

# Larchwood Care Homes (North) Limited

## Nether Hall

### Inspection report

Netherhall Road  
Hartshorne  
Swadlincote  
Derbyshire  
DE11 7AA

Tel: 01283550133

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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 ●

# Summary of findings

## Overall summary

### About the service

Nether Hall is a residential care home providing personal and nursing care to 27 people aged 65 and over at the time of the inspection. The service can support up to 50 people.

### People's experience of using this service and what we found

Systems and processes were in place designed to protect people from abuse. People felt safe and had confidence in staff and the manager to keep them safe. There were enough staff to meet people's needs and staff were recruited in a safe way. People were supported to take their medicines safely. We did note there was some inconsistencies in how medicines were managed between the residential side and the nursing side. We have recommended the provider look at current guidance on managing medicines. The risks associated with people's care had been identified and plans put in place to minimise these.

People received support to eat and drink meals of their choosing. People were able to access the healthcare services they required and staff knew how to recognise when people's health had deteriorated. Staff had received training in people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We did note the environment was not particularly adapted to people living with dementia and we recommended the provider investigate current best practice for people living with dementia.

People were treated with kindness and compassion. People and staff had developed positive relationships. Staff knew people well and provided reassurance when this was required. People were involved in making decisions about their care and support. Staff respected people's privacy, dignity and independence.

Care and support were person centred and met people's needs. Staff understood and respected people's equality and diversity needs. People participated in activities of their choosing. People's communication needs had been assessed and staff had the information they needed to support people. People and relatives felt able to raise any concerns and could be assured these would be investigated. End of life care was provided by staff who had been trained and had the necessary skills.

The manager worked in partnership with a variety of agencies to ensure people received coordinated care which met their needs. People and staff were able to feedback their views of the service. The manager was aware of their responsibilities for notifying the commission of specific events. The manager and provider completed regular audits and checks, which ensured appropriate levels of quality and safety were maintained at the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection The last rating for this service was requires improvement (published 25 January

2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Nether Hall

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by two inspectors, an inspector manager and a nurse Specialist Advisor

#### Service and service type

Nether Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a new manager in post who had applied to be registered with the Care Quality Commission. This means that they will be, as well as the provider, legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and the local Community Commissioning Group. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with two people who use the service and one relative. We spoke with eight members of staff,

including the registered manager, nurses, care staff, activities person, cook, maintenance person and housekeeping. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at training data and environmental records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people received care and treatment in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. For example, we saw one person being moved in a wheelchair without foot plates, this can potentially place the person at risk of injury if they were to catch their feet. Staff we spoke with told us the person sometimes did not like to use the foot plates and this was risk assessed in the person's care plan. We saw staff supporting the person as described in the care plan.
- Records showed that premises and equipment were maintained, and any issues were promptly reported by staff and dealt with to ensure the environment remained safe. Maintenance tasks were reported and responded to in a timely manner.
- Fire risk assessments were in place and staff were able to tell us how to respond in the event of the fire alarms sounding. People had personal evacuation plans and it was clear where people would require extra support to evacuate the building.

Systems and processes to safeguard people from the risk of abuse

- Staff helped people to feel safe. One person said, "I feel safe because of the staff who look after me."
- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. They told us they were confident the manager would deal with any concerns properly.
- There were systems, policies and processes in place to report, record and investigate safeguarding concerns. The manager understood their responsibility to report incidents to the relevant authorities.

Staffing and recruitment

- Safe recruitment and selection processes were followed. The provider had recruitment procedures in place and staff told us the necessary pre-employment checks were undertaken before they were offered

roles.

- People and staff told us they thought there were mostly enough staff available. One person told us, "If I buzz (call bell) staff come fairly quickly. They always apologise if they're a bit late." They added, "Occasionally I use it at night, if I buzz they come quickly." A staff member commented, "Although Nether Hall is safe, people would benefit and would receive better care if there were more staff." We observed there were sufficient staff to meet people's needs and rotas identified how many staff were on each shift and in what capacity.

#### Using medicines safely

- Medicines were stored and administered safely. Where people required support with their medicines, they received these as prescribed. People were given opportunity to ask questions about their medicines.
- We did note some difference in the way the nursing side and the residential side managed their medicines. We noted protocols for people who required medicine 'as and when' such as pain relief were more generic on the residential side than the nursing. However, the staff member offering the medicines followed good practice when administering pain relief. This was brought to the manager's attention to ensure consistency.
- We did also note medicines checked into the building for the residential side were not consistent across the care team.

We recommend the provider consider current guidance on recording medicines coming into the building.

#### Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention and control. A recent viral illness affecting people and staff had been well managed and in line with best practice.
- We did note some areas of the home had an odour when we first arrived in the morning. When we returned to those areas later in the day we noted the odour had gone as the cleaner had cleaned the areas. The environment and communal areas observed were clean and hygienic.

#### Learning lessons when things go wrong

- The manager was pro-active in using every opportunity to improve the service for people. For example, a person recently fell. The manager carried out an indepth investigation, they identified what went wrong and ensured staff understood how to minimise future risk through training and sharing information about the incident.
- Staff told us information was regularly shared about best practice and how to minimise incidents recurring.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure care and treatment was always provided with the consent of the relevant person. Where people lacked capacity, the registered person had not acted in accordance with the 2005 Act. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated they understood the principles of MCA and supported people to make their own choices. People confirmed staff always asked their consent before providing care. Where people lacked capacity for a particular decision staff were aware of the need to involve other professionals in making a best interest decision.
- The manager was fully aware of their responsibility to ensure people were given every possibility to make choices about their lives. For example, the manager was advocating for one person whose capacity fluctuated and the person had voiced they wanted to move from the home.

- We saw evidence of best interest decisions, for example around health care and finances in people's care records.
- No one received their medicines covertly (disguised in food or drink for example). We saw one person who was potentially needing medicines in this way. Records described different ways this could be avoided. The person's capacity was discussed with their GP and this was documented with a review date. This meant staff had the necessary information to support people in line with the legislation.

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

- People's needs were assessed before they started using the service to ensure staff understood their needs and preferences and all staff were kept up to date with changes.
- Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were included in their support plans. This helped staff to fully understand people's individual needs and effectively provide the care they needed.

Staff support: induction, training, skills and experience

- New staff received an induction which provided them with a good foundation of knowledge and understanding of the organisation and their roles. They shadowed experienced staff to get to know people they would be caring for.
- During our inspection a new member of staff had started their induction and told us it was going to be two weeks, which was longer than usual and they felt this was helpful to get to know people as well as the layout of the building. Another member of staff told us they had moved from another care service and the manager had ensured their training was up to date and had checked their competency to carry out tasks such as moving and handling people.
- Staff received regular supervision and guidance to support them in their roles. Staff told us the manager was very supportive.

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

- People ate food they enjoyed. One person told us, "The food is pretty good on the whole. Staff come with the menu and I have a choice of two things. I have a snack at lunch time and my main meal in the evening. If I don't like the choices they will ask me what I would prefer."
- During the midday meal we saw people being supported and encouraged to eat.
- The cook told us they were given information about people's dietary needs such as if a person was diabetic or needed a softened diet. They told us they routinely spoke with people to find out their likes and dislikes menus were designed around this information.
- Where people were assessed as being at risk of not having sufficient nutrition, staff referred them to specialist teams for advice.

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

- People told us they were supported to see healthcare professionals such as a GP or dentist when they needed to. One person told us, "I see the dentist in Swadlincote and the GP will come here. I go to the optician and a chiropodist comes here."
- Staff engaged with people, their families where appropriate, and with other agencies to meet the health and care needs of people. Staff had contact with a range of community healthcare professionals about people's needs. They worked with them to ensure people received responsive and effective care.
- There was detailed information in people's care files to inform staff about people's health, behaviour and well-being. Personalised guidance was in place for staff to recognise when there was deterioration in those needs and to provide people with the support they needed.

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

- People told us they liked their bedrooms and we saw people were able to move around the home and access the enclosed garden should they want to.
- Many people living at Nether Hall were living with dementia and we did note the environment was not particularly adapted to people with dementia. For example, it is good practice to have dining plates of different colours to support people with altered perception focus on eating their meal. We discussed this with staff who told us this was currently not a problem for people living at the home.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Throughout the day we saw staff speak with people in a kind and caring manner. One person told us, "I like it up here (referring to their bedroom), it's like being in my own place. The staff are very nice to me."
- Staff told us they felt the home was like a family and they worked well as a team to support people in a caring way. One staff member told us, "It's all about the clients, helping them live a happy life."
- Staff told us they had either had or were about to receive equality and diversity training. Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships they wanted to maintain.

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

- People were involved in the planning of their care; care plans showed how people preferred to receive their care.
- People were given a choice about their day to day activities, what to eat and things they preferred to do. Throughout our inspection, we noticed staff seeking people's views and checking with them what they wanted to do before it was carried out for or with them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. Signs were located on bedroom doors indicating personal care was in progress and anyone wanting to come in should knock first. Staff understood the importance of promoting people's dignity and felt confident if they reported poor practice it would be dealt with by the management team. They told us they had not seen any poor practice.
- People's care plans, medical file and medicines administration record were stored securely to protect their privacy.
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. Where people became anxious we saw staff support them and reduce their anxiety. For example, we saw the manager support a person who had become anxious to telephone their family, this helped reduce their anxiety.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The manager carried out pre admission assessments and would only accept people they felt were suitable to move to Nether Hall and staff had the skills to support them.
- People's care and support plans were person-centred and reflected their cultural needs. Plans contained detail of people's preferences of how they wished to receive care and information on what was important to them.
- People received support from staff to meet their physical health needs and mental well-being. Staff supported people with their personal hygiene, oral and dental care; and support with activities of daily living. Care plans provided guidance to staff on how to meet people's individual needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and met. We saw information was presented in formats that met people's needs.
- Each person's care plans contained information about their senses and communication. This included their hearing and speech. Care plans included guidance for staff on the support to provide.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- One person told us, "One of the young ones (staff member) does my nails for me. I like to read and watch TV. I never go to the entertainment I like to stay in my room."
- People's social needs were met. An activities coordinator was employed and an activities programme was in place. Staff told us they asked people what they wanted to do. A variety of activities were available including, film Friday and this was people's choice as to what film was shown. Activities also included, dominoes, bingo and singing. One staff member told us they had recently done some fund raising and were due to book singers to come to the service.
- Staff supported people to establish friendships within the home. Where people needed support to maintain links with family staff supported this by assisting people to telephone family or facilitated visits.
- Staff recognised the importance animals had on people's wellbeing. Pets were welcome at the home. The

manager brought their dog into the home and throughout the day we saw the dog interacting with people using the service in a really positive way.

#### Improving care quality in response to complaints or concerns

- The service had an effective system in place to handle complaints. There was a complaints policy and procedure which provided information on actions the service would take when a complaint was received including the timescales for responding.
- The service maintained a complaints log, where complaints were received we saw the manager had followed the procedures and identified where improvements were needed and fed back to the complainant what action would be taken.

#### End of life care and support

- End of life care was provided. We saw some care plans contained information about people's end of life wishes.
- Where people needed end of life support staff liaised with health care professionals to ensure they received care which met their needs.
- Staff confirmed they had received end of life training. One staff member told us, "We make sure people are comfortable such as giving them regular mouth care. We make sure their room is comfortable and calm. We also support the family. Families can stay over night if they want to."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A person told us, "There's a new manager in place, she seems very amenable."
- The manager and staff promoted a person-centred approach to care and a positive service culture. Although there had been a recent change in the manager, people did not feel this had any detrimental impact to their care and support. Staff commented they felt more confident with a permanent manager in place. One staff member told us, "I see things improving since [manager] started. We have had new permanent staff recruited. There's a better energy in the place. People are happier."
- Where possible the staff and manager involved people and their relatives in making decisions about their care and support needs and their views were respected.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and other management staff understood their responsibility to be open, transparent and take responsibility when things went wrong at the home. Records showed that staff and the manager kept relatives up to date with any changes or incidents that had occurred with their loved ones.
- The new manager had made an application to register as manager with CQC and an interview for registration was in process.
- Where required, the manager had notified CQC and other health and social care authorities of significant events that had occurred at the home. The service had also displayed their last CQC inspection report rating on their website.
- Staff knew of their individual roles and responsibilities and told us they followed the provider's values when supporting people. This included promoting dignity and respect, privacy and confidentiality, person centred care and promoting independence.

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

- People and their relative's views were sought to improve the quality of the service. We saw a 'You said, We did' board in the hall way identifying what improvements had been made as a result of people's comments.

We also saw a comments book regarding meals where people gave feedback about their meal. A positive outcome of people's comments was the main cooked meal of the day was served in the evening rather at lunch time. Staff told us people's dietary intake had improved as a result.

#### Continuous learning and improving care

- There were systems in place to assess and monitor the quality of the service delivered. Regular quality assurance checks were carried out in various areas of the home. This included infection control, medicines, health and safety and care and staff files. Where issues were identified for example, with records, action was taken to improve and ensure records were up to date, complete and accurate.
- The manager had introduced a recognition award for outstanding service, people using the service could nominate a member of staff for the award they felt had gone 'above and beyond' for them.

#### Working in partnership with others

- The service had working relationships with the local authority, clinical commissioning group and other health and social care agencies and professionals to plan and deliver an effective care and support.
- The service was currently working towards improvements identified by the local authority commissioning team. The manager showed us they had completed the plan and were waiting for the team to come back to check all areas had been addressed.