

# Mrs Yvonne Proctor

# The Larkins

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 3 March 2016 and was unannounced. At our previous inspection in 2013 we found there were no concerns in the areas we looked at.

The Larkins provided accommodation and personal care for up to five people with a learning disability. Five people were using the service at the time of the inspection.

The service did not require a registered manager as the registered provider is a single provider who has day to day charge of the home. We were supported throughout the inspection by the acting manager and registered provider. 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.

People were protected from abuse as staff knew what constituted abuse and who to report it to if they suspected it had taken place.

There were sufficient staff to keep people safe and to support people to follow their hobbies and interests.

Risks to people were minimised to encourage and promote people's independence. Staff were clear how to support people to maintain their safety when they put themselves and others at risk.

People's medicines were stored, administered and managed safely.

Staff were supported to fulfil their role effectively. There was a regular programme of applicable training and regular staff supervision.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The provider followed the principles of the MCA by ensuring that people consented to their care or were supported by representatives to make decisions.

People's nutritional needs were met based on their individual preferences. People were supported to eat and drink sufficient amounts to maintain a healthy lifestyle.

People were supported to access a range of health care services. When people became unwell staff responded and sought the appropriate support.

People felt cared for and we observed that staff were kind and caring in their manner. People's privacy was

respected and everyone had their own bedroom and facilities.

Care was personalised and met people's individual needs and preferences. People were fully involved in decisions about their care.

The provider had a complaints procedure and people knew how to use it.

The provider had systems in place to monitor the quality of the service. When improvements were required these were made in a timely manner.

## 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. There were sufficient numbers of suitably recruited staff to keep people safe within the service. People were kept safe as staff and management reported suspected abuse. Actions were taken to reduce people's risk whilst encouraging their independence. Medication was managed safely.

### Is the service effective?

Good ●

The service was effective. The provider worked within the principles of the MCA to ensure that people were supported to consent and make decisions with their representatives. Staff were supported and trained to be effective in their role. People's nutritional needs were met. When people required support with their health care needs they received it in a timely manner.

### Is the service caring?

Good ●

The service was caring. People were treated with dignity and respect. People were as involved as they were able to be in their care, treatment and support. Relatives and friends were able to visit freely. People's privacy was respected.

### Is the service responsive?

Good ●

The service was responsive. Care was personalised and delivered in accordance with people's preferences. People were offered opportunities to engage in community activities of their choice. The complaints procedure was made accessible to people and their relatives.

### Is the service well-led?

Good ●

The service was well led. People and staff felt supported and well cared for by the management team. Systems were in place to monitor and improve the quality of the service.

# The Larkins

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 3 March 2016 and was unannounced. It was undertaken by one inspector.

We reviewed the information we held about the service. This included safeguarding concerns, previous inspection reports and notifications of significant events that the registered manager had sent us. These are notifications about serious incidents that the provider is required to send to us by law.

We spoke to five people who used the service and observed their care, two care staff, the acting manager and registered provider.

We looked at the care records for two people who used the service, and the systems the provider had in place to monitor the service. We checked one person's medicines and their medication administration records. We did this to check the effectiveness of the systems the provider had in place to maintain and improve the quality of the service being delivered.

# Is the service safe?

## Our findings

People who used the service were protected from abuse and the risk of abuse as staff we spoke with knew what constituted abuse and what to do if there was an allegation of suspected abuse. One member of staff told us: "I would report it to the manager or whistle blow to CQC if I needed to". Two people told us they felt safe and if they had any concerns they would talk to the staff. The provider had made safeguarding referrals to the local authority for further investigation in the past when an incident had occurred.

People were supported to stay safe and take risks to promote their independence through the effective use of risk assessments. Risk assessments were in place for each person dependent on their needs and they were kept under constant review. One person at times became anxious and presented a risk to themselves and other people. We saw there was a clear plan called the 'behaviour ladder' which informed staff how to support the person through each stage of their anxiety. Staff we spoke with knew the plan and knew what to do to keep the person and others safe.

Everyone had their own personal evacuation plan in their bedroom to inform staff how each person would need supporting to leave the building in the event of an unplanned emergency such as a fire. They were written in such a way they were easy to understand and gave clear and comprehensive guidance to staff and people who used the service to help keep them safe.

People's medicines were stored and administered safely. People's medicines were kept in a locked cabinet in the locked office. Staff we spoke with confirmed they had received comprehensive training in the administration of medicines. Medication administration records (MAR) were completed in full and balances of medicines were checked weekly. We checked one person's medicine and saw that the balance reflected the amount recorded on the MAR. People had clear 'as required' protocols for medicines such as pain relief. We saw one person had been prescribed a medicine to help them when they became anxious. There were clear instructions to staff as to when to administer this and it was clearly recorded when and why it was administered.

There were enough staff to keep people safe. Staff were available at all times through the day and night and extra staff were made available to support people with leisure activities. We looked at the way in which staff had been recruited to check that robust systems were in place for the recruitment, induction and training of staff.

## Is the service effective?

### Our findings

People were supported to maintain a healthy diet. People chose what they liked to eat. One person told us: "We have house meetings and we tell the staff what we like". One person had been reluctant to eat anything since their admission into the service. However over a twelve month period the person was now eating their breakfast without support and staff were helping them to eat their lunch and tea. A member of staff told us: "We have tried allsorts and followed professional's advice, we know the person likes spicy food so we try and offer that most meals". We saw at lunch time the person was supported to eat their lunch with a spicy sauce and they had enjoyed it.

One person told us how staff had supported them to see their GP when they had felt poorly. Another person had been recently been unwell and the staff were supporting the person to attend various appointments to try and ascertain what the problem was. People were supported to attend health care appointments with professionals such as their GP, opticians and community nurses. The manager and staff worked closely with other health agencies to ensure people's health care needs were met. We saw that people had access to a wide range of health care facilities. We saw everyone had a comprehensive health action plan which recorded when people's health reviews were due, such as epilepsy and annual medication reviews. We saw in the two health plans we looked at that people's health care needs were being regularly reviewed.

Two people who used the service told us they liked the staff. Staff told us they received support and training to be effective in their role. There was an on-going programme of training specific to the needs of people who used the service. Regular supervision was undertaken by the manager and senior staff to ensure that staff maintained a high standard of care delivery.

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. Some people who used the service required support to make decisions and to consent to their care, treatment and support. If people refused care or support this was respected, however if deemed in their best interest decisions were discussed and agreed as part of the best interest process. We saw several best interest discussions and decisions had been made with people and their representatives to ensure that people were supported to make informed choices. For example one person had refused to have a blood test and the consultant had agreed that it would be of more harm to the person to sedate them to have the blood test than for them not to have it. This meant that the provider was following the principles of the MCA and ensuring people were supported to consent to their care, treatment and support.

The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We saw that the acting manager had discussed with the local authority the restrictions that some people had in place and they had been advised to risk assess and put care plans in place to justify the restrictions. The acting manager recognised the need and planned to make

legal referrals to the DoLS team to ensure that people were being lawfully restricted of their liberty, such as people not being free to leave and restrictions to certain foods.



## Is the service caring?

### Our findings

Two people told us they liked living at the service. One person told us: "I do like The Larkins". Another person told us they didn't want to leave and that they loved their keyworker. We observed that staff interacted with people in a respectful manner, talking to people at a level and pace they would understand.

One person told us they had a boyfriend and that staff took them to meet up with him when they wanted to. A member of staff told us they had arranged to meet in a central place for a recent valentine's meal and they had supported the person to make a card at their request.

People were encouraged to be as independent as they were able to be and were free to come and go as they liked within their home. We saw one person liked to take their time on getting up and dressed in the morning. A member of staff told us: "It's no good trying to hurry them; we've changed their activities to the afternoon to give them the time they need to get ready".

Everyone had their own private bedroom and bathroom which they spent private time in if they wanted to. In a recent quality questionnaire one person had recorded they liked the fact they had 'their own space'. A member of staff told us: "People are free to go off to their rooms when they like". This meant people's right to privacy was respected.

People told us they had house meetings where they discussed whatever they liked. Two people told us they went on holiday or day trips every year. We saw minutes of the house meetings and saw it was recorded what people's preferences were for the next planned break. One person told us: "I am going to Cleethorpes this year, I like it there".

Relatives were free to visit at any time and people were supported by staff to visit their relatives too. One person had fortnightly visits to their relative's home supported by staff. In a recent quality questionnaire a relative had recorded, 'we are always made welcome'.

## Is the service responsive?

### Our findings

People received care that was personalised and met their individual needs. Care was regularly reviewed and the care plans in place were clear and comprehensive. Staff we spoke with knew people well and knew what their individual preferences were. For example, people tended to like to sit in the same place at mealtimes and it caused some people to become anxious if this was not the case. A member of staff told us: "Everyone has their own individual placemat which they have made, so we are careful when we set the table we put the right placemat in the right place". We saw at lunchtime that people were sitting where their individual placemat had been placed.

People were offered the opportunity to be involved in hobbies and activities of their choice. There was a craft room which we saw people enjoyed using and one person proudly showed us the Easter bonnet they had made. People chose to do what they liked and we saw an activity board on the wall, which helped people, know the plan for the day and which staff were coming on duty. On the day of the inspection one person went out for lunch and another went to the cinema to see a film of their choice. A member of staff told us: "We use photographs, leaflets, magazines and other visible aids to help [person's name] chose and they have pointed at the film they are going to see".

People were involved in the planning of their own care and in how the service was run. There were regular house meetings and we saw records of regular discussions between people and the staff. When an issue had arisen or someone wanted to discuss something, this was recorded so it ensured it would be taken seriously. We saw a record of a discussion between two people who had a disagreement. The one person was offered the opportunity to complain, however had chosen not to. Both people had signed to agree to behave differently if the situation arose again.

Two people told us they would talk to the acting manager or staff if they had any problems. We saw that the complaints procedure was clearly visible in the hallway in an easy read format for people with communication difficulties. We saw that a relative had recorded in a recent questionnaire that they knew who to speak to if they had any complaints. The registered provider told us that there had been no recent complaints.

## Is the service well-led?

### Our findings

People who used the service were relaxed and chatty with the acting manager and registered provider. Staff we spoke with told us they enjoyed working at the service and felt supported by the management team. One staff member told us: "They are very supportive; even if you've got personal problems they will try and help you out". Staff told us and we saw that there was always someone on call and available if they needed advice and support. Staff performance was regularly reviewed and staff training was kept up to date.

Regular meetings took place with people who used the service and staff. Records confirmed that people's views were sought at every opportunity. We saw records that confirmed that when people had requested items or any kind of action, there was a clear audit trail of what action had been taken.

The acting manager told us and we saw that they sent out questionnaires to people who used the service, their relatives and health and social care professionals to gain their views on the service. Information from the questionnaires was then analysed and action taken to improve if any areas of concern had been identified. We saw one relative had recently requested their relative's room was decorated, we saw that this was actioned with the person themselves picking their own wallpaper.

The acting manager told us that they had applied and received a grant from the local authority to purchase new garden furniture. This showed that they were looking for ways to improve the service using the resources available to them.

Systems were in place to monitor the quality of the service. Weekly audits were completed of all aspects of the management of the service. This included analysing incidents and accidents and looking for trends. We saw there was a health and safety committee which included one person who used the service. The committee were responsible for maintaining all areas of health and safety. This meant that the registered provider was maintaining and looking to improve the quality of the service provided.

The registered provider and acting manager knew their responsibilities in relation to managing a registered service and notified us of significant events. We saw evidence that they had informed staff and people who used the service of the new requirements in relation to the changes of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.