Surrey and Borders Partnership NHS Foundation Trust

Larkfield

Inspection report

Larkfield
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Date of inspection visit:
19 January 2016

Date of publication:
29 February 2016

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

Larkfield provides accommodation and personal care for up to seven people who have a learning disability, such as autism or epilepsy. On the day of our inspection seven people were living in the home.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

Staff met with their line manager on a one to one basis to discuss their work. Staff said they felt supported and told us the provider had good management oversight of the home.

People lived in a homely environment and were encouraged to be independent by staff. Staff supported people to keep healthy by providing people with a range of nutritious foods. Everyone was involved in the menu planning and shopping. People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health.

People were encouraged to take part in a range of activities which were individualised and meaningful for people. We heard people chose what they wished to do on the day, not only within the home but if they wished to go out.

People were not prevented from doing things they enjoyed as staff had identified and assessed individual risks for people. The registered manager logged any accidents and incidents that occurred and staff responded to these by putting measures in please to mitigate any further accidents or incidents.

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

There were a sufficient number of staff on duty to enable people to either stay indoors or go out to their individual activities. People and staff interaction was relaxed. It was evident staff knew people extremely well, understood people's individuality and needs and respected people when they wished to have time alone. Staff were very caring to people and empathetic when it was needed.

Staff received a good range of training which included training specific to the needs of people living at Larkfield. This allowed them to carry out their role in an effective and competent way. Staff met together regularly as a team to discuss all aspects of the home.

Staff and the Trust undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were actioned by staff.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted as there were procedures in place. We read people would be evacuated to another of the Trust homes should the need arise.

Appropriate checks, such as a criminal record check, were carried out to help ensure only suitable staff worked in the home. Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event and they had access to a whistleblowing policy should they need to use it.

A complaints procedure was available for any concerns. This was displayed in a format that was easy for people to understand. People and their relatives were encouraged to feedback their views and ideas into the running of the home.

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.

Medicines were administered and stored safely.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff knew what to do should they suspect abuse was taking place and there was information to people living in the home should they need it. There was a plan in place in case of an emergency.

Is the service effective?

Good

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People were involved in choosing what they cooked and ate and were supported by staff to have nutritious meals.

People had involvement from external healthcare professionals to support them to remain healthy.

Is the service caring?

Good

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind and showed empathy when it was needed.

People were independent and made their own decisions on matters.

Relatives and visitors were able to visit the home at any time.

Is the service responsive?

Good

The service was responsive

People were able to take part in activities that meant something and interested them. People chose which activities they would like to undertake.

Staff responded well to people's needs or changing needs and people and their relatives were knowledgeable about their care plans and involved in any reviews.

Complaint procedures were available for people in a way they could understand.

Is the service well-led?

Good

The service was well-led.

Quality assurance checks were completed by the Trust and staff to help ensure the care provided was of good quality.

Everyone was involved in the running of the home. This included the people who lived there, their family members and the staff.

Staff felt the provider had a good management oversight of the home and supported them when they needed it.

Larkfield

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 was an unannounced inspection that took place on the 19 January 2016. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask for this form to be completed on this occasion because we decided to inspect this home sooner than we had planned.

People living at Larkfield were unable to communicate with us at length so instead we observed the care and support being provided by staff. We talked to three relatives and one healthcare professional following the inspection.

As part of the inspection we spoke with the registered manager, two members of staff and the Trust service manager. We looked at a range of records about people's care and how the home was managed. For example, we looked at two care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at two staff recruitment files.

We last inspected Larkfield in May 2014 when we had no concerns.

Good

Is the service safe?

Our findings

A relative told us they felt their family member was safe because, "Staff have got their eye on everyone."

Staff followed good procedures in relation to the handling of medicines which meant people received their medicines in a safe way. We saw medicines were stored in a locked cupboard secured to the wall. The registered manager carried out regular audits of the medicines. The storage of medicines was organised and tidy so people's medicines were held in a way that there would be no risk of people receiving someone else's medicine.

People received the medicines they required. The medicines administration record (MAR) charts were completed properly, without gaps or errors which meant people had received their medicines when they needed them. Each MAR held a photograph of the person to ensure correct identification of people and there was information on any allergies and how a person liked to take their medicines. We saw people being administered their medicines and this was carried out in an appropriate way by staff.

When people were in pain or unwell they could request or receive medicines to relieve this. For example, each person had a PRN (as needed) and homely remedies (medicines which can be bought over the counter without a prescription) protocol. This gave guidance to staff on when a person may require either of these medicines, whether or not they were able to ask for them, or signs they may display to show they needed them. People who stayed away from the home visiting friends or family had a 'home medications log' which enabled staff to keep a check that medicines were not missed.

There were a sufficient number of staff on duty to support people with their needs within and outside of the home. The registered manager told us there were usually four staff on duty during the day but this may increase for five or six depending on the activities that were being undertaken. One person required one to one support when inside the home and two to one when they went out and we saw this happen. When we arrived two people were out and the remainder were in the home. We saw a sufficient number of staff available to meet their needs in a way that people did not feel they were having to wait for attention.

Staff were supported by staff who were employed appropriately. The provider carried out appropriate checks to help ensure they employed suitable people to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People could expect staff to support them in a way that would reduce any accidents they may have. The registered manager kept a log of accidents and incidents. We read that action taken and measures put in place to help prevent reoccurrence had been noted. For example, one person had been referred to the Speech and Language Therapy team following a problem over their eating.

People's individual risks were identified by staff. Staff supported people to live their life in a safe way by

ensuring they were not put in situations which could leave them at risk of harm. For example, for one person who became anxious when they were surrounded by a lot of people, or for another person who ate too quickly. The home was undergoing some building works which was quite disruptive. We read the registered manager checked the builder's work-schedule each day and notified people of this. She reassured people and looked for ways to reduce any anxieties which may be caused by the interruption of the normal routine. Such as people going out more. She recorded her actions in relation to this on a daily basis.

People would be kept safe because staff had a good understanding of safeguarding which meant they helped keep people safe from harm. Staff told us who they would go to if they had any concerns relating to abuse. One member of staff said they would report anything suspicious to a senior member of staff and if necessary go to the police. We saw there was information available for staff on who they could contact. We saw safeguarding information and how to report abuse was displayed in a way people could understand. Staff told us they were aware there was a whistleblowing policy and they would use this to report any general concerns they had about the home.

People would continue to receive appropriate care in the event of an emergency. There was information and guidance for staff in relation to contingency planning and we read each individual had their own personal evacuation plan (PEEP). Staff had written on the back of each person's PEEP specific information related to how the person may react in an emergency which would help staff respond appropriately. For example we read, 'will be scared if the fire alarm goes off'. A recent fire risk assessment had been carried out on the building and fire drills were undertaken routinely. We checked the training records and saw staff were up to date with fire training which meant they would know what to do should the need arise.

Good

Is the service effective?

Our findings

One relative said the food was good and another told us it was, "Okay."

People were supported to have a varied and nutritious diet to help maintain their health. The registered manager told us they sat with people and agreed a menu together. This was done by discussion or pictures. There was a board displayed in the dining room which showed people what was on the menu that day. This tied in with the meal people were given at lunchtime. People were involved in shopping for the food and it's preparation and we saw people help to lay the table and assist in the kitchen at lunchtime.

Eating lunch was a pleasant experience for people. We saw staff brought lunch into the dining room and put it on a table in the corner. People were invited up to take a plate and choose what they wished to eat. We saw each person choose their portion size and their choices based on their likes and dislikes. Where people had particular dietary needs, staff gently guided people to appropriate foods. We saw staff offer people more food if they wished it and make some chips for one person who requested it.

People with specific dietary requirements had been identified by staff and professional guidance sought. We saw a folder in the dining room which contained information for each person in relation to their diet. This contained specific details about people. For example, if they required their food to be cut up or if they needed particular cutlery such as a spoon, rather than a fork. We saw during lunchtime that this guidance was followed by staff. For example, two people required staff to sit with them whilst they were eating and we saw this happen. A healthcare professional told us staff were good at following professional guidance.

People who may be at risk of malnutrition were supported by staff. For example, one person was at risk of losing weight because they did not always wish to eat. We saw staff had introduced a routine of offering this person mid-morning and mid-afternoon snacks to supplement this person's food intake. Staff recorded this person's weight to ensure it kept above an appropriate level. There was guidance for staff should this person's weight reduce and staff had followed this when required.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. 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. We read mental capacity assessments had been carried out for people. For example, in relation to dental treatment or for one person who required staff to check them regularly throughout the night. One staff member told us, "We assume capacity, we don't just judge people don't have capacity." Another said, "We look to gain consent. If someone can't give consent then we will have a best interest meeting." A healthcare professional told us they were invited to best interest meetings when appropriate.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that staff knew of the implications of the MCA and DoLS. DoLS applications were made and authorised where necessary. For example, in relation to the locked kitchen and front doors.

Restrictions to people were reduced when possible. For example, the registered manager told us all bathroom doors had previously been locked because one person drank the water from the taps. New sensor taps were now installed and a sensor light fitted which would alert staff to this person's whereabouts. This meant the doors could stay open, but this person would remain independent and safe. The registered manager went on to say that she planned on being able to have the kitchen permanently open without people, who may be at risk of choking, accessing inappropriate foods. In the meantime however she said staff ensured there were always drinks and fruit available in the dining room for people to help themselves to.

People would receive care from staff who were capable and able to carry out their job in an effective way as staff received relevant training for their role. We read that staff were up to date with the Trust's mandatory training. This included safeguarding, fire safety, medicines, first aid and food hygiene. One staff member said, "The training is good. I would like to gain additional qualifications."

Staff were able to meet with their line manager on a one to one basis, both through supervision and appraisal. We saw that all staff were up to date with both of these. Supervision gives a manager the opportunity to check staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff are working competently and appropriately. One member of staff told us, "I have supervisions every month. I talk through any problems."

People could expect to receive effective care from staff when they needed it. Some people were living with epilepsy and staff were provided with clear guidance on triggers and symptoms to recognise prior to someone having a seizure. The guidance detailed a person's history in relation to this and there was a treatment plan for staff to follow. The plans were drawn up with the input of a clinical pharmacy adviser. A log of episodes was kept by staff to allow them to monitor the frequency and severity of people's seizures.

People were able to communicate successfully with staff. We heard the registered manager and one person have a conversation about the lunch they were going to have at a local pub. This person's speech was difficult to understand at times, however the registered manager easily conversed with the person, waiting for them to digest what she was asking them and checking they understood her questions. A staff member told us of the way people communicated with them. For example, by resting their chin on their shoulder or patting them on the back. They said this showed them people were happy.

People were supported by staff to maintain good health. Each person had a health action plan in place which recorded the health care professionals involved in their care, for example the GP, optician, dentist or physiotherapist. People had been supported to have a flu jab in order to help protect them from the risk of contacting flu during the winter months.

Good

Is the service caring?

Our findings

One relative said, "Staff are very respectful" and another told us, "Engaging staff."

People received empathetic care. One person was not feeling well on the day of the inspection and we saw staff act in a caring and attentive way towards them. Staff regularly checked how this person was feeling and showed concern towards them. One staff member came on duty in the afternoon and we heard them say, "Hello, I was so worried about you yesterday. Are you feeling better?"

People were cared for by staff who knew them well. Staff were able to tell us about individuals. This included information about their likes, dislikes, care needs and past history.

People were supported to be independent. One person asked us if we would like a drink and when we accepted we heard a member of staff say, "Do you want to come and make it with me?" One person helped to put the shopping away when staff returned with it in the morning.

People were recognised as an individual. For example, one person didn't like to have curtains at their windows so these had been removed. Another person pulled down their curtains so the registered manager had arranged for alternative curtains which fitted better inside the window frame as staff had determined it was the curtains touching this person's ornaments on their windowsill that they did not like.

People were treated as though they mattered by staff. One person had a birthday coming up and staff talked about it to them and suggested making some cakes together. This person had been out in the morning to choose their birthday cake and staff showed an interest and talked about the cake when they returned.

People received individual attention from staff. Staff sat with people who required prompting or support during mealtimes. We heard staff speak encouraging and gently to people to prompt them to eat. One staff member told a person what they were going to do before they did it. For example, getting cutlery or sauce. Staff commented on the food to one person so they could understand what they were eating. During lunchtime staff concentrated on the person they were supporting and did not get distracted with other people.

People were treated with respect by staff. We heard staff address people appropriately and saw them knock on people's doors before entering their room. When staff asked people to do something they always said, "Please" when making the request. One person was going out for lunch and staff addressed this person in an age appropriate way with regard to them taking money with them for their lunch. A member of staff told us, "Before someone has a bath I take everything I need in the bathroom so once they are in there I don't need to open the door."

People could have privacy when they wished it. One member of staff said, "You have to respect people want to do their own thing. If they want to stay in their bedroom then you need to give them space." Earlier in the day a member of staff told us that one person was in their room getting dressed and asked that we did not

disturb them as it took them time to do this.

People's rooms were personalised and homely and there were pictures around the home of people involved in various activities.

Relatives told us they were able to visit when they wanted and were made to feel welcome.

Good

Is the service responsive?

Our findings

One relative said, "They (staff) take her out in the car and she goes to the day centre which she likes." A healthcare professional said there was always something going on in the home when they visited.

People would know how to make a complaint as there was a complaints procedure available for people. This gave information to people on how to make a complaint. The procedure was written in a way that people could understand, for example pictorial. The registered manager told us there was also a computer tablet available for people to leave their comments. The tablet contained simple photographs in order to support a person to record any issues they had. The registered manager told us they had received no written complaints about the home in the last 12 months. Staff were aware of the complaints procedure. One staff member told us, "I would sit and discuss a complaint with a person and report it for them if I needed to."

People were supported to participate in, choose and attend activities which had meaning to them and were individualised. People used the sensory room throughout the day and we saw some people having their feet massaged which they clearly found relaxing. Other people went out for a walk and latterly to the pub for lunch. One person liked weekly visits to church and we read in their daily diary staff supported them to do this. Other activities included trampolining and attending a day centre. Staff told us they were always trying to find new things for people to do in their leisure time. One staff member said, "We tried disco's with one person – they didn't stop dancing until it had finished. That makes me feel good."

People received interaction from staff when they remained indoors. Staff sat with people looking through magazines or having a cup of tea together. One staff member flicked through the television channels for someone who wished to watch a film. We saw them find a film the person wanted to watch.

People were involved in their care plans and care plans were focussed on the person. Each person had a keyworker who had the responsibility of ensuring information about an individual was up to date and relevant. There was comprehensive information about people which included how they communicated, their preferred daily routine and their personal care preferences. There was also details about people's likes and dislikes. For example, one person liked to have several baths throughout the day and staff supported this person to do this. Information in care plans was accompanied by photographs. For example, one person liked to help around the home and photographs showing the person participating in setting the table or doing their laundry were in the records. We noted in one person's care plan a 'DisDAT' assessment had been completed. This is an assessment which identifies distress cues or triggers for people in relation to their behaviours. Guidance is given to staff on how to respond to these.

People were able to reflect the care they wished to receive in their care plans. Personal care plans were written in a very person-centred way. Important information about people's lives were recorded in their care plans. We read people's life history had been written down and events that had happened to them which may have result in some of the anxieties or behaviours they now felt or displayed.

People would receive care responsive to their changing needs. One person's mobility was deteriorating and

staff had involved the physiotherapist who had drawn up a list of exercises for this person. A chart to record when the exercises were completed was included in this person's care plan. This same person required regular chiropody appointments to help with their walking and staff had ensured this had happened.

Relatives and others were also encouraged to be involved. A relative told us, "I am invited to the meetings to talk about her care plan."

Good

Is the service well-led?

Our findings

A relative told us, "Staff and the manager are very approachable." They said they felt the home was well managed.

People could expect to be cared for by staff who enjoyed their job. Staff enjoyed working at the home. One staff member said, "I like working here. It's like home here. I would do the same here as I would do at home." Another told us, "You know each day is going to be different. I like working with everyone here." Staff told us they felt valued by the Trust. One member of staff said, "I feel valued and if I had a problem I would go to the (registered) manager."

There was a good team spirit evident in the home. Staff conversed easily with each other and discussed tasks between them so people received support or could go out when they wanted without waiting. Staff worked together well as a team and they communicated regularly with the registered manager seeking advice when necessary. The registered manager was visible throughout the day and was very aware of what staff were doing.

People lived in a home which was monitored for it's quality in terms of the premises and records as well as the care provided. The Trust carried out 'CQC audit' visits which covered different aspects of the home, such as medicines, premises, health and safety and complaints. The last two audit's had resulted in no actions for the registered manager.

Staff carried out other audits on a regular basis, such as water temperatures, medicines audits and premises checks.

People were involved in the running of the home. House meetings took place regularly and discussions included the food, choices and activities were held. Notes were written using words and pictures so people were reminded what had been talked about in a way they would understand.

Staff had the opportunity to meet as a team on a monthly basis to discuss general information as well as individuals and any good news or concerns they had. We read the minutes of the last two meetings which had good attendance by staff.

Relatives were encouraged to give their feedback of the home. The registered manager told us the recent survey had only been completed by two relatives. We looked at the comments received and read they were positive. We noted one relative had written they didn't know who to contact in the home in relation to staff and we saw this relative had been provided with this information.