

H Plus Care Ltd

Larchfield House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Larchfield is a care home with nursing that provides care and support to people living with dementia. At the time of our visit there were 53 people living in the home.

The registered manager has been in post since February 2016 but was not present during our visit. 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.

The most recent comprehensive inspection of the service was on 23 & 24 July 2015. We found care and treatment was not always provided in a safe way. The service did not have effective communication systems used to improve the quality and safety of the service and did not take in account the experiences of people. Audits undertaken were not effective as they did not clearly evidence the outcomes of action taken. The service did not notify the Care Quality Commission (CQC) without delay of Deprivation of Liberty Safeguard application that had been approved by supervisory bodies. The service was not meeting the requirements of the regulations at that time and was rated, 'requires improvement' in all areas inspected.

Since our last visit in July 2015 we found the service had made some improvements. However, there is still a need for further improvements required in the areas of safe, effective and well-led.

We found areas for further improvements required in this visit in regards to safe included care records. These were not consistently accurate; did not have sufficient details or were being not followed by staff. When medicines errors occurred the service did not respond appropriately. Safer recruitment practices and procedures were not consistently being followed. For instance, the service did not consistently ensure potential candidates completed medical health questionnaires to evidence their fitness to work. We have made a recommendation for the service to seek current legislation in regards to the completion of recruitment processes.

We found areas for further improvements required in this visit in regards to effective related to the service not ensuring registered nurses had completed the necessary medicine competency assessments. These assessments ensure registered nurses are competent to administer medicines. Where best interest meetings took place, these meetings evidenced how decisions were made in regards to people who did not have the capacity to make specific decisions, we saw no involvement from other health professionals and people's next of kin. Changes in best interest decisions were not always reviewed for their effectiveness. This meant the service was not working within the requirements of the Mental Capacity Act 2005 (MCA).

Although the service provides specialist dementia care, there was no clear evidence of what specialist dementia care was on offer. This was reflected in the staff training records reviewed.

We found areas for further improvements required in this visit in regards to well-led related to quality assurance systems which were not always monitored, or reviewed for their effectiveness. For instance, systems in place to ensure staff had received all relevant training failed to capture whether all registered nurses' had completed their medicine competency assessments. There were no effective system in place to ensure the accuracy of care records and whether they contained sufficient information.

People said they felt safe with the care provided and knew what to do if they had concerns. Staff had attended relevant training and demonstrated a good understanding of how to keep people safe from abuse. Risk management plans were in put in place when risks were identified. These clearly outlined what staff needed to do to minimise the risks.

We observed there was sufficient numbers of staff to provide care and support to people; this was supported by our review of staff rosters and people's dependency needs records.

People received care and support from staff who received appropriate induction; supervision and appraisal. This was supported by our reviews of staff records and what staff had told us. Staff demonstrated a good understanding of how to work with people who were unable to make specific decisions.

People's meal times were reasonably spaced and given at the appropriate times and they were supported to have enough to eat and drink. People spoke positively about their dining experience. This was supported by care records which showed people's nutritional and hydration needs were being met.

People and their relatives spoke positively about the delivery care and how staff interacted with them. They said staff involved them in the planning and delivery of care; promoted their independence and supported them to make choices. Staff had established good working relationships with the people they supported.

Admission assessments ensured the service captured essential information about people in order to establish what their care and support needs were. People said staff were responsive to their needs and review of care meetings enabled them to communicate if changes in care provision were required.

People and their relatives knew how to raise concerns and the complaints log evidenced all complaints received was responded to in line with the service's complaint policy and procedure.

People's social needs were met. The service was in the process of improving the activities on offer for people who were restricted to their rooms.

People and their relatives felt the service was well managed and acknowledged the improvements that had been made to date. Staff felt management was approachable and gave them to opportunity to give their views at team meetings. The service sought feedback from people.

Before our visit the management team had carried out a number of internal audits of the service and had already identified some areas of concern that we had found during our visit. We reviewed their 'plan of action following the internal audits visit for January/February 2016' which showed what actions were required; the individuals responsible for them and dates the task had to be completed. This showed the service acknowledged further improvements were required and were taking action to address them.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

There were aspects of the service that were not safe.

People did not always receive safe care as care records did not have sufficient information to guide staff on support they required.

People were at risk as medicine errors were not responded to appropriately by the service.

People said they felt safe in the service and knew what to do if they had concerns.

Is the service effective?

Requires Improvement ●

There were aspects of the service that were ineffective.

People could not be confident that their medicines were being administered by staff who were competent to do this task. This was because the provider had not completed essential medicine competency assessments. This meant there was a potential for them to carry out unsafe practices.

The service did not act in accordance with the MCA 2005 as best interest meetings that took place did not evidence any involvement from people's next of kin or other health professionals.

People benefited from sufficient numbers of staff to provide them with care and support.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the delivery of care and how staff interacted with them.

People and their relatives said staff promoted their independence and supported them to make choices.

Staff had established good working relationships with the people

they provided care, treatment and support to.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs

A review of care plans and risk assessments showed they were regularly reviewed and kept up to date.

Relatives said they knew how to raise a complaint but had no concerns about the service.

Is the service well-led?

Requires Improvement ●

There were aspects of the service that were not well-led

Quality assurance systems which were not always monitored, or reviewed for their effectiveness.

People and their relatives felt the service was well managed and acknowledged the improvements that had been made to date.

Internal audits undertaken by management before our visit showed the service had recognised further improvement were required.

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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 checked 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 was an unannounced inspection which took place on 29 February & 4 March 2016. The inspection team consisted of an inspector, a pharmacist, a specialist advisor on the care of pressure ulcers and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

We looked at the provider information return (PIR) which the provider sent to us. 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 also looked at all the information we have collected about the service.

We were unable to speak at length to some of the people who used the service, due to their capacity to understand. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We spoke with 11 people, eight relatives of people who used the service; operations manager; deputy manager; clinical nurse lead; three registered nurses; one senior care worker; three care workers and two activity co-ordinators. We looked at five care records; five staff records; seven medicines administration records and records relating to the management of the service.

Is the service safe?

Our findings

At our previous inspection on the 23 and 24 July 2015 we found care and treatment was not always provided in a safe way. Medicines were not administered in line with the medicines policy and fire extinguishers were observed not to be in their appropriate place. We served a requirement action in respect of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this visit people and their relatives said medicines were administered promptly. A recent resident and relative's survey noted 90% of people and their relatives felt medicines were administered on time. One person commented, "I am always uneasy about taking medicines but staff give them to me at the right time."

People still did not receive medicines in a safe manner. This was because protocols for the administration of 'as required' medicines and topical medicines (for example, creams and ointments) were not used consistently in the service. Medicine records did not always contain sufficient detail to ensure that people received medicines as prescribed. For instance, we saw four charts for creams that did not contain the frequency of administration or where to apply the cream. We noted one 'as required' protocol that had different directions to the medicine administration record (MAR). This meant that the person it related to could have received too much medicine.

We reviewed the MAR charts and care plans for two people who were insulin controlled diabetics. Their blood sugar levels were monitored regularly and recorded on their individual charts. Diabetic care plans were in place for both people but the information in them did not give sufficient detail as it did not tell registered nurses what to do for high or low blood sugar readings or how frequently to monitor blood sugars. This meant the service did not ensure there was sufficient detail in care plans to enable staff to care for people who were diabetic safely.

People were placed at risk of unsafe care as staff did not always follow the proper and safe management of medicines. We noted medicines that were not packaged in a monitored dosage system (MDS) but were counted at each administration and the quantity recorded on a sheet. We saw four examples of the quantity recorded on the sheet being different to the quantity in stock. One registered nurse said they had noticed the discrepancy but the form had not been amended to the correct balance. We did not see evidence of the error being reported. This meant staff did not always follow policy and procedure that related to the recording of medicines and reporting medicine errors.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safer recruitment practices and procedures were not consistently being carried out to ensure people were protected from unsuitable staff. This was because the service did not consistently ensure potential candidates who applied to work for them explained gaps in employment on their job application forms and medical health questionnaires to ensure staff's capability to work were not always completed. This was

found in three of the staff files reviewed and meant the service could not provide satisfactory evidence for those staff members' conduct in previous employment, as well as if there were any physical or mental health conditions which would impact their ability to work safely.

We recommend the service seek guidance on how to ensure recruitment processes are completed in line with current legislation.

Medicines were stored at the correct temperatures in secure medicine trolleys, treatment rooms and refrigerators.

Medicines that required additional controls because of their potential for abuse were stored appropriately within the treatment rooms. When these medicines were administered the records showed the signature of the persons who administered the medicines and witnesses signatures. We noted stock checks were completed twice a day.

Fire extinguishers were kept in their appropriate place except on a unit which was identified as potentially problematic due to people whose behaviour challenged staff. After an incident, the service sought advice from the Royal Berkshire Fire Service (RBFS) in regards to whether they could store some fire extinguishers under one of the nursing stations. We reviewed the letter sent to the service from the RBFS which confirmed their support of the service keeping fire extinguishers at one of the nursing stations to ensure people and staff were kept safe.

People told us they felt safe living at the home and relatives spoken with supported this. For example one person stated, "I am not mistreated". A relative explained how staff ensured their family member was kept safe. "X's bed has been lowered to prevent harm just in case they were to fall out of bed."

People were protected from abuse because staff were well-trained and fully understood their responsibilities in regards to safeguarding. Staff were knowledgeable and explained safeguarding procedures and what they would do if they felt issues were not being dealt with. For instance one care worker commented, "We have completed safeguarding adults training. If we see something suspicious we have to report it immediately for example, bruises or changes in behaviour. I would report it immediately to the nurse." This was supported by a review of staff training records and the service's training matrix.

Staff discussions with us about how to keep people safe from abuse were found to be in line with the service's safeguarding adults and whistleblowing policy and procedure (this refers to procedures staff should follow if they wanted to report unsafe practices). We noted the Local Authority's multi-disciplinary safeguarding adults policy was also accessible to staff. Staff had signed to confirm they had read and understood the policies.

There were sufficient numbers of staff to keep people safe and meet their care needs. This was observed during our visit and supported by a review of staff rosters. The 'Larchfield 'residents and relatives' surveys dated January & February 2016 showed 90% of people and their relatives felt there were enough staff to keep people safe. For instance one staff commented, "I believe there is enough staff to cover shifts. Staff are flexible and are willing to work extra hours." We reviewed staffing levels records relating to people's dependency needs and found they were regularly reviewed.

The service carried out Disclosure and Barring Service (DBS) checks. These help employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. Staff who had recently started working for the service said they were unable to commence work before background checks

were completed. We reviewed their staff files which confirmed this.

People's behaviour care plans were in place and recorded how incidents or unusual behaviour that might challenge staff or people, who lived in the service, had to be managed. These were reviewed and actions required or taken by staff were documented.

People had individual risk assessments which showed identifiable risks and what action staff should take to minimise them. These covered areas such as risk of pressure sores; falls; malnutrition or dehydration. We saw appropriate action was taken by staff in response to these risks; they were regularly reviewed and kept up to date.

Personal emergency evacuation plans were in place for people. This ensured people could be safely evacuated from the building in the event of an emergency.

People were safe from infection because staff ensured they used the appropriate personal protection equipment (PPE) and followed correct infection control procedures. This was observed during our visit. A notice was clearly displayed in the reception area for visitors which encouraged them not to visit if they are unwell, to wash their hands before and after visits and to speak with staff before bringing food or flowers. This was to ensure people who lived in the service were kept safe from infection. One staff commented, "We have to put on gloves on in between tasks and wash our hands and wear aprons." The staff training matrix showed 75% of staff had undertaken the relevant training and highlighted staff who were booked to attend infection control training.

Is the service effective?

Our findings

At our previous inspection on the 23 and 24 July 2015 we found there was no evidence of supervision meetings held with staff which looked at their personal development and training needs. We served a requirement action in respect of a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care records did not always reflect how consent was sought and how decisions were made for people who could not make specific decisions. People did not always have their meal times reasonably spaced and at the appropriate times.

During this visit we reviewed staff files and found staff's personal and development needs had now been addressed. Records noted regular supervision meetings had taken place to review staff personal development and training needs. These took place on a regular basis and detailed how staff were being supported. Staff told us they felt supported and found these meetings beneficial. One staff member commented, "I receive regular supervisions and find my line manager very supportive."

Staff training records and the training matrix showed staff had undertaken the service's essential training. However, we did not see evidence of medicine competency assessments undertaken by registered nurses. These assessments were undertaken to ensure registered nurses were competent to administer medicines. One registered nurse told us that they had not received a competency assessment at the start of their employment. We asked management to provide us with evidence of competency assessments for all registered nurses. They were unable to show evidence of this during or after our visit. This meant people could not be confident registered nurses would be able to administer medicine effectively on a consistent basis.

Larchfield is a home which specialises in dementia care. Although the majority of staff had undertaken the service's essential dementia awareness training. There was no evidence of advance dementia training offered to staff to show the specialism on offer. For example, memory boxes were positioned outside people's rooms. These contained objects that helped to provide opportunities for conversation and mental and emotional stimulation which could benefit people who suffered from memory problems. We observed a majority of the boxes had no objects in them. Staff meetings notes did not evidence how management gauged staff members' understanding of the dementia training received as well as all the training they had completed. This meant people living with dementia could not be confident they would receive care that was specific to their needs as the training provided was not regularly assessed for its effectiveness.

People's rights were protected in some aspects. Staff understood the issues of consent and mental capacity and was able to competently demonstrate their understanding. Care records reflected the decision making process such as whether bedrails should be installed or medicines should be administered covertly. Covert medicines relates to the administration of any medical treatment in a disguised form. One relative confirmed they had agreed for their family member's medicine to be administered covertly and commented "Otherwise they would just spit them out."

However, best interest meetings which evidenced how decisions were made in regards to people who were unable to make specific decisions, were only signed by the registered manager, with no evidence of multidisciplinary team meetings or involvement of next of kin recorded in them. Best interest decisions were not reviewed to reflect changes in people's circumstances. For instance, we spoke to a registered nurse about one person whose care record stated they received their medicines covertly. We observed the registered nurse had administered the medicines overtly. The registered nurse said that when they had started working on the unit they was not aware the person's medicine had to be administered covertly so they administered medicines overtly and this presented no problems for the person so they continued to administer in this way. This meant the service was not working within the requirements of the Mental Capacity Act 2005 (MCA).

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the provider's compliance with the Deprivation of Liberty Safeguards (DoLS). This included decisions about depriving people of their liberty so that they get the care and treatment they need, where there was no less restrictive way to achieve this. We found the registered manager had submitted DoLS applications appropriately to the local authority.

People's meal times were reasonably spaced and given at the appropriate times and they were supported to have enough to eat and drink. This was observed during visits to two of the units during the lunch time period. People spoke positively about their dining experience we heard comments such as, "The food is alright...I have enough to eat", "We get three or four meals a day", "The food is fairly edible", "The food is perfectly edible. Big breakfasts; cereal, sausage, eggs, beans and then more! They have special diabetic biscuits available and sweetener", "The food is much better and my friend is eating much better" and "There's a main meal but I eat what they give me. I know I can choose an alternative meal if I want."

Care records captured people's nutritional needs; nutritional screening assessments undertaken were regularly reviewed and up to date and people's dietary preferences. These care records gave staff specific instructions on how to ensure people's nutritional and hydration needs were met. Food and fluid intake charts reviewed were up to date. A certificate was displayed which showed the service had been given the highest rating for food and hygiene by the local authority. This meant the service's standards for food and hygiene was very good.

People and their relatives felt staff were experienced and skilled to provide care and support. Comments included, "Staff are good and do their best for me", "A lot of the staff are foreign; Eastern European. It's surprising how quickly they pick up enough idioms to be able to communicate...", "Every time you ask them (staff) something they do it..." and "I find (the service) quite remarkable. I visit most days. The carers are very kind and attentive. They often have provocation from residents but I've never seen them act in unprofessional ways."

The service provided support to enable people to have access to healthcare services. Professional visit record sheets captured visits from various health care professionals and evidenced how people's health needs were being met.

Is the service caring?

Our findings

At our previous inspection on the 23 and 24 July 2015 we found the service had not provided staff with appropriate training in regards to end of life care. We made a recommendation for the service to find out more about staff training, based upon current best practice, in relation to end of life care.

During this visit we found, people could be confident they would be cared for and supported when they reached the end stages of life. This was because staff had undertaken the training, a review of staff training records confirmed this and care plans recorded people's wishes. The service had an end of life policy and procedures in place for staff to follow, this was up to date.

People and their relatives felt staff were caring. We heard comments such as, "We say thank you for how they look after us", "I have just moved in but staff have shown patience", "They're kind...", "I find the home to be quite remarkable. I visit most days. The carers are very kind and attentive. The staff are very good to me; they make an effort to be friendly", "The carers are lovely. You couldn't wish for better. They do bend over backwards" and "I never find (X) dirty....They are good to (X) and they are good to the others too. I am here all the time so I see everything."

We observed staff being caring and compassionate throughout our visit, there was positive interaction between people and the staff who provided care, treatment and support to them. Staff listened attentively when people spoke to them and showed genuine concern when people became upset.

Staff had established good working relationships with the people they supported and demonstrated a good understanding of their care needs. This was evident in our discussions with staff which was supported by what was recorded in the care records reviewed. One staff member commented, "It's so important for care workers to get to know people." Another staff member commented, "You do your best when you know the residents very well."

People and relatives said they were involved and supported in planning and making decisions about their care. One person commented, "I expect to be involved and I have been able to do that." A relative commented, "We have free access to care records and can see what care is being delivered." Relatives told us staff always kept them up to date with the care that was provided. This was evidenced in care records reviewed.

People said staff promoted their independence and supported them to exercise choice. For instance, some people were seen moving around the service independently. A relative when speaking about the positive effects the service had on their family member commented "There's a stark difference in X's behaviour since they moved into the home. They were quite restricted before but now they can freely walk around." Another person commented, "I try to do things on my own." We observed staff giving people options and choices of whether to listen to music or not and if they wanted their windows opened. One staff member commented, "Some people can express themselves and choose what they want to eat or wear. This was supported by one person who stated, "I am given choice to wear what I want, but staff helps me to dress."

People were treated with respect and their dignity was preserved. We observed doors were kept closed when personal care was being carried out and staff knocked on people's door and only entered once given permission.

Is the service responsive?

Our findings

At our previous inspection on the 23 and 24 July 2015 we found pressure relieving mattresses used to prevent people getting pressure ulcers, were not set at the correct weights. We served a requirement action in respect of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meaningful activities did not always meet the needs of people who received care. We made a recommendation for the service to seek current guidance on meaningful activities that promoted people's health and well-being.

During this visit we found pressure relieving equipment was being used correctly. Pressure relieving mattresses were set at the correct weights and were regularly reviewed. Care records showed people who were identified at risk of pressure ulcers. The identified risks were regularly reviewed and care records documented appropriate measures were taken by staff. This included people being referred to relevant health care professionals to see how the risks identified could further be reduced.

People were supported to follow their interests and take part in social activities. We found significant improvement had been made in this area. Relatives and friends of people who used the service gave positive feedback. We heard various comments such as, "They (staff) do their utmost to make life interesting; a young man provides the entertainment. Pupils from a local music school came to play a selection of different instruments recently and they have singers....The new owners are trying to do more; they get the carers to join the residents in some of the entertainment", and "The activity co-ordinator is exceptionally good.....they have helped me and my friend plant a little garden patch outside of my friend's window... (My friend) says "This is my home".

The activity co-ordinator demonstrated a good knowledge of several people's personal histories. We observed them conducting a group session using a YouTube playlist of Italian songs selected for one person of Italian descent. The activity was arranged so that all the people who participated could benefit. In another activity session we observed people actively participated in 'the sing-a-long and getting to know one another' session. We heard jovial conversation with people talking about their families and about the jobs they held in the past. People were comfortable in their surroundings, spoke freely and joined in the sing-a-along with enthusiasm.

The activity co-ordinator told us how they had involved the local community in meeting people's social needs. For instance, a local craft shop ran a craft workshop which was specially designed for people who used the service, the cub scouts made regular visits and, a local school visited to play musical instruments. This was evidenced in a newspaper article displayed in the main reception which showed a picture of the school children who had recently played music at the service.

We reviewed the activity schedules for people who due to health reasons were not able to participate in group activities but remained in their rooms. We saw activity records which showed staff would visit to carry out various activities of their choice. One person commented, "I would like to see a priest....I would like to take communion, but no one comes." We spoke with the activity co-ordinator who stated a priest did visit

the home and this could be arranged for the individual. The activity co-ordinator acknowledged there was still progress to be made with activities for people who are restricted to their rooms and showed us the proposed actions put in place to address this.

People's care needs were assessed prior to them receiving care. This information was captured on 'Admission assessments' and gave a comprehensive picture that recorded people's past medical history and current care and support needs. These covered areas such as health, physical and social needs and helped the service to assess whether it could effectively meet those needs.

Care plans, risk assessments and important documentation were all kept in their individual folders and were all up to date and regularly reviewed. Reviews of care gave people and their family members the opportunity to be involved and they were able to give input into how care was being delivered. A relative stated, "There are more regular care plan reviews" when discussing improvements in the service. A senior care worker commented, "It is very important for care workers to give input into what is written in care plans as they are the ones carrying out direct care and know people's care needs. Senior care workers will use this information to update care plans."

People and their relatives said staff were responsive to their needs. For instance, one person told us they had noticed their relative tended to slide down when sitting in their chair. Following a discussion about this with a registered nurse the service changed the chair being used and their relative was now sitting better.

People and their relatives said they knew how to raise a complaint and staff were aware of how to handle complaints received. People said they felt comfortable to raise concerns and those who had done so said they were happy with the outcome. For instance, one relative told us they had made a complaint and felt it was taken seriously by the registered manager and addressed to their satisfaction. Another relative commented, "When we have raised concerns the home has responded quite quickly." A staff member commented, "If people want to make a complaint I would make a note of their concern and relay this to my manager or the relevant person. For example, head of hospitality or head of catering." The service's complaints policy and procedure reviewed on the 6 April 2015 was visibly displayed and outlined what people should do and who they should contact if they wanted to make a complaint.

Is the service well-led?

Our findings

At our previous inspection on the 23 and 24 July 2015 we found care records were not accurate or written at the point care was delivered or fully completed. Where specific actions were required by management this was not done in a prompt manner. The service did not notify the Care Quality Commission (CQC) when DoLS applications submitted to supervisory bodies were either authorised or declined. Minutes of team meetings were recorded in a way that made it difficult to identify who said what and who was taking the lead to resolve issues that arose. Audits of quality were not effective and there were areas of concern in regards to record keeping. We found there was no evidence of action taken in response to feedback given from people and those who represented them. We served requirement actions in respect of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this visit we found there were still some improvements required in regards to accuracy of records. There was not sufficient detail in some care records to enable staff to care for people safely. This was evidenced in diabetic care plans and topical administration records (TPR). Best interests meetings notes showed there was no input from people; multi-disciplinary teams or those who had represented people. These were only signed by the registered manager.

The service could not provide evidence of robust governance processes to support the safe use of medicines. The last documented medicine error was in 2014 and staff could not tell us about any shared learning from medicine incidents. We could not determine if medicine errors had occurred, were not being noticed or that they were being noticed and not reported.

Some audit systems were ineffective. The service had recently started a comprehensive medicine audit. We saw an audit data collection sheet dated 1 March 2016. We were told that some of the points had been actioned but this was not documented. We were not assured that the management team understood how to implement a complete audit cycle in order to improve practices. This meant systems and processes that enabled the service to identify and assess risks to people's health, safety and welfare were not consistently effective.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements were still required in regards to some of the quality assurance systems in place. For instance, systems to ensure staff had completed all relevant documentation during the recruitment process, was not robust. The matrix record used to evidence whether all the necessary recruitment checks had been undertaken was not fully completed. We noted no checks were undertaken to ensure new staff member's 'fit to work' medical questionnaires were completed and there was no evidence of actions taken when issues were identified. The staff training matrix did not help the service monitor and ensure registered nurses' medicine competency assessments were undertaken and kept up to date. We saw no evidence in place to gauge staff's learning experience. Care plan audits did not sufficiently identify the accuracy of care records and ensure care records contained enough information to enable staff to carry out safe and appropriate

care. This meant the service did not have effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Management had carried out internal audits visits of the service. We reviewed the reports for January and February 2016. These were comprehensive and had identified some areas of concern we had found during our visit. For instance, some care records which did not have sufficient details and PRN 'as required' medicine protocols not being completed or followed. The deadlines for actions were clearly noted and showed the service was still in the process of making improvements. This showed the service was aware that further improvements were required and had taken a pro-active stance to show the actions required; the individuals responsible for them and dates the task had to be completed.

The service ensured the CQC received outcomes of DoLS applications. A notice was clearly displayed titled, 'CQC Notification' was displayed to ensure registered nurses followed the correct procedures with a clear timescale for notifications to be sent to the CQC. Minutes of team minutes were detailed and clearly recorded discussions held and noted who were responsible for identified actions, with timescales for actions to be completed.

People and relatives spoke positively about the service and the improvements that had been made. Comments included, "I want to say how much things have improved. They are on the ball administratively....this manager really does have an open door policy....they have more respect for people's individual needs..." "There's been a change of owners and they have put more money and work in" and "It's seems to be alright."

Staff spoke positively about being supported by management who they stated were approachable. We heard comments such as, "I am quite happy working here, management are supportive.", "I feel supported in my job role and my co-workers are also very helpful." "I think it is managed well. We have staff meetings to keep us updated" and "The home is managed well. Managers are always around to support staff" and "It's the best place I have ever worked."

Staff told us team meetings occurred on a regular basis. For instance, a staff member said the meetings gave them an opportunity to "Suggest and discuss views and plans." This was evidenced in the minutes of meetings reviewed.

Completed accident audits analysed the number of falls that had occurred in the service and actions taken by staff in response. We noted registered nurses' registration memberships were up to date and no restrictions were placed on them to carry out their practice.

The service sought the views of people and their relatives. We reviewed the 'Larchfield Residents Survey and Relatives Survey' dated January/February 2016. It noted 100% of people felt the service had informed them about the standards of the service and treatment they should expect. People and their relatives said that staff did not discriminate against and responded positively when they raised concerns. This was supported by the complaint's register which showed complaint received had been responded to appropriately and to people's satisfaction. A residents and relatives meeting was scheduled on 22 March 2016. This was clearly displayed in the reception area and invited residents and relatives to discuss actions that would be taken in response to the latest survey and to address areas that required further improvements.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	Minutes of best interest meetings did not evidence any involvement from other health professionals or people's representatives. Best interest decisions were not reviewed for their effectiveness.
Treatment of disease, disorder or injury	Regulation 9 (3) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Staff did not follow policy and procedures in regards to recording medicines and reporting medicine errors.
Treatment of disease, disorder or injury	Regulations 12 (2) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The service did not ensure there was sufficient details in care plans to enable staff to care for people. Systems and processes that enabled the service to identify and assess, monitor and mitigate risks to people's health, safety and welfare were not consistently effective.
Treatment of disease, disorder or injury	Regulations 17 (1) (b), (2) (f).

