

North Yorkshire County Council

Larpool Lane

Inspection report

1 Larpool Lane
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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 inspection took place on 27 October 2015 and was unannounced. We last inspected this service on 21 January 2014 and found no breach of regulations.

Larpool Lane is a care home providing personal care and accommodation for up to 40 older people. On the day of the inspection 31 people were using the service; six of those were there on a short term break. The service is a purpose built two storey building with level access into the first floor of the building. People lived in single room

accommodation and had access to a large garden and patio areas. The service also provided a memory café to support those people who are living with dementia and others who use the service.

There was a registered manager at Larpool Lane. 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.

Summary of findings

We found that this service was safe. When we spoke to people who used the service they told us that they felt safe. We found that staff had been recruited in a safe way and that there was sufficient staff to meet people's needs. Medicines were administered safely.

People had been involved in planning their care and the care plans were based on their individual needs. Staff had the skills and knowledge required to care for people who lived at this service. They worked within the principles of the Mental Capacity Act 2005.

People said that staff were caring. We saw many positive interactions between staff and people who used the service throughout the inspection. People were spoken to in a friendly, polite and respectful way with a lot of pleasant banter.

People were given clear information about how to make a complaint and we saw that complaints had been dealt with according to the service policy. Activities were organised and there was a memory café attached to the service to support people living with dementia.

This service was well led. Staff felt supported by their manager and through attendance at regular staff meetings. There was a clear management structure at the service. The registered manager monitored the quality of the care provided by completing regular audits.

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?

This service was safe. When we spoke to people who used the service they told us that they felt safe.

If the service kept personal money safe for people this was well documented and audited regularly.

We found that staff had been recruited in a safe way and that there was sufficient staff to meet people's needs. Medicines were administered safely by staff.

Good



Is the service effective?

This service was effective.

Staff were properly trained to carry out the work they were employed to do. They were supported through supervision. The environment was suitable for people who used the service.

Staff worked within the principles of the Mental Capacity Act 2005.

Good



Is the service caring?

This service was caring. Every person we spoke to described staff as caring.

People's dignity was maintained and staff were respectful and polite to people. There was a dignity champions at the service.

We observed positive interactions between people who used the service and staff and there was a friendly atmosphere at the service.

Good



Is the service responsive?

This service was responsive.

We saw that people's needs had been assessed prior to coming to live at the service. They had a care plan which was person centred and focused on their needs. These were reviewed with the person monthly by the key worker.

There was a full programme of activities as well as people being supported in the memory café attached to the service.

Complaints were dealt with in line with the complaints policy and procedure.

Good



Is the service well-led?

The service was well led.

The staff we spoke with told us they felt supported by the registered manager who they felt they could go to with any concerns.

There was an effective quality assurance system in place at the service. The registered manager monitored the quality of the care provided by completing regular audits.

Good



Larpool Lane

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 registered 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 27 October 2015 and was unannounced. The inspection team was made up of one inspector and one expert by experience whose area of expertise was adult social care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before carrying out the inspection we reviewed the Provider Information Return (PIR) which 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 also looked at the notifications we received from the service. We went on to speak with a representative of the local authority quality and contracting team who told us that they had no concerns about this service.

During the inspection we spoke with 11 people who used the service, seven relatives, two care workers, the independent living facilitator who organises activities, a senior care worker, two domestic staff, the cook and two kitchen assistants, the administrator and the registered manager. We observed a lunchtime period and a medicine round, inspected the care plans and risk assessments for four people and looked at their medicine administration records. We visited the memory café which was in an adjacent building.

We also spoke to an advanced nurse practitioner and a care coordinator during the inspection whose feedback is incorporated within the report.

Is the service safe?

Our findings

We found that this service was safe. When we spoke to people who used the service they told us that they felt safe. One person said, "Yes I do feel safe. I am not on my own now and I can get help when I need it" and a second person said "Very safe indeed. I have my buzzer and get a quick response when I press it. Staff come quite quickly." A relative told us, "I am so pleased (name) is in here. I know he is safe and well looked after. I am really pleased with the support he gets."

We found that staff had been recruited in a safe way. When they applied to work at the service they provided two references and checks were carried out with the Disclosure and Barring service (DBS) to check that they were suitable to work with people who used the service. The DBS checks assist employers in making safer recruitment decisions by checking that prospective care workers are not barred from working with certain people and whether or not they have a criminal record. They did not start work until these checks had been carried out.

There was sufficient staff on duty on the day of our inspection to meet the needs of people who used the service. The rotas we looked at showed us that staff numbers were consistently sustained. One relative told us, "I think there are enough staff. My aunt gets the attention from staff she needs and when she wants it. I see no problems at all. She is kept safe and happy and that is all we need to see." A person who used the service confirmed this saying, "We never have to wait long for staff to help us. Staff will help us at any time." We saw that relief staff could be used if there was sufficient notice given which meant that there was some consistency within the staff team so that people who used the service knew staff.

The registered manager was aware of their responsibilities in protecting people from abuse. When there had been any concerns the registered manager had appropriately notified the local authority who takes the lead role in investigating any suspicion of abuse. When we spoke with staff to check their knowledge of the procedures they were able to describe the process they would follow to make an alert. There was a policy and procedure available to staff for reference. People who used the service could be confident that staff knew what to do if they suspected abuse.

We checked care planning documents and saw that risk assessments were in place and found that the risk assessments were clearly linked to the persons identified need. For instance there were risk assessments in place when a person had problems eating. Staff used a malnutrition universal screening tool (MUST) and from the results determined the level of risk. This led staff to take actions to lessen the risk which were all recorded in people's care plans. There was information in people's records highlighting any specific conditions with management plans. We saw that one person had diabetes and there was clear information for staff to follow about recognising when the person's blood sugar was too high or too low and what they should do. When we questioned them, not all staff could not tell us how they would recognise these conditions. However, others could and when we spoke with people who used the service they felt confident that staff knew what to do in an emergency situation.

When we walked around the service we saw that the environment was clean and tidy. Corridors were not cluttered and doorways were clear. An infection control audit had been completed which looked at all areas of the service and identified areas for improvement. Staff had an infection control policy and procedure to refer to if necessary. We noticed an area of malodour within someone's room. When we spoke to the domestic staff about this they decided to clean the area whilst we were in the building.

There was a fire risk assessment and regular checks of fire alarms and firefighting equipment and safety checks of mains services such as gas and electricity had been carried out and were up to date. Equipment for people who used the service such as hoists were maintained regularly. There were Albacmat rescue mats throughout the house which are designed to assist people who have problems with mobility to be evacuated safely in the event of a fire. There were emergency plans in place for all individuals. For example, people had personal evacuation plans telling staff how to support individuals in the event of fire. This meant that people could be sure that the registered manager was doing everything possible to maintain a safe environment.

Senior care workers administered medication and we saw that they did so safely. Medicines were received, stored and disposed of correctly and there were records of each action

Is the service safe?

which meant that people's medicines were managed safely. Staff who administered medicines audited boxed tablets allowing any errors to be identified quickly. Staff asked people if they needed, 'when required' medicines and recorded these separately. There was clear information on the side effects of 'when required' medicines but no information about why they were being given which would give staff clear guidance about why they should administer these medicines. However, staff were able to explain why the people needed them and this was confirmed when we checked care plans.

Staff were trained to administer medicines twice a year and competency checks were carried out. Any medicine errors were investigated and this always resulted in staff having to be retrained. A medicine audit had been completed with no major areas of concern highlighted.

We were shown records of the money and personal effects kept by the service. These were recorded clearly and the balance of any monies checked weekly. There were three copies of any records of property which were given to the family, the person who used the service and one was kept by the service. We audited the money and record of three people and found them to be correct. There were clear audit trails which ensured that people's money and property were stored and administered safely.

Is the service effective?

Our findings

We found that the service was effective. People who used the service told us that staff were competent and knew what they were doing. A relative told us, “I feel (relative) needs are being well met. Staff now know and understand (relative) and treat him accordingly.”

People told us that staff had the skills and knowledge to provide the care they needed. One person told us, “These staff have been trained and know what they are doing. “We saw that staff had been trained in subjects such as safeguarding adults, Mental Capacity Act 2005, dementia awareness, equality and diversity, moving and handling and other subjects.

Staff were trained and supported at this service. All the staff we spoke with had completed an induction period when they started working at this service. The staff with whom we spoke told us they had national vocational qualifications in care at levels 2 and 3 which are nationally recognised qualifications showing that you have the knowledge required to deliver care to a required standard. Staff told us that they were encouraged to do training to support their roles and received pay whilst they were training. This demonstrated the provider’s commitment to developing their work force.

Staff received supervision regularly and one care worker told us, “Yes I have supervision where we talk about my key worker clients, my attendance, any concerns I have and my training and development needs.” Supervision is a regular one-to-one meeting where there is a dialogue between the manager and the member of staff. It is concerned with monitoring work, discussing problems, developing solutions, and looking at training and development needs.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that it was. There had been no authorisations to deprive someone of their liberty at this service. We saw clear evidence in people’s care plans that consent had been sought for different activities. Staff had received training in MCA and DoLS. Although not all staff were able to explain the principles of the MCA clearly, after speaking with people who used the service and their relatives we felt that staff were working within the principles of the MCA. One member of staff told us, “We are asked to do training that makes sure we know what we are doing. My last training was on Deprivation of Liberty. It is such an important matter, particularly to our people. In the end you have to keep people safe.”

The staff used assessment and monitoring tools such as the malnutrition universal screening tool (MUST) to identify changes in people’s health and wellbeing so they could quickly access appropriate health, social and medical support when needed. We saw that staff had used the MUST in order to determine whether or not they were eating enough to maintain their health. Staff told us that if people consistently lost weight to such a degree that they were at risk, according to the MUST tool, they would report to a senior care worker. They would then speak to the person’s GP to determine what additional care they needed.

We spoke with an advanced nurse practitioner who was visiting the service and they told us, “I have no problems with this service. The staff call when they need a visit for someone and they give me the information I need. If they don’t have the information to hand they know where to access it.” A person who used the service told us, “I have the Community Nurse call to see me and do my dressings for me. You get well looked after in here. If you need to see the doctor then she comes.” This demonstrated the effectiveness of staff in seeking medical help when it was required.

The environment was suitable for the needs of people living or staying at the home. There was a lounge area on both floors although most people chose to sit in the first floor lounge or in seating areas on the first floor. There was

Is the service effective?

a passenger lift to enable access around the service. The kitchen and communal areas of the service were spacious, uncluttered and very clean. There were wide corridors to facilitate the use of walking aids or wheelchairs where required and toilets and bathrooms were situated throughout the service. There were pictorial notice boards throughout the service telling people who was on duty, a soup recipe with pictures of people from the service making the soup and information boards.

Most of the people who used the service spoke enthusiastically about the meals saying they were pleasurable. People could sit where they wished to eat their meals in the dining room but said they had got used to sitting with the same people. Some people preferred to have their meal in their room and staff happily supported them.

One person said, "I enjoy mealtimes. I tend to sit with three people who are now my friends. We get plenty to eat and we can always choose to have a sandwich if we don't want what is on the menu; it does not happen often." And another said, "I have my meals in my own room. I prefer it that way. I don't have any objections about other people sitting in the dining room; it is just how I am and the way I prefer it to be."

Mealtimes were observed to be sociable occasions in a very spacious, attractive dining room where people chatted throughout the meal and clearly enjoyed the food which looked and smelled very appetising and fresh, with good portion sizes. All the tables were set properly with condiments available. Staff were attentive to people's needs and maintained the dignity of those who experienced difficulty in a very discreet way. The kitchen staff told us that snacks and fruit juices, tea and coffee was served and available throughout the day. They told us that there was a kettle and coffee machine available in the dining room and they tried to encourage people to get their own drinks.

Each person's menu was collected the day before but if the person had changed their mind they could have other options of their choice. If a person did not want to eat at the set times then care workers had access to the kitchens at all times in order to provide alternative meals and snacks. Kitchen staff were clear about people's dietary requirements and they checked details with staff each day to ensure that people's needs were catered for appropriately.

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Is the service caring?

Our findings

Without exception all the people who used the service we had spoken with told us they felt that staff were very kind and compassionate towards them. They also said that staff treated them with respect.

We observed that there was a friendly atmosphere between staff and people who used the service and saw many positive interactions. One person who used the service told us, "I have always been treated with kindness and respect by the staff; they are wonderful people who care about us. They asked if I wanted to be called Mrs or by my Christian name. I call them by their first name and they do me too. I like it that way" and another said, "If you could find kinder people then I would like to meet them. These staff will do anything for you, really kind and helpful; they listen to you and have always been respectful." A relative told us, "I could only give the staff ten out of ten. Always kind and yes, compassionate. I have always seen (name) treated with respect and kindness."

People were able to receive visitors whenever they wished and told us, "I have my family visit several times in the week. They do feel welcome in coming. Staff always offer a cup of tea and a biscuit when they come" and "I have visits from both my family and old friends. Everyone is made to feel welcome. They can come anytime they want to, but usually avoid mealtimes." A care worker told us, "We are always pleased to see family and friends come to see our residents. It is their home and they have a right to see who they wish to see and as often as they wish too."

People were treated with respect and their dignity maintained. They said the care they received was given by kind, thoughtful, respectful care workers who allowed them to retain their dignity. One person told us, "At first, I felt I would lose my dignity. I was, however, treated with such respect that I quite soon was able to accept staff having to wash me and help with my hygiene." A second person said, "I have only been here a few months. The staff are really very good at respecting the fact you like to do as much as you can for yourself and a third said, "The care, respect and the fact I can retain my dignity means a great deal to me. Personal care is just that – Personal."

There were dignity champions who took on a lead role within the staff team to provide challenge where staff needed to be challenged. There was also a dignity group which was made up of amongst others the independent living coordinator, a senior care worker, a domestic and a cook. This group looked at good practice ways to develop further good practice within the service. We saw throughout our visit the work of this group reflected in practice through the way in which staff treated people and from the comments that we received from people.

We saw the results of a survey of people who used the service which were positive. One person had commented that, "Staff speak politely all the time." A care coordinator we spoke with told us that they always received positive feedback from people who used the service and their families about the service. They said, "I walked into the dining room last week; the atmosphere was lovely; everyone interacting with several care assistants talking to people and people talking to each other. People are well cared for."

Is the service responsive?

Our findings

Before people became resident at Larpool Lane an assessment was carried out by the registered manager or a senior staff member to ensure that the service was able to meet that person's needs. One person told us, "I was visited by the Manager and with my son and daughter-in-law we agreed the help I needed."

We saw that people were involved in developing their care plans. One person said, "When I first came in they involved me and my daughter in the Care Plan" and a relative told us, "I was involved from the beginning in her Care Plan and she gets the help she needs." We saw that the care plans reflected people's needs and had associated risk assessments in place. Each person's care plan contained information that was personal to them. For instance one person had specified that they wanted a newspaper delivering each day and an early morning cup of tea as well as what support they needed to eat and drink. This enabled staff to identify people's preferences.

We saw that the care plans were reviewed monthly by the key worker and there was evidence of some reviews by the persons care co-ordinator. A care coordinator is employed by the local authority to assess a person's care needs and to develop a care plan. One member of staff who was a key worker told us, "I review care plans and risk assessment's every month." This was a means of keeping track of peoples changing needs and recording them.

People were allocated a key worker when they arrived who supported them during their first weeks and beyond. A key worker is a member of staff who works closely with people who use the service and their families to provide support and a point of contact.

There was an independent living facilitator employed at the service. This is a person who supports people to access group or one to one activities. One person who used the service told us, "We have a marvellous girl who does activities with us. We are taken out in the bus if we want to go; we get fish and chips. We have a run out in the bus, it makes a nice change. We have a singer comes in also visits from ponies, make cards and do all kinds of activities. We are kept occupied."

People were encouraged to maintain hobbies and interests and one person who used the service said, "I love reading; I

have done so since I was a child. I enjoy autobiographies and the good old classics. I am never lonely or without a good book to read. "Another person told us, "I like going to my church. I have visitors who come for me and I have a bit of time out." A third person said, "Plenty of things to do and make, staff who care about you, and family and friends made very welcome." We did see from the results of the survey for people who used the service that several people said, "The days lack activity" but no-one we spoke with repeated this sentiment on the day of the inspection.

The service had opened a memory café in an adjacent building and it was open during the afternoon of the day of the inspection. The Independent Living facilitator ran the café and organised activities there. Although initially set up to support people living with dementia it soon became a favourite place for the majority of people who used the service. There was a dementia group at this service of which the Independent Living Facilitator was a member.

The Independent Living Facilitator was very skilled in engaging with everyone during the activity session and retained their interest. It was obvious to us how much people had enjoyed the session. The coordinators ability to maintain a long session with so many people taking part, happily chatting together and completing the tasks they were undertaking was commendable.

People told us that they were encouraged by the registered manager and staff to maintain their relationships with their families and friends which they did. This reduced the risk of social isolation for people and maintained their wellbeing. One person told us, "We can have family or friends visit us when we want them too. They are able to have a meal with us if they want it. My family visit me often and they always feel welcome." The service had its own transport if people wished to go further afield.

Leaflets outlining how people could make a complaint were given to people who used the service and were displayed in the entrance. There had been three recorded complaints made to the service in the last twelve months which were all dealt with within 28 days. We saw records of the complaints and actions taken for the complaints. There was a corporate complaints policy and procedure for people to refer to and complaints about the service were discussed at staff meetings which encouraged learning amongst the staff group.

Is the service well-led?

Our findings

Staff told us that they were well led by an experienced manager and they were supported by them in their roles. They said, “They do support me although I’ve never had a major problem” and “Yes, very much so. They are really good and understanding.” A third member of staff said, “A really good Manager who cares about both the residents and the staff. I enjoy working here because everyone gets on with everyone else. The atmosphere is good. Everyone works as a team which is good for the people we care for.”

Staff told us the registered manager always acted on any concerns they reported. We could see that appropriate notifications had been made to CQC which meant that the registered manager was fulfilling their legal responsibility in notifying CQC of any events which affected or may affect the people who used the service. We saw that the staff worked well together and approached the registered manager and senior workers throughout the day to ask for advice or guidance.

There was a clear management structure at the service. The staff we spoke with were aware of the roles of the management team. During our inspection we spoke with the registered manager. They were able to answer all of our questions about the care provided to people. They were known by people who used the service and people obviously felt comfortable approaching them for advice or support.

We saw that the registered manager was keen to improve the service and was keen to show us the memory café which was a more recent innovation. On the day of the inspection they told us that they had temporarily limited the number of people who could live at the service to 38 and had refused two emergency admissions that week as they were unable to meet their needs at the present time. There was no staffing tool to determine what staffing should be in place which may have helped the registered manager to evidence their decisions more clearly. They demonstrated integrity and leadership in dealing with short term staffing issues and made sure that no one was put at risk because of the situation.

The registered manager monitored the quality of the care provided by completing regular audits. These included audits of medicines, mealtimes and infection control. They created action plans for improvement, when improvements were needed. An annual service improvement development plan was in place with actions identified, by whom and with a target date. Where guidance was needed the registered manager and senior staff showed knowledge of good practice guidance.

The registered manager told us that they attended meetings with other managers across the provider group with the nominated individual from the organisation to focus on the sharing of practice. North Yorkshire County Council, who is the registered provider, also has a share point website where managers can share good practice and any tools which help to maintain and enhance the registered manager’s knowledge and skills.

Relatives were consulted about their views of the service. One person told us, “I gave feedback in respect of the care my dad was getting. I could honestly say his care was first class. It shows good care and good management.”

We saw copies of the minutes of the most recent staff meeting. They were held monthly. Staff told us the meetings were an opportunity to share new ideas and raise any concerns. We saw that the last meeting had looked at required training and discussed staff vacancies. There were also meetings for people who used the service. We saw that the last meeting had held discussions about activities, choices of food people would like to see on the breakfast bar and food choices for the menus had been requested by the cook. These meetings gave staff and people who used the service a voice and enabled them to contribute to the running of the service.

There was a system in place for recording accidents and incidents. This meant there was a clear record of any incidents that had occurred. We saw these were properly recorded and any trends identified. These were discussed at staff meetings in order that the staff learned from them.