

# Larchwood Care Homes (North) Limited

# Hope House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement**



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

We undertook a comprehensive inspection on 7 April 2016. This was an unannounced inspection which meant they did not know we were coming.

Hope House is registered to provide care for up to 42 people. The home is registered with the Commission to provide nursing or personal care for older people, physical disability or people living with a dementia. At the time of our inspection there were 38 people in receipt of care from the provider.

The registration requirements for the provider stated the home should have a registered manager in place. There was a registered manager in post on the day of our inspection. 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 using the service we spoke with told us they felt safe in the home and staff were aware of the procedure to take if abuse was suspected.

We saw staff had access to relevant details of medication information and checks on numbers of controlled medications were completed accurately. However we identified concerns relating to the storage of medicines. This was because the medication room was left unlocked and the keys to the controlled drug cupboard were left in the lock.

Staff were recruited safely and records included appropriate checks on them as well as proof of identity to ensure they were appropriate for the role they were employed to undertake.

We spoke with people living in the home as well as visitors who told us they were happy with the food on offer to them. We observed staff supporting people with their meals in a timely manner and engaging with them in conversation that supported a positive dining experience.

We observed staff asking permission before they undertook any action with people who used the service and we saw evidence of obtained consent in people's care files.

Staff we spoke with were aware of Deprivation of Liberty and Mental Capacity Act. We saw evidence of completed applications that were waiting for authorisation from the local authority to ensure people were protected from unlawful restrictions.

We spoke with people who used the service about the care they received. They told us, "The staff are wonderful I am happy here." Staff were observed delivering care in an appropriate and timely manner. They responded to buzzers and it was clear they had a good understanding of people's individual needs.

We saw people living in the home were treated with dignity and respect and they told us staff were respectful and kind to them. We saw evidence of the use of signage that advised when care delivery was taking place so that people's privacy was maintained in their bedrooms during this time.

People using service and relatives told us decisions about their care were discussed with them and that they were happy with the care that they received. We saw evidence of individualised care planning in place and this included evaluations of the care delivered. We were told reviews on care files were completed and the registered manager checked people's records once these were completed.

There was detailed information on the activities taking place and we saw evidence of a comprehensive list of activities including a record of those who had taken part in them. We saw people who used the service were included in a group forum to discuss what activities they would like to be offered in the home.

We received positive feedback about the registered manager in post from staff, visitors and people who used the service.

There was evidence of up to date quality monitoring taking place. Audits on people's health welfare and safety were being carried out with actions taken to resolve any issues identified. This provided the registered manager with good oversight in relation to the operation of the home.

Staff we spoke with confirmed supervisions were taking place and we saw completed supervision records in staff files. The registered manager told us she completed spot check at the home during the night and weekend and no concerns had been identified in the delivery of the care people received.

We identified a breach of regulation relating to medications storage and recording.

## 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** 

The service was not always safe.

People using the service told us they felt safe in the home and were cared for by staff who had been trained in the safeguarding of vulnerable adults. Staff were knowledgeable about the procedures to follow to help keep people safe.

People received their medicines when they needed them and as prescribed. However, the storage and recording of medication was not always managed safely.

Recruitment processes were safe and ensured only suitable staff were employed.

### Is the service effective?

**Good** 

The service was effective.

People were supported to have sufficient amounts to eat and drink and received care and support which assisted them to maintain their health.

Staff had the skills, knowledge and experience to deliver the care people required and were appropriately supported to carry out their roles effectively through relevant training.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

### Is the service caring?

**Good** 

The service was caring.

People told us staff were very kind, caring and attentive to their needs and staff treated them with kindness, dignity and respect in their day to day care.

People were able to make choices and were involved in decisions about their care and their views and values were central in how their care was provided.

People were involved in making decisions about how the service was run.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was planned and delivered in line with their individual needs and wishes.

People were provided with a range of appropriate social activities they could take part in.

### Is the service well-led?

Good ●

The service was well-led.

People made positive comments about the management and leadership arrangements at the service.

Systems were in place to assess and monitor the quality of the service and to seek people's views and opinions about the running of the home.

Staff had access to a range of policies and procedures.

# Hope House

## **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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 April 2016 and was unannounced. This meant the provider did not know we were coming. The inspection was undertaken by one adult social care inspector.

Prior to our inspection we looked at information we held about the service including notifications, safeguarding information and feedback held on our system.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with four people in receipt of care, four visiting family members, two visiting professionals, six members of staff, the registered manager and the regional manager. We undertook observations in public areas of the home at various times during the day including the lunch time period and undertook a tour of the building including several people's bedrooms.

We looked at a number of records which included audits and quality monitoring, two staff records, feedback from people using services, and the care files for three people currently in receipt of care.

# Is the service safe?

## Our findings

During our inspection we spoke with people who used the service about their experiences of living in the home. We received positive feedback, examples were, "I feel safe, I am happy with everything." Visiting professionals told us they had never seen anything of concern during their visits.

We saw evidence of appropriate actions that had been taken in response to any allegations of abuse. This was because safeguarding records included details of the allegation as well as the action taken as a result. The registered manager discussed the appropriate procedure they took when dealing with allegations of abuse.

Staff we spoke with confirmed they had completed safeguarding training and we saw evidence of the training in the records held by the home. Staff confirmed the actions they would take if abuse was suspected and they were aware of the whistleblowing policy (reporting bad practice). This would ensure people living in the home were protected from the risks of abuse.

The home had two clinic rooms and the registered manager told us one of these was used solely for the medication change over. This was to assist in the changeover process so that it was safely conducted.

We looked in the room that stored medication trolleys along with controlled medications. Appropriate checks on the fridge and room temperatures were taking place. We checked the controlled medication cupboard and saw that stocks were checked and numbers were accurately recorded. This demonstrated measures were in place to record and monitor stock numbers of these medications. However we saw that this room had been left unlocked and the keys for the controlled medicine cupboard had been left in the lock. This increased the risk of unauthorised people accessing medicines that could cause them harm. We spoke with the registered manager about this who removed the keys immediately and commenced an investigation into this. People were at risk because staff failed to ensure storage of medications was safe.

Staff had access to information about medicines in use. Information leaflets were available to them on all the medicines in the home. This would ensure relevant advice was available to staff to support them to maintain safe medicine administration.

There was evidence of recent audits on medication administration records [MAR] charts taking place. There were notes seen on any issues identified. However we identified some concerns in MAR charts. One record we looked at identified a medication patch had been missed for two days. We discussed this with the registered manager who commenced an immediate investigation. Another record had gaps in their recording of one of their medicines. A coding system was being used on the medication administration charts. Staff had not recorded a reason for the use of the code in the documentation that would enable an effective audit trail of gaps or concerns regarding medicine administration. The registered manager provided an action plan to the Commission following our inspection which detailed measures in place to resolve the concerns identified.

There was a breach of regulation 12 of the HSCA 2008 (RA) Regulations 2010 Safe Care and Treatment.

Risk assessments such as falls, fire and moving and handling were completed, and these helped to ensure people who used the service received safe, up to date and appropriate care delivery. There was evidence of systems to protect people in the event of an emergency. Also the home had an emergency contingency planning file staff had access to which detailed on call rota, personal evacuation plans and a fire risk assessment.

The registered manager told us weekly meetings took place to discuss recruitment. There was an ongoing recruitment drive to cover vacant posts and at present the home were utilising regular agency staff to enable consistency in the care delivery to people living in the home.

We saw evidence staff were recruited safely. Staff files we looked at identified appropriate recruitment processes had been followed. Records included completed application forms, interviews records, proof of identification, appropriate references as well as relevant qualifications. Checks had taken place for disclosure and barring service. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

We were told that there were refurbishments planned in the home. During a walk around of the home we identified some areas that required improvement such as a carpet that was frayed in one of the halls. We brought these to the attention of the regional manager who confirmed a replacement would be ordered. The registered manager told us people had a choice of the type of flooring in their bedrooms and we saw evidence of a mix of carpets and hard flooring. Two of the bedrooms benefited from en-suite facilities and people who used the service were protected from any accidental injury because radiators had covers on them. The home was clean and tidy and there was evidence of personal items and mementos in people's bedrooms.

Equipment such as slings were seen appropriately stored and the registered manager told us each person who required the use of a sling had their own individual one. This would ensure people who used the service had care delivered safely with the use of equipment that had been provided for their own use.

Evidence of appropriate cleaning procedures was taking place. Staff were seen wearing protective equipment such as gloves and aprons; cleaning equipment whilst in use was seen being monitored safely and we saw locks on store rooms where supplies and equipment was stored. This would ensure people using services were protected from the risks of inappropriate use. Advice on community infections and hand hygiene were available for staff to follow. There was evidence of an infection monitoring chart that detailed actions taken from observations. There was an up to date infection control policy that provided staff with the knowledge on the prevention of infection.



## Is the service effective?

### Our findings

We spoke with people who used the service about the quality of food offered in the home. We received positive feedback about the food on offer. And a visitor to the home told us the food was good.

The registered manager told us following a consultation with people who used the service a decision was made to offer a light lunch and a full meal at tea time. They said as a result they had seen improvements in people's weights as well as the amounts of food eaten. We were told meal choices were discussed with staff and people who used the service and then cascaded to the chef to ensure people's meal requirements and choices were available to them.

People living in the home had access to a communal lounge and dining facilities and we saw a number of people making use of these during our inspection. There was a room designated as a hairdressing room that included allocated seating, hair washing facilities and hair dryers. This would enhance the hair dressing experience for people who used the service. We observed people using this room during our inspection. People also had access to outside space. The registered manager told us there were plans to upgrade the gardens to enable a positive outside experience for people who used the service.

We observed staff offering snacks at drinks time such as banana mouse and doughnuts. There was also a table named, 'Snack shop' that contained a variety of snacks for people to access at all times. These included, fruit, crisps, chocolate, juice and water. We undertook observations during the lunchtime session and saw people enjoying their meals. They told us they were enjoying the meal and we saw evidence of choices made available to them. Staff were observed offering appropriate support to people and were seen engaging in conversations with them. The registered manager told us the dining area was always supervised by staff and senior members of staff were responsible for monitoring the amount of food people ate.

Staff responsible for meal preparation provided evidence of temperature checks on fridges and freezers as well as a completed cleaning programme. We saw they had access to plenty of food supplies of fresh food and vegetables. The home had the latest hygiene rating on display which was noted to be a rating of four out of a possible maximum five star rating.

Staff had the necessary skills to ensure effective care delivery. We saw evidence of completed staff training on a computerised training log. Topics covered included care planning and risk assessment, infection control, basic life support and manual handling. The registered manager told us there were plans to introduce more face to face training. This would ensure staff providing care and support to people who used the service had the required skills and knowledge to deliver safe and effective care. .

People using the service we spoke with told us staff asked permission before any care or activity took place. We observed staff asking people for their permission before undertaking any activity and staff were observed knocking on people's doors and waiting to be invited in. Care files we looked at identified evidence of consent obtained for people's care delivery as well as access to their records. There was an up to date policy and procedure for staff to reference regarding obtaining consent from people.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS, with the management team. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We were shown a file which contained evidence of completed DoLS applications. Records indicated these still required authorisations from the assessing authority.

Staff we spoke with had knowledge of DoLS and the MCA and confirmed they had undertaken DoLS and MCA training. The registered manager demonstrated a detailed knowledge of their responsibilities in relation to DoLS and the current guidance available. This would ensure staff had up to date relevant knowledge to protect people who used the service from unlawful restrictions.

## Is the service caring?

### Our findings

People using the service we spoke with told us, "The staff are wonderful, I am happy here", "The staff are beautiful I think it is lovely. I love them all to bits I would recommend the home to anyone" Visitors to the home were positive about the care staff delivered. They said, "The staff are lovely, kind, caring and respectful" and, "There were problems at first but I am now happy." Another said, "I am very happy I have no concerns it is a good home." We received positive feedback to the Commission about the care delivered in the home. Comments received were, "The good person centred homes such as Hope House never seem to receive any recognition."

Staff were observed talking kindly to people who used the service and they responded in a timely manner to requests for assistance. We observed people knocking on people's doors and waiting for a response to be invited in. A visitor to the home also told us staff were polite and knocked on their relative's door before entering. Care delivery was seen being offered at people's own pace. Staff were observed maintaining people's dignity and privacy. They communicated discreetly with people about personal needs as well as supporting them to return to their rooms for personal care. People living in the home were nicely presented with clean and tidy clothes. We observed a friendly and responsive environment and staff were seen responding to call bells in a timely manner.

There was evidence of positive caring relationships between people using the service and staff. It was clear staff had an understanding of people's individual needs and people who used the service responded positively to the staff. The registered manager told us, "I always monitor care and the staff always strive for a high standard. I can go home at the weekend happy."

During our inspection we saw excellent use of signage by staff to advise personal care was being undertaken and not to enter the room. This helped to maintain people's privacy and dignity. People we spoke with told us staff were respectful with them. We were shown a completed privacy and dignity survey that had been carried out showing mixed results on people's views. As a result of this quality monitoring exercise we saw evidence of actions taken.

## Is the service responsive?

### Our findings

We asked people who used the service and their relatives about whether care delivery was discussed with them and if they had agreed with the care they received. One person using the service we spoke with told us their care needs had been discussed with them. Another said, "I am happy, the staff explain what they are doing." Visiting relatives confirmed staff discussed their relations care with them and contacted them if there were any concerns relating to their care.

We asked the registered manager about the development of individualised care files for people who used the service. She told us staff engaged with people and discussed their care. She said the content of the care files were checked following reviews.

Care files examined were detailed in their content and included individualised care plans and recent evaluations. Examples seen were; personal care, physical wellbeing, sleeping, diet, weight and mobility. Records also included like and dislikes, care needs summary and care profiles. Personal information such as date of birth and GP were noted as well as a detailed life history. There was evidence in people's files of involvement of other health professionals such as the GP and district nurses. Care files had daily entries that detailed the care delivery that was given. There were separate records relating to daily checks such as food and fluid intake and output. The home statement of purpose detailed the system for reviews of care files that take place in the home and we saw evidence of reviews taking place. This would ensure peoples wishes and individual care needs were identified, discussed and met by the staff.

People who used the service had access to a range of meaningful activities in the home. We saw that activities on offer were displayed in the public areas of the home and included details of weekly activities taking place. There was evidence of a weekly coffee morning and plans were noted for a singer to visit the home. We saw an activities file in the home which detailed the list of activities on offer to people who used the service. This included activities such as, nails, shopping, chair exercises and religious sessions and records confirmed people who used the service were taking part in activities. We also saw activities were discussed at an open forum each week where people could make decisions on the types of activities they would like to take part in. Dates of these were recorded along with the names of the attendees.

People using the service told us, "We do lots of activities there is always things to do", "Visitors are always welcome." The registered manager told us the home operated an open visiting policy.

A visiting professional to the home told us staff were responsive to advice. They said, "I like the home it is one of my favourites". We saw the home used a computerised triage system to obtain advice from health professionals which was available at all times. We observed this in use and spoke with a professional via this link who told us the home was proactive in seeking advice as required and staff made appropriate referrals to them. Care files we looked at also confirmed health professionals visited the home.

## Is the service well-led?

### Our findings

The registration requirements for the provider stated the home should have a registered manager in place. 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 home had a registered manager in place at the time of our inspection.

The home had recently been transferred to a new provider and the registered manager told us she felt supported by the new provider as well as the senior management.

We received positive feedback about the management in the home. Staff said, "I am happy [Name] is firm but fair", "She is approachable I am happy I have no concerns, she will tell you if there is a problem" and "We are a good team we work well. [Name] is good, I like her". The registered manager told us she operated an open door policy and she regularly spoke with staff. We had also received positive feedback at the Commission using our website about the registered manager. They wrote, "I was blessed to work alongside [Name] who is a very good manager, she goes out of her way to deliver the best service to service users (people who used the service) and her staff." People who used the service told us the registered manager was visible in the home and spoke regularly to them and commented "[Name] is good." The registered manager told us she did daily walk rounds chatting with people who used the service.

Senior management in the home told us they had recently completed a full audit of the home which included checks on the environment, supervisions and any other audits taking place. We saw evidence of completed audits such as; the environment, finance, staffing, care plans and spot checks on care delivery as well as pressure areas, weight loss, pressure cushions and bed rails. This helped to ensure people using the service were protected from the risks of ineffective care because effective operating systems and quality monitoring was in place. We looked at records relating to checks taking place such as, window checks, monthly room checks, fire equipment and fire doors. There was evidence to show where improvements were needed actions were taken to resolve any issues. This helped to ensure people were living in a safe and monitored environment.

Systems were in place to ensure people who used the service were protected from the risk of failing to respond or act on incidents and accidents. Completed records showed analyses on incidents and accidents and included reviews that were being completed on a regular monthly basis.

There was evidence management meetings were being held and staff we spoke with confirmed they had team meetings and were able to discuss their views. We saw minutes of meetings taking place for people who used the service. These included notes of topics discussed. This helped ensure people who used the service took part in decisions taken about the home.

People who used the service and their relatives were offered the opportunity to give feedback on their care. A completed audit of feedback from questionnaires returned from the last survey had been completed. The

registered manager told us there were plans to roll out new documentation to relatives and people who used the service for their feedback in the near future.

Staff we spoke with told us supervisions were taking place and they were able to discuss their views. We saw evidence of completed supervision that included records of notes as well as any support required, any concerns, staff performance and the morale of the staff. The registered manager told us she undertook regular spot checks at night and the weekend to monitor the delivery of care. She said no problems had been encountered during these visits.

Staff had access to up to date policies and procedure to guide them in their care delivery. Guidance included for example; maintaining risk assessments, person centred care, incident reporting, food preparation and quality assurance.

There was advice on display such as; health and safety, legal services, diabetes and dementia advice. Details of dementia, sight and hearing loss champions were noted as well as a staff award called, 'spot light on excellence, employee of the month.' The registered manager told us this was given to nominated staff each month. Other certificates were displayed for people to look at such as the Care Quality Commission registration.

We asked the registered manager about any innovative practice taking place in the home. The registered manager told us they were involved a recognised training course being piloted with the local commissioning group along with a pilot scheme for looking at the data that is submitted to them which provided information of the checks and audits taking place in the home.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People who use services and others were not protected against the risks associated with missed medication and a lack of comprehensive recording in medication charts.