

Mrs Yvonne Proctor

The Larkins

Inspection report

Hill Top
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Tel: 01782504457

Date of inspection visit:
16 January 2019

Date of publication:
14 February 2019

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

What life is like for people using this service:

People said they enjoyed living at The Larkins. People felt safe and were cared for in a kind and compassionate way.

Staff were suitably trained to meet the individual needs of people.

Care records were current and relevant and gave staff guidance on how best to care and support people. People's risks were managed well and people received their medications as prescribed.

The provider and the acting manager of the home were visible and approachable and had a good rapport with people, their relatives and with staff.

More information is in the full report.

Rating at last inspection: Good (8 April 2016)

About the service:

The Larkins provides accommodation and personal care for up to six adults who may have a learning disability. At the time of our inspection there were five people using the service.

Why we inspected:

This was planned inspection based on the date and the rating of the previous inspection. The rating continues to be Good overall.

Follow up:

We will continue to monitor the service through information we receive.

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.

The Larkins

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection took place on 16 January 2019 by one inspector.

Service and service type:

The Larkins is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during his 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. The acting manager was present during our inspection.

Notice of inspection:

This inspection was unannounced.

What we did:

Prior to the inspection, we looked at the information we held about the service to help us plan our inspection. We reviewed the information in the Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to give us key information about the service such as what it does well and any improvements they plan to make. We also looked at notifications. A notification is information that the provider is required to send to us by law, such as deaths, safeguardings and serious injuries that

have occurred at the service.

As part of the inspection we spoke with three people who used the service and two relatives. We observed the communal areas of the home to assess how people were supported by staff. We spoke with one staff member and the acting manager.

We looked at one care file and saw records that related to the management and the running of the service such as audits and we looked at the way medicines were stored and managed.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse, systems and processes

- People told us that they felt safe living at The Larkins. One person said, "I do feel safe here, staff look after me."
- A relative said, "[Person's name] feels incredibly safe living there and they trust the staff who look after them."
- Staff were aware of their responsibilities in relation to keeping people safe from the risk of harm and/or abuse and knew how to report any concerns to the relevant authorities.

Assessing risk, safety monitoring and management

- People had their risks assessed and planned for.
- Risk assessments were completed and gave staff clear guidance on how to manage specific risks. For example, one person had a specific health condition that was unpredictable. Staff could identify the symptoms of any worsening in the condition and knew how to take the most appropriate form of action to manage the related risk.

Staffing levels

- There were enough staff to meet people's needs.
- A relative told us, "There are always plenty of staff around."
- Staff were observed spending time with people and people were not left waiting for care and support.
- There was a recruitment policy in place to prevent unsuitable staff working with people.

Using medicines safely

- Medicines were stored, administered and recorded in a safe way.
- There were protocols in place for people who received 'as required' medication and for the use of homely remedies.

Preventing and controlling infection

- Staff were observed wearing Personal Protective Equipment (PPE).
- The environment was clean and odour free.
- People were supported to maintain a clean environment to reduce the risk of the spread of infection.

Learning lessons when things go wrong

- There were systems in place to ensure that when accidents and incidents occurred at the service. These were addressed and analysed and an action plan implemented to prevent further incidents occurring.

Is the service effective?

Our findings

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People received an assessment of need before moving to live at the Larkins to enable people to receive effective care and support.
- Assessments and care plans were reviewed and updated regularly and people were involved in this process.
- One person said, "I have meetings with [staff member's name] and my social worker comes to see me."

Staff skills, knowledge and experience

- Staff received regular training in order for them to keep up-to-date with current practice.
- There was a low staff turnover rate at the service which meant people were able to have care from staff that they were used to.
- Staff knew people well. One relative told us, "The staff are very aware of [person's name] needs and how to care for them."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to make choices about food. One person said, "I get to choose the foods I like." Another person said, "I tell the staff what kind of drinks I like. I enjoy milkshakes and drinking cappuccino and the staff get these for me."
- Specific dietary requirements were catered for and we observed this in practice.
- People were supported to help prepare their own meals. On the day of our inspection, we observed one person looking at cook books and choosing recipes for meals they wished to make.

Staff providing consistent, effective, timely care

- Staff had a handover meeting before the start of their working day or night. This ensured that information was passed amongst staff to provide consistent care for people.
- Staff used a communication book to document key events that happened at the service so all staff were up-to-date with relevant and important information.
- People had hospital passports that included details of people's care and support needs. This ensured that people continued to receive effective and consistent care and support in hospital.
- A relative said, "[Person's name] always gets medical help when they need it. They see the doctor, the

optician, the dentist and the chiropodist visits."

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

- People's rooms were personalised with their own items creating a sense of homeliness and belonging.
- People told us that they were able to decorate their rooms. The acting manager supported people to choose from wallpaper designs and suitable colours in line with people's choices and preferences.
- The service had recently had bathrooms and the kitchen modernised and refurbished. The acting manager had plans in place to change some of the layout of the communal area so people had easier access to the outside areas.

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

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 with appropriate legal authority. 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.

- People were encouraged and supported to make decisions about their care. One person said, "I can do some things myself but the staff ask me if I need any help."
- Where people did not have capacity to make decisions, people were supported in the least restrictive way and in their best interests. The policies and systems in the service supported this practice.
- The acting manager was aware of their obligation to submit referrals to the local authority to ensure that where people were being restricted, this was done so lawfully.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and their relatives spoke highly of the care and support that received at The Larkins. One person said, "Staff are nice, they look after me properly." Another person said, "Staff take care of me."
- A relative said, "The staff have been absolutely fabulous. What they have done for [person's name] is absolutely fabulous."
- We observed positive interactions between people and staff. Staff sat with people in the communal areas and spoke with them, engaging people in conversations about various topics. People showed signs of happiness, laughing with one another and showing signs of affection, giving one another hugs.

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

- People were given opportunities to discuss their needs and wishes. One person said, "I tell the staff when I want to go to bed and I get up when I want." Another person said, "We have meetings and we talk about the things we want and like." We saw records of meetings that had taken place with people and action plans were in place to change things to suit people's preferences.
- People who were unable to communicate verbally were made to feel included. Staff had developed different methods of communicating with different people such as with hand gestures and pictorial cards.
- The service supported people with religious and spiritual needs, encouraging people to practice their faith as they wished. The service was also developing ways with people to consider the other protected characteristics under the Equalities Act 2010 such as sexual orientation.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff treated people as individuals and demonstrated patience when supporting people.
- People were encouraged to be as independent as possible. One person said, "The staff help me clean my room if I need it but I try to do it myself."
- A relative told us, "When [person's name] moved to The Larkins, they needed support to eat. Now, they eat independently because the staff have worked with them; they have come on brilliantly."
- Staff told us that staff respected people's privacy by knocking on doors before entering people's rooms and that they encouraged people to ensure they were appropriately dressed in order to maintain dignity and we saw this happening during the inspection.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Personalised care

- Care plans were person-centred. Staff we spoke with told us that they read people's care plans which helped to guide them in providing individualised care for people.
- Care plans detailed people's life histories, their likes and dislikes and contained information about what was important to people.
- Staff celebrated special events in people's lives. We observed people and staff were discussing birthdays and how people would like to celebrate. A relative told us, "[Person's name] celebrated a very special birthday whilst living at The Larkins. The staff put on a party with lots of food and staff who were not even working that day popped in with a present to wish [person's name] a happy birthday."
- The service had an activities coordinator who scheduled a programme of activities tailored to individual need and choice. We observed one person being taken to the cinema to watch a film of their choosing whilst other activities were taking place within the home.
- We observed photographs of people enjoying activities such as days out and holidays. A relative told us, "[person's name] goes to so many places. They have been on holiday in a caravan; have been to Blackpool and is now planning a trip to Disneyland Paris."
- The service understood and met the requirements of the Accessible Information Standard (AIS). This AIS places a responsibility on a service to identify, record, share and meet the communication needs of people with a disability or sensory loss.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints since the last inspection.
- There was complaints policy in place and people, their relatives and staff told us that they knew about the policy and that they would know how to make a complaint if necessary.

End of life care and support

- At the time of our inspection, there was no in receipt of end of life care.
- Where people had expressed specific end of life wishes and requests, these were recorded in care files.
- The acting manager was in the process of improving and updating paperwork to ensure that people's end of life wishes could be recorded effectively for everyone using the service.

Is the service well-led?

Our findings

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The acting manager was enthusiastic and passionate about providing high quality care that was personalised. We saw this happened in practice. They said, "We are like one big family. People and staff know me well. I have an open-door policy and anyone can come to me, at any time."
- Staff understood the vision and values of the service and were committed to providing person-centred care.
- People, relatives and staff all spoke positively about the provider and the acting manager. One person said, "I like [acting manager's name], she is very nice." A relative said, "I can always approach the provider or the acting manager. They are always available." Another relative said, "They are all exceptional people there." A staff member told us, "[Acting manager's name] is so good. They are supportive and only ever a phone call away. They are also so very caring towards all the people who live here."
- The acting manager understood their responsibilities under The Duty of Candour, that is to be open and honest and take accountability when things go wrong. The acting manager said, "I am honest and transparent" and knew how to respond if things went wrong.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The acting manager had begun to introduce lines of delegation amongst the staff group to produce a clear line of accountability and responsibility for the day-to-day running of the service. The acting manager told us that the objective was to continue to improve practice and sustain the quality that was already embedded in the service.
- There were processes in place to monitor the management of the service. Audits were regularly completed and actions taken when shortfalls were identified.
- The provider and the acting manager understood their registration requirements. The ratings of the last inspection were on display.

Engaging and involving people using the service, the public and staff

- People were encouraged to attend house meetings to contribute to the way the home was run. People spent time with staff on a one-to-one basis to discuss their individual wishes and needs and these were carried out in practice.
- Relatives told us that they were encouraged to complete annual surveys to allow them to comment on the

care at The Larkins and to make any suggestions for change. We saw copies of the surveys that evidenced what people were telling us.

- Staff received one-to-one supervisions and were involved in team meetings to allow them to share ideas and discuss their own training and development needs.
- The Larkins produced its own newsletter to keep people updated with what was happening at the home. A copy was available on the wall in the main entrance and relatives received a copy through the post.

Continuous learning and improving care

- The acting manager told us that they were beginning to identify different skills sets amongst staff to develop champion roles. Staff would use this opportunity to as a platform for information sharing and driving improvement and good practice.
- The acting manager kept up-to-date with their professional development and was part of best practice groups in order to develop and enhance their knowledge and skills.

Working in partnership with others

- The service had developed good community links in its seventeen years of operation. The acting manager said, "We have been here a long time and everyone knows me and the people who live here; we are the community."