person told us, "If I want a lie in they keep my breakfast for me." People's preferences and personalities were reflected in the décor and personal items present in their rooms. Important items and photographs were prominently displayed. Display cabinets along the corridor were used show items of interest and relevance to individuals and others living at the home. One person expressed a strong preference for a specific football team. This was reflected in the décor of their bedroom. We spoke about this with staff who told us that they made sure that the person knew when their team was on television.

We observed that care was not provided routinely or according to a strict timetable. Staff were able to respond to people's needs and provided care as it was required. We asked people living at the home if they had a choice about who provides their care. One person told us, "No, anybody that is available". Another person said, "You can't choose, I just ask if there's anyone available so long as it's not a man."

We asked people if they had been involved in their care planning and if they were able to make decisions about their care. Some people were unsure what this meant but had family members to represent them. Other people explained how they had been involved and what changes had been made as a result. The registered manager said that people could choose what time to get up or go to bed and what time they wanted to eat their meals. We saw that one person had chosen to eat their lunch later in the afternoon. Staff wrapped their food and placed it in the refrigerator. Where people did not have the capacity to be consistently involved in care planning we asked relatives how they had been involved. One relative told us, "It [care plan] was reviewed 3 months ago." Another relative said, "We sat down and went through [relative's] needs. People also told us that they felt that the care plans were person-centred and different for each individual.

The provider did not employ an activities coordinator but we saw staff actively involved in organising activities and motivating people to take part. We saw people engaging in chair-based exercises and discussing the visit of an entertainer. We asked people living at the home how they spent their time. One person told us, "I watch TV and choose the channel." Another person told us, "I like knitting, TV and we play games on TV, that millionaire game. We play bingo as well." Relatives told us that there were a range of activities available including, television-based games, knitting, skittles and nail painting. One relative said, "There's entertainment and they had a lot of things at the weekend."

Information regarding compliments and complaints was clearly displayed and the provider showed us evidence of addressing complaints in a systematic manner. All of the complaints that we saw had been resolved and showed evidence that the outcome had been communicated in writing. Some people living at the home were unsure about the mechanisms for feeding back to the provider which included surveys and residents' meetings. We found that the provider had listened to feedback regarding changes to the menu and the need for a 'tuck-shop' and acted to implement changes in the service. We asked relatives about the same subject. One relative told us, "I had a questionnaire once in the early stages and the other day." Other relatives said that they had been asked for their views verbally. We asked how the home had responded to concerns that they had raised. Each of the relatives that we spoke with said they had not had any concerns worth raising with the provider.

Good

Is the service well-led?

Our findings

Staff expressed confidence in the registered manager and were supportive of their management approach. One member of staff told us, "They [registered manager] are really involved." Another member of staff said, "[manager] knows the people who live here very well."

We asked the registered manager about their understanding of the service's culture and their priorities for the future. They described a culture where staff were encouraged to contribute to the development of the location and the quality of care but remained accountable for their actions. We saw evidence that staff were encouraged to be constructively critical and to report errors without fear of repercussions. As an example, the medication compliance sheet requires staff to report on errors identified at the point of handover. This led to people who lived in the home being informed of errors in the administration of medicines and improved levels of accountability for staff.

Staff were able to access regular team meetings where important topics were discussed. These included DoLS, the administration of medication and whistleblowing. Time was also taken to review the minutes from the most recent resident's meeting.

On the day of the inspection the registered manager was highly visible to people living at the home and staff. They were responsive to the inspection team and understood their responsibilities in relation to their registration. The registered manager showed us a detailed file which contained information about safeguarding referrals and the actions taken. The provider had systems in place to drive improvements. They included a process for staff supervision and annual appraisal and a monthly audit which evidenced feedback to the staff team. The staff that we spoke with were able to explain how the service was developing and understood the value of supervision, team meetings and training.

The registered manager was able to explain their role and responsibilities in detail. They told us that they received constant support from their regional manager and the human resources department and were required to attend regular meetings with other senior managers. The regional manager also conducted regular quality audits of the location. The home had a rigorous approach to quality and safety auditing. We saw evidence of regular audits and detailed reports relating to; health and safety, fire safety, water temperatures and maintenance of buildings and equipment. The home had been visited by Merseyside Fire Service and used external contractors for equipment checks where appropriate. In addition the registered manager monitored quality through analysis of compliments, complaints and incidents. The records that we saw indicated that all audits had been completed in accordance with the provider's schedule. We checked to see where actions had been identified and what changes had been made. We saw that requirements and changes resulting from audits were communicated to staff and a record produced to indicate who had been present when the information was shared.