

Ideal Carehomes (Number One) Limited

Larkhill Hall

Inspection report

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Liverpool
Merseyside
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Larkhill Hall provides accommodation and personal care to up to 66 older people; including people with dementia. At the time of our inspection there were 56 people living in the home.

People's experience of using the service and what we found

We identified some areas of improvement needed to the management of people's prescribed medicines and records associated with medicine administration. We found no evidence people had been harmed, however the issues we found placed people at risk of avoidable harm.

The provider's governance systems were mostly effective at driving necessary improvements however, audits had failed to identify some of the issues we found in relation to medicines management. We have made a recommendation in relation to this. Where audits and checks had identified issues, clear action was in place to address these and make improvements.

Risks to people's health, safety and well-being had been assessed and staff knew people well and how best to support them. People told us they felt safe and family members were reassured their relatives were well-looked after.

Accidents, incidents and safeguarding concerns were acted upon appropriately and incidents were subject to regular review and analysis to prevent them occurring in the future. Safe recruitment processes were in place to make sure new applicants were suitable to work for the service. Staffing levels were sufficient to support people safely.

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.

The home and equipment used by people to support with their mobility was visibly clean and hygienic; staff responsible for the cleanliness of the home completed regular cleaning tasks to prevent the spread of health care related infections. Staff were observed following correct guidance in the use and disposal of PPE. The home was open to visits in line with current covid-19 visiting guidance.

The manager was open and transparent during the inspection process and receptive to feedback given about issues we found. Family members were happy with the service provided and the level of care their relatives received. One family member said, "She [relative] is so much better already. I feel she is safe here. She is more chatty, she smiles more and she recognises me and family more frequently. She appears content."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 January 2021).

Why we inspected

We received concerns in relation to the management of medicines and staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Larkhill Hall on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

This service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Larkhill 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector, a medicines inspector 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.

Service and service type

Larkhill Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Larkhill Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. There was a manager who was in the process of registering with CQC.

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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who use the service and 2 family members about their experience of the care provided. We spoke with 9 care staff and the manager.

We looked at 5 people's care records and medicine administration records for 6 people. We looked at 4 staff files for recruitment and a range of records related to the management of the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- Medicine administration records were not always completed to show when people's prescribed medicines had been administered and time sensitive medication, such as paracetamol, was not always recorded accurately to show the correct time intervals were being followed.
- Records used for the administration of pain patches had not always been completed to evidence that patches were being rotated in line with prescriber instructions.
- Where people were prescribed 'as required' medicines, plans did not always provide person-centred information to ensure staff were only administering these medicines when needed.

We found no evidence that people had been harmed, however the provider had failed to ensure that records relating to the administration of people's medicines were accurately completed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

- The manager and provider were responsive to the feedback given and took action to address the issues identified.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being had been assessed and guidance was mostly in place for staff to follow in order to keep people safe from harm.
- One person had recently been diagnosed with diabetes which had been reflected within their care plan. However, there was no information available for staff to follow in the event this person's health deteriorated as a result of this condition. The manager addressed this issue immediately and ensured their care plan was updated.
- Staff knew people well and were able to describe what action they would take if a person's health or care needs changed.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Accidents, incidents and safeguarding concerns were recorded and acted upon appropriately.
- The manager and provider completed a regular review and analysis of incidents to look for patterns and trends and prevent incidents occurring in the future.
- Staff had received safeguarding training and knew what action to take if they had any concerns.
- People told us they felt safe and family members felt confident their relatives were looked after well. Comments included; "I feel safe. Not like before at home" and "I feel that my mother is safe here. She is my most treasured possession and she would not be here if I wasn't happy with her care."

Staffing and recruitment

- Safe recruitment processes were followed. Relevant pre-employment checks were completed to ensure new applicants were suitable to work for the service.
- Staffing numbers were based upon people's level of dependency. Observations showed there were enough staff deployed to meet people's needs.

Preventing and controlling infection

- The home and equipment used by people for mobility were observed to be clean and hygienic.
- Staff had access to PPE and were seen following current guidance in the use and disposal of PPE.
- Staff were accessing Covid-19 testing in line with current guidance.
- The home was open to visits in line with current Covid-19 visiting guidance.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Governance systems were mostly effective at identifying issues and driving improvements, however further work was needed to ensure all issues were identified and action taken where necessary.
- Audits and checks had identified some areas in need of improvement and clear action had been taken. However, some of the issues we found in relation to medicines management had not been identified through the provider's own audits.

We recommend the provider review their governance systems to ensure they robustly assess the quality and safety of the service and drive all necessary improvements.

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

- The manager was responsive to feedback given throughout the inspection and took action to address issues found.
- The manager had only recently been recruited into the role but had worked at the service for a number of years and knew the people and staff well.
- Staff spoke positively about the manager and the support they provided.
- The manager told us they felt passionate about what people and staff achieve; 2 staff members had recently been nominated for the Ideal Care awards in recognition of their hard work.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Observations during the inspection evidenced that the manager was keen to promote a person-centred culture.
- Positive feedback was received from people and family members about the service and the standard of the care provided. Comments included; "The staff have been great with me if they notice when I get upset on leaving. They will come and distract [relative]" and "They [staff] ring me about anything that's going on with [relative]. There's lots of activities. They play the Beatles, The Stones which [relative] loves."
- Staff told us they enjoyed working at Larkhill Hall and how important it was to keep people safe. One staff member told us, "We are their [people's] family and make sure we try and keep them safe. It broke our hearts when family had to wave at the windows. I will never forget how we felt for the families and [people]. They are all precious to us."
- The manager provided us with evidence of events that had been organised at the home. For example a

recent garden party and a Macmillan coffee morning that were open to the community and families.

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

- Regular meetings were held with people to gather their views about the service. A 'resident chair' had been appointed to support with valuable feedback being shared.
- The manager had an open door policy which meant staff and people could discuss any concerns whenever they wanted to.
- Staff meetings were held to enable the manager and provider to share important updates and give staff the opportunity to give their views.

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

- The provider understood their legal responsibility to be open and honest when things went wrong.
- Prior to, and during our inspection the manager and provider had been open and honest regarding some medicines issues they had identified. They shared with us all actions they had taken to address the issues.