Larchwood Care Homes (North) Limited

Eastfield Hall

Inspection report

Moss Road
Askern
Doncaster
South Yorkshire
DN6 0JZ

Tel: 01302700810

Date of inspection visit:
19 April 2016
21 April 2016

Date of publication:
03 June 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 19 and 21 April 2016 and was unannounced on the first day. Our last comprehensive inspection at this service took place in October 2014 when breeches of legal requirements were identified. The provider to send us an action plan outlining how they would meet these breeches. We inspected the service again in March 2015 to look at the progress and found they were meeting requirements. However, the rating of the service remained as requiring improvements as we needed to ensure that the actions taken were embedded into practice. You can read the report from our last inspections, by selecting the 'all reports' link for 'Eastfield Hall' on our website at www.cqc.org.uk.

Eastfield Hall is situated in Askern, Doncaster. The home provides accommodation for people who require nursing or personal care. The home can accommodate a total of 59 people. One part of the home is known as Eastfield Hall and provides personal care. The other part is known as Eastfield Lodge and provides nursing care for people living with dementia.

The service did not have a registered manager in post at the time 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. A home manager had been appointed and had been in post since January 2016 and was in the process of applying to be registered with the CQC.

Since our last inspection the umbrella company, Larchwood Care Homes (North) Limited, had remained the provider, however, the company managing the service on a day to day basis on behalf of Larchwood Care Homes (North) Limited, had changed. This had an impact on policies and procedures and how the home completed audits to ensure they were being effectively followed.

People were at risk of not receiving the support they required in relation to risks associated with their care or treatment. We saw risk assessments were in place but care plans had not been updated to show the current risks.

We looked at staff files and found the recruitment policy had not always been followed. We could not evidence that staff had completed an induction.

We observed staff working with people and found there were enough staff around to meet the needs of the people who used the service. However, on the first day of our inspection staff appeared disorganised and did not work as a team. This led to people not receiving care in a timely manner.

Medicines were managed safely and stored securely. There were protocols in place for administering medicines on an 'as and when' required basis. However the result was not recorded therefore we could not

see what effect the medicine had.

Staff were knowledgeable about safeguarding people from abuse and would report anything of this nature immediately.

Staff we spoke with told us that it was a while since they had received a one to one supervision session with their line manager. The provider was in the process of changing the training process and it was difficult to see what training was required.

Food was supplied in sufficient quantities to meet people's needs and dietary requirements were catered for. However, the mealtime experience on the first day of the inspection was chaotic. Drinks and snacks were offered at regular intervals throughout the day.

The provider was meeting the requirements of the MCA and DoLS. However, staff were not always constantly providing choices and enabling people to make decisions.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support.
We observed staff interacting with people who used the service in Eastfield Hall and on the first day of our inspection found staff to be task focused and spoke over people. However, on the second day we found a much calmer atmosphere where staff were interacting well with people and engaging in conversation.

Staff were knowledgeable about how to preserve people's dignity and how to respect them and their home.

Care records contained a care plan summary which outlined the person's preferred daily routine. However, these had not been updated since they were written and one was dated 2014. This no longer reflected the person's current daily routine preferences.

The manager told us that they had been waiting for paperwork to arrive so they could start new care plans; therefore some plans were out of date and did not reflect the person's current care needs.

We spoke with people who used the service and their relatives and found that social stimulation was limited. On the first day of our inspection we did not see any activities taking place. However, when we completed our second day of inspection we saw a coffee morning took place and a buffet tea was arranged to celebrate the Queens 90th birthday.

The provide had a complaints procedure and people we spoke with felt able to raise concerns. However one person told us there was never a resolution.

We observed a lack of leadership within the home. Staff sometimes appeared to lack guidance and direction. Staff were more focused when the deputy manager and team leader were in the home.

We saw an impact audit had been completed but actions had not been place on the home development plan. Other audits could not be located.

People who used the service had access to a meeting where they could share their views. However, it was not clear that their issues had been addressed. The service had not completed a quality assurance survey to seek out opinions.

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 were at risk of not receiving the support they required in relation to risks associated with their care or treatment.

The recruitment process was not always accurately followed in line with the company policy.

There was enough staff available to meet people's needs; however they did not always work as a team.

People were supported to take their medicines in a safe manner. However, the recording of medicines required 'as and when' could be improved.

There were policies in place to safeguard people from abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff we spoke with told us their training required updating and they were booked on to some training sessions.

The provider was meeting the requirements of the MCA and DoLS. However, staff were not always constantly providing choices and enabling people to make decisions.

Food and drink was provided to people in sufficient quantities to ensure they received a healthy balanced diet.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support.

Is the service caring?

Requires Improvement

The service was not always caring

We observed staff interacting with people who used the service and our findings were mixed. We saw some good interactions but others which were poor.

Staff knew have to preserve people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive

We looked at care records and some no longer reflected the person's current daily routine preferences and care needs.

Social stimulation was not routinely provided and some people told us there was nothing to do.

The provider had a complaints policy and people felt able to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

We observed a lack of leadership within the home. Staff sometimes appeared to lack guidance and direction.

We saw an impact audit had been completed but actions had not been place on the home development plan. Other audits could not be located.

People who used the service had access to a meeting where they could share their views. However, it was not clear that their issues had been addressed.

Eastfield Hall

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 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.

The inspection took place on the 19 and 21April 2016 and was unannounced on the first day. The inspection team consisted of one adult social care 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.

Before the inspection, we reviewed all the information we held about the home. We spoke with the local authority and Healthwatch Doncaster to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

As part of our inspection we spoke with other professionals who have contact with the home and offer support on a regular basis.

We spoke with six people who used the service and three relatives and spent time observing staff supporting people. We used the Short Observation Framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three care workers, a team leader, a member of the catering team, the administrator, and the manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at five people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Requires Improvement

Is the service safe?

Our findings

We spoke with people who used the service and their relatives and they told us they felt safe living at the home. One relative said, "My relative is definitely safe. There is someone here 24 hours a day so I know they are OK. I don't worry about them getting out and wandering around like at home." Someone who used the service said, "I'm used to faces here that's what makes me feel safe."

We looked as care files and found plans were in place to manage any risks associated with people's care. We saw risk assessments in place for issues such as malnutrition, pressure area care and falls. If a person was at risk then a care plan was devised to guide staff in how the risk should be reduced. We saw that some risk assessments clearly noted when a change had occurred, but the corresponding care plans had not been updated to reflect this. For example, we saw one person's pressure area risk assessment where the risk had been heightened due to restricted mobility and incontinence issues. We saw that the care plan had not changed to reflect these issues. Therefore the care plan was out of date. The care plan evaluation stated that the person could relieve their own pressure, but it was not clear if this was still the case in view of their restricted mobility.

We looked at another person's risk assessment around malnutrition and found they had a Malnutrition Universal Screening Tool (MUST). A MUST is a five step screening tool to identify adults who are at risk of malnutrition. We saw the totals on the MUST had been recorded wrongly. It was recorded that the person had lost seven kilograms in three months, between September 2015 and December 2015. Therefore the score on the MUST was recorded as zero, indicating there had been no weight loss, However, this should have read six to reflect the increase in risk associated with their weight loss. We saw the dietician had reviewed this person in November 2015 and advised to continue giving a particular food supplement. In December 2015, when the person had experienced this weight loss, the person's written notes stated that staff should to observe the person's weight and if any significant loss refer to dietician. There was no evidence that the dietician had been contacted in December 2015 and no further weight documented until March 2016. We spoke with the manager who said the person had been weighed since that time and showed us another sheet showing the persons weight history. However, this did not correspond with the person's care plan.

These meant that people were at risk of not receiving the support they required in relation to risks associated with their care or treatment.

This was a breach of Regulation 12 (1) (2) (a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a recruitment system in place. The policy indicated that pre-employment checks should be obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. The service was

in the process of recruiting staff and were waiting for employment checks to be completed.

We looked at four staff files and found the recruitment process had not always been followed. We checked a personnel file for a new employee and found that only one reference was available. We asked the manager about this and they told us they were waiting for the other reference. They explained that a more senior manager in the company had approved that the new staff member could commence work, but remain with a colleague at all times. We asked if a risk assessment had been set up and agreed with the worker and found that this was not in place.

There was no written evidence that induction had taken place for new staff. Staff we spoke with told us that they had received training and an introduction to the service and were able to shadow experienced staff for a few days. However, we saw one care worker who had just commenced employment with the service and they were supernumerary on the rota but undertaking tasks more suited to an established member of staff. This person had previously worked at the home but this was over 12 months ago.

Through our observation and by speaking with people, we found there were enough staff to meet people's needs. However, on the first day of our inspection, staff did not work as a team and were disorganised. For example we observed several times during our inspection when the someone had alerted the staff to attend to them via the call system, but staff were not quick to respond. One person said, "Please turn that buzzer off it drives me mad. It's going all the time." Another person said, "They (the staff) always seem to be under pressure."

We saw staff did not always respond quickly to people when they required support and assistance. During breakfast on our first day of inspection we observed that one person asked to go to the toilet for approximately 20 minutes before staff assisted them. One person entered the dining area and asked for a cup of tea, but despite staff being available, they waited ten minutes before this was provided. On the second day of inspection staff worked together much better and ensured people's needs were met in a timely manner.

We looked at systems in place for managing medicines and found the service had a policy in place which offered guidance to staff on how to administer record, dispose and order medicines. Each person requiring medicines had a Medication Administration Record (MAR) in place to record what medicines they had been given. We found the MAR sheets to be signed appropriately. People, who required medicines on an 'as and when' required basis, were signed for appropriately and the staff had noted on the reverse of the MAR stating the reason the medicine was given, the time and the date. However the result was not recorded. Therefore, it was not possible to see what effect the medicine had.

We looked at the storage of medicines and found they were safely managed. The service had controlled medicines on site and we checked the balance of medication for four people and found them to be correct. The controlled drugs record had been signed effectively. We saw temperatures were taken of the rooms and fridge where medicines were stored, to ensure medicines were stored at the correct temperature.

We found people had a care plan identifying the support they required to take their medicines. On the first day of our inspection we observed a senior care worker administering medicines, this was done safely. The senior care worker explained to the person what the medicine was and ensured they had taken the medicine before moving away from them. The senior care worker offered drinks and support.

The service had policies and procedures in place to safeguard people from abuse. Staff we spoke with felt able to recognise abuse and knew how to report it. People who used the service told us they felt safe living

at the home.

Requires Improvement

Is the service effective?

Our findings

We spoke with people who used the service and their relatives and found people felt staff were not well trained. One relative said, "I don't think they are trained enough to deal with people with dementia." Another relative said, "I think they (the staff) could do with more training." A person who used the service said, "It's a case of learning on the job for both staff and me."

We spoke with staff and they told us that most training had been completed by e-learning. Staff felt it was a while since they had received any training either face to face or via e-learning. One care worker said, "I can't remember when we last did moving and handling training but we have got some arranged."

We spoke with the manager about training and asked what the current position was. It was difficult to determine which staff had received training and which had not. This was because the company managing the day to day running of the home had introduced a different system. The manager told us that they were looking at updating the system to reflect current training needs.

We observed a care worker, assisting someone in a hoist. When the person was elevated in the sling they then asked a new member of staff to assist. The new care worker had previously worked at the home and completed moving and positioning training when they last worked at the home in May 2014. They had left the service in February 2015 and commenced work in a different field. The care worker had not received any training since they returned to the service, as this was their first day. We observed staff using another piece of equipment known as a stand aid. This entailed a moving belt being put in place around the person while they held the handle and stood. We observed the same care workers assisting the person and saw that they gave no explanation to the person apart from where they should put their hands. The person told them that the belt around their waist was moving and that their top was lifting up. However the care workers continued the manoeuvre saying, "It does that, that's what it does."

This showed the care workers lacked understanding of how to correctly move and position people. This was a breach of Regulation 18 (1) (2) (a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they felt supported by the management team but we could not see that individual meetings with their line manager had taken place recently. Staff felt they could approach management but could not remember when they last had a supervision session. We looked at staff files and found supervisions had not taken place in line with the provider's policy. For instance, one staff member's file showed that they had not received supervision since June 2015, while another staff member's file showed they had not received supervision since October 2015. The provider policy stated that staff should receive four supervision sessions a year and one annual appraisal. One staff member's file indicated that they last had an appraisal in 2010. We spoke with the manager about this and were told that they intended to see everyone individually and would set up a calendar.

We observed breakfast and lunch being served on the first day of our inspection. We saw people were

offered a nutritious meal. We saw the day's menu was displayed on a white board in each dining area. However, only the breakfast menu was available in picture format. This would assist people living with dementia in choosing and understanding what the day's menu was. We saw drinks and snack were provided throughout the day.

From our observations we found mealtimes to be chaotic. At lunch time meals were not served table by table so some people were waiting for their lunch while other people sat with them were eating theirs. One person became agitated waiting for their meal but staff did not notice. Another person was given their meal when almost everyone else had eaten. The mealtime experience was disorganised and did not create an atmosphere where people could enjoy their meal. On the second day of our inspection we observed a much calmer atmosphere.

The Care Quality Commission is required by law to monitoring the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) are aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

Through our observations and from talking with staff we found the service to be meeting the requirements of the DoLS. Staff were knowledgeable about this subject and told us they would ask their senior team if they wanted to clarify anything. We spoke with the manager who knew when to apply for DoLS for people.

The care plans we looked at indicated that people had been involved in them and in making decisions about their care and support. For example, people had signed a consent form to have their photos taken for identification, and social activity displays. We observed staff working with people and on the second day of our inspection. We saw people were given choices and these were respected. However, on the first day of inspection some people's choices were not respected.

There was evidence that people had access to healthcare professionals. We saw people had input from people such as the speech and language therapist, dietician and the district nursing service. We spoke with a visiting professional on our inspection and they felt the staff referred to these services in a timely and appropriate way. They said, "If someone doesn't know about someone's care because they have been off duty, they quickly find someone who can assist." They felt the staff were keen to do what was best for the person and to follow advice given by them.

Requires Improvement

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and they told us the staff were kind and caring. One person said, "Everybody is very good to me." Another person said, "They do a good job of looking after me, it's just that I get bored." One person said their carer was, "An excellent chap." Relatives we spoke with told us staff were compassionate. One relative said, "Their attitude is wonderful."

We observed some staff assisting people and respecting them as an individual. For example, one care worker asked someone if they would like an apron fetching from their room to use while they were eating. The person said, "Yes please." The care worker went and fetched one. We later read the persons care plan which stated that the person liked to use her own aprons at mealtimes. This showed that the staff was aware of the person's plan and took their preferences into consideration.

On the first day of our inspection we observed staff supporting people in East Field Hall and found some were caring and polite in nature, whilst others were task focused and spoke over people. For example, we saw one care worker walk in to the dining room saying, "Right who's had their breakfast and who hasn't ?" to another care worker who said, "Not sure, I'm on my own in here." Another care worker later asked how long a large pot of tea had been made and a care worker replied, "Since this morning about 8.30am." It was now 9.50am and the care worker had been giving people tea from the tea pot up until the other care worker made another pot at 9.50am. This showed a lack of consideration for people and did not cater to their preferences. On another occasion a care worker shouted across the dining room, "I'll go on bed round, you stay on floor." This showed a lack of respect for people who were sitting eating their breakfast.

We observed a person being assisted to move using a stand aid and this raised the person's top. The person told staff aboult this but they carried on with the task. This showed lack of respect for the person's dignity.

We observed staff interacting with people on the second day of our inspection and found a much more relaxed atmosphere. People were chatting about the Queens 90th birthday and staff were more person centred and less task focused. This showed the service had taken into consideration the feedback we shared on day one of the inspection.

During our inspection we observed positive interactions between staff and people who used the service in Eastfield Lodge. There was a relaxed atmosphere, staff knew people well and provided care in line with their current care plans.

We spoke with some staff about privacy and dignity and they were able to explain how they maintained people's dignity. They gave examples such as knocking on bedroom doors prior to entering people's bedrooms room and explaining the task they were doing. One care worker said, "It's all about working with the person and explaining what you are doing."

Care plans we looked at included a life history which gave information about where the person was born,

close friends and family, any pets, hobbies and things which interested them. This gave staff an insight into the persons likes and dislikes and areas of interest people may engage with.

Requires Improvement

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives and some people told us they were unaware of their care plans and hadn't been involved in writing or reviewing them.

Care records we looked at included assessments of people's needs. Care plans were in place regarding issues such as capacity to make decisions, eating and drinking, mobility and falls, health and medication and communication. Care plans did not always reflect the person's current needs as plans had been written but not updated as required, appearing like information was lacking. Updates were written in the evaluation section but none wrote within the care plan. This made it very confusing to see what the person's current needs were.

Care records contained a care plan summary which outlined the person's preferred daily routine. However, these had not been updated since they were written and we saw one was dated 2014. This no longer reflected the person's current daily routine preferences.

The manager told us that they had been waiting for paperwork to arrive so they could start new care plans; therefore some plans were out of date and did not reflect the person's current care needs.

During our observations on the first day of our inspection, we saw no activities or social stimulation being provided to people. Staff were very task focused and tended to speak with people when completing a task. We saw that staff sat at a table in the dining area when they had completed their jobs, but this was predominantly away from people. We spoke with the manager about social stimulation and they told us they were looking to move the table to encourage staff to sit with people. We noted that this had been addressed by the end of the first day of the inspection. The manager also told us that there were previously two activity co-ordinators but they had both left the post. The manager said they had been trying to recruit to these positions. The manager said that an apprentice will be starting soon and will provide activities for 30 hours a week. There had also been recent interest in the advertised post. We asked what was happening in the interim period and we were told that there was a coffee morning every Thursday. The manager agreed that activities and social stimulation offered to people was poor and they were looking into recruiting an activity co-ordinator.

On the second day of our inspection we saw that the service had taken action from our first day feedback and had arranged a buffet party tea to celebrate the Queen's 90th birthday and a coffee morning took place.

We saw that a residents' and relatives' meeting had taken place in March 2016 and people had raised concerns about the lack of activities in the home. The records we saw indicated that people were told that the manager would be looking at introducing external involvement in the home to improve stimulus.

The provider had a policy in place for handling complaints. We spoke with the manager who told us they had not received any complaints since January 2016. The manager told us they were looking at a different way to encourage complaints by putting a post box in reception to be used by people who may want to

make an anonymous complaint. One person told us they had raised a concern and said, "I have told them about it but they say they are going to put things right but there is no resolution."

Requires Improvement

Is the service well-led?

Our findings

We spoke with people who used the service and their relatives and most people said the manager was nice, but they were busy. One person said, "He seems very nice, but has got a lot on."

Staff felt supported by the manager and felt able to talk to them. However, most staff said they would raise issues with the senior staff first. One care worker said, "We can get together and raise issues and ideas that will contribute to change."

The service had been without a registered manager for a long time and this had not been a stable foundation for staff. The provider had employed a number of managers but they had each left prior to registering with the Care Quality Commission. The service was currently being managed by a manager employed by the company. He told us he was in the early stages of the registration process and ready to send off his DBS check.

On the first day of the inspection we observed a lack of leadership throughout the service. Staff were not working well as a team and they appeared to have no direction. On the second day of our inspection the team leader was present in Eastfield Hall and this had a positive impact on the team and the organisation of the day. However, this consistency needed to be embedded so that when the team leader was not around, staff could follow the direction of the senior staff member in charge.

Since our last inspection the umbrella company, Larchwood Care Homes (North) Limited, had remained the provider, however, the company managing the service on a day to day basis on behalf of Larchwood, had changed. This had an impact on policies and procedures and how the management team completed audits to ensure they were being effectively followed. An internal impact audit had been completed on the 18 April 2016 and had highlighted some areas we identified. For example, lack of supervision, low training statistics, and care plans not being updated to meet people's current needs. The manager showed us a development plan which was the homes action plan. This action plan contains all areas raised on various audits as points of action. However, many issues raised as a result of the impact audit were not on the plan. The manager told us he was currently working on this. Other audits could not be located.

There was no evidence that monitoring improved the quality and safety of the service provided.

This was a breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008, Regulated Activities 2014.

We saw evidence that residents and relatives meetings took place which were known as 'Our Voice.' We saw that the last one took place on 15 March 2016 and discussions took place around re-furbishment, activities, and recruitment. Although people had raised concerns about the lack of social interactions at this meeting, there was little evidence of any progress made. The manager said he was looking into recruiting an activity co-ordinator.

We saw the home admitted people who were under 65 years old and the statement of purpose did not cover how the service would meet their needs. We spoke with the manager who told us this would be addressed.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk of not receiving the support they required in relation to risks associated with their care or treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There was no evidence that monitoring improved the quality and safety of the service provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing care workers lacked understanding of how to correctly move and position people