

Anchor Hanover Group

Larchfield

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Larchfield is a care home for up to 40 people who have physical disabilities, mental health conditions and may be living with dementia. The service was providing care to 36 people at the time of the inspection.

People's experience of using this service: People were happy living at the service. They told us they felt safe and well looked after. Staff received safeguarding training and knew how to recognise and report any concerns. Staff were recruited safely and there were enough staff to meet people's needs. People received their medicines as prescribed. The service was clean and staff followed good hygiene practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider and staff acted within the law when people lacked capacity to make their own decisions. People's health and nutritional needs were met and understood by staff. Staff received induction, training, supervision and support to enable them to feel confident and be competent in their role.

Staff were patient and friendly, and people's privacy and dignity was respected. They showed they valued people as individuals and had formed supportive relationships with people. Staff knew how people preferred their care and support to be provided.

Care plans were kept up to date and reflected people's needs. The provider was responsive to complaints and concerns. There were opportunities for people to discuss any concerns or ideas they had about the service. People chose to pursue a variety of activities and interests at the service and in their local community.

The service had an open and supportive culture. Audits and checks were carried out to monitor the quality of care delivered. There was a commitment for improvement and learning from any actions identified. The registered manager and management team were committed to providing good quality care and support for people.

Rating at last inspection: Requires Improvement (Published 27 February 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Larchfield

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out this inspection. On day two a specialist advisor pharmacist also supported the inspection.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced on days one and two, we told the registered manager we would be visiting on day three.

What we did: Before the inspection, we reviewed all the information we held about the service including statutory notifications. Statutory notifications provide the Care Quality Commission (CQC) with information about changes, events or incidents. This ensures we have an overview of what is happening at the service. We contacted relevant agencies such as the local authority, safeguarding and local Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a Provider Information Return (PIR) in October 2018. Providers are required to send us key information about their service, what they do well and improvements they plan to make.

During the inspection we spoke with the district manager, registered manager and six staff members. We also spoke with eight people and spent time observing the environment and the dining experience. We

spoke with one visiting healthcare professional.

We looked at five people's care records and eight people's medication administration records and a selection of documentation about the management and running of the service. This included recruitment information, staff training records, policies and procedures and staff rotas.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Staffing and recruitment.

- At the last inspection in November 2017, staff were not deployed to meet people's needs in a person-centred way. At this inspection, we found improvements had been made.
- The provider now used a dependency tool to assess how many staff were required based on people's needs. Rotas showed sufficient staffing was provided.
- People told us they received care in a timely way.
- Staff said there were enough staff to meet people's needs safely and they didn't feel rushed. We observed sufficient numbers of staff on shift to support people safely.
- Recruitment practices were safe and the provider had clear policies and procedures to follow which ensured suitable people were employed.

Using medicines safely.

- People's medicines were handled and managed safely. Medicines were safely received, stored, administered and returned when no longer required. Hand written entries had been made on the medicine administration records. These had not always been checked by a second staff member to ensure they were accurate and fully completed. The registered manager said this would be addressed with staff.
- Some people needed and received additional monitoring by health professionals with the medicines they took.
- Medicines audits and checks were carried out. Where errors were found they were investigated and action taken.
- Staff received training in the safe handling and administration of medicines; and their competencies were regularly assessed.
- People were happy with the support they received to take medicines.

Systems and processes to safeguard people from the risk of abuse.

- The provider protected people from harm and abuse with effective safeguarding systems. Staff were trained to identify and respond to any safeguarding concerns. Safeguarding procedures were robust and staff reported incidents or allegations of abuse
- Incidents were recorded and monitored. Concerns and allegations were acted on.
- People told us they felt safe living at the service. One person said, "I feel loved and supported here, there is no one nasty or bad."

Assessing risk, safety monitoring and management.

- Risks to people's safety were assessed and managed. Staff understood where people required support and care plans contained explanations for staff to follow to keep people safe.
- Staff supported people to prevent a deterioration of their mental health. One person said they felt they

were moving forward and their risk behaviours had reduced since being at the service.

- The premises and equipment were safely maintained.
- Emergency plans ensured people were supported in the event of a fire.

Preventing and controlling infection.

- Staff followed good infection prevention and control practices. They used personal protective equipment: disposable gloves and aprons, when undertaking personal care tasks.
- People told us good standards of cleanliness were maintained.

Learning lessons when things go wrong.

- A system was in place to record and monitor any incidents.
- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

Is the service effective?

Our findings

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

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's needs were assessed to ensure they could be met. Care plans were regularly reviewed to assess people's progress and achieve their goals. One person told us; "My health is much better since being here; staff help me stay on track."
- Care was managed and delivered within lawful guidance and standards. For example, staff were aware of people's mental health needs and the person-centred approach needed to prevent any relapse.
- People's diverse needs were documented in their care plans and met in practice.
- People were involved in making every day decisions and choices about how they wanted to live their lives and staff respected these.

Staff support: induction, training, skills and experience.

- Staff carried out their roles effectively. They were competent, knowledgeable and skilled. People said staff were well-trained.
- Staff received a comprehensive induction based on an agreed set of standards about the knowledge, skills and behaviours expected of job roles in health and social care.
- Staff told us their training was comprehensive and kept up to date. This was confirmed by training records.
- Staff said they felt well supported and received regular supervision, but records of this were unclear. The registered manager said they would make sure the records were clearer in future.
- A new system of annual appraisal was about to be introduced, with dates planned for objective and goal setting.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were provided with a well-presented choice of food and drinks which met their needs and preferences. People told us they enjoyed the food and menus were varied. One person said, "The food is beautiful and I can have a cup of coffee any time I want one." Another person said the food had improved recently in response to some suggestions from people.
- People chose when and where they ate. One person cooked their own food in their room and enjoyed the independence this gave them.
- Meal times were flexible to suit people's needs and alternatives to the planned menu were provided.
- People's weight was monitored for any changes. Appropriate referrals to health practitioners were made in response to any concerns.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were supported to access and receive a range of healthcare services they needed.

- Information was available and ready to be shared with other agencies if people needed to access other services such as hospitals.
- People said staff were prompt in getting a doctor for them and they were satisfied with the staff support.

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

- The environment was suitable for people's needs and was in line with best practice guidance for people who were living with dementia.
- People had their own en-suite bedrooms which were spacious and homely.
- The service supported people's independence in using personal equipment.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records were clear when decisions had been made in people's best interests or they had been asked to sign to consent to their care.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible; policies and systems in place supported this practice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; equality and diversity.

- People were happy in the service and were treated with kindness and compassion by the staff. One person said, "Staff are great with us; kind and helpful." Another person said, "It's so nice here, staff are always on everyone's side."
- We saw positive interactions between staff and people. Staff had a genuine fondness for them and were friendly and patient. One staff member said, "It's like coming to work and having 40 friends here."
- People were protected from discrimination and were supported in any cultural support they required as part of their package of care. For example, people's preferences and cultural background and faith were identified during the initial assessment.

Respecting and promoting people's privacy, dignity and independence.

- Staff treated people with respect and maintained their privacy and dignity. People confirmed this. One person said, "I can keep myself to myself if I want to, staff don't interfere."
- Staff knocked on people's doors and waited before entering. We also saw staff speaking with people discretely about their personal care needs.
- People were encouraged to maintain their independence. Care plans focussed on what people could do for themselves and how staff could support them to achieve this.
- People were supported to maintain relationships with those close to them. One person told us their family member called them each day to ask about their welfare. Another person told us how important it was for them to see their friends in the community. They were supported by staff to achieve this.

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

- People had expressed their preferences as to how care should be delivered and this was recorded in their care plans.
- People were given choice and control in their daily lives. One person told us, "I feel very involved in my care."
- People had regular meetings at the service and could make suggestions about how the service was run. People said food and activities were discussed and any special events such as trips out or a recent valentine's day party.
- Information was available about sources of advice and support or advocacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans identified what was important to them. Some care plans did not have detailed guidance on how care was to be delivered. Terms such as 'assist' when referring to personal care did not describe how people were supported individually. The registered manager said these would be reviewed to improve them.
- Staff knew people's likes, dislikes and preferences. They could describe the person-centred care they provided for people. People told us staff knew them well. One person said, "I feel loved and supported and I feel people [staff] care about me."
- Systems ensured staff were informed of any changes in people's care needs and the support they required.
- The registered manager was aware of the Accessible Information Standard and how to access translation services if these were needed.
- People told us there were enough activities available for them. They said they got involved in what interested them.
- On all three inspection days we saw people were engaged in activities on offer such as exercise classes, gardening and going out in the community.
- The provider promoted a whole team approach to activity. This meant staff had been identified as champions to promote and organise a range of activities to ensure people's well-being.

End of life care and support.

- People were supported to make decisions about their preferences for end of life care.
- People's wishes were respected if they did not feel ready to discuss this.
- The registered manager said they would always aim to support people at the service for end of life care if this was their wish. They said they would liaise with the GP and community nursing teams to ensure people got the care they needed.

Improving care quality in response to complaints or concerns.

- People told us they had no complaints but were confident if they raised any issues these would be dealt with properly.
- Some people were not aware of the provider's complaints procedure but said they would speak to any member of staff if they had any concerns. Staff were aware of the process to follow should someone raise a complaint. No complaints had been received by the service in the 12 months prior to our inspection visit.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- At the last inspection in November 2017 we had concerns about quality assurance checks. At this inspection we found improvements had been made.
- People and staff were complimentary about the registered manager and management team. Comments included; "The manager is absolutely lovely" and "[Name] is so nice. Gives you so much comfort and reassurance."
- Staff said they received good support from any member of the management. One staff member said, "[Name] is the best manager I have ever worked for; so approachable and listens."
- The provider and registered manager demonstrated a commitment to ensuring the service was safe and high-quality care and support was delivered. Effective quality assurance systems monitored and reviewed performance and ensured risks were managed. Some records such as care plans, needed to be improved and the registered manager was aware of this.
- The registered manager notified the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The management team spoke warmly and knowledgably about people. It was clear they valued people and were committed to providing a person-centred service.
- Discussions with staff showed they shared the same culture and values.
- Staff said they loved their jobs, felt valued and enjoyed working with the people who used the service. One staff member said, "I am so proud to work here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The service involved people in discussions about their care. People and relatives completed surveys and feedback was used to continuously improve the service. For example, improvements to the garden had been suggested and a local organisation was asked to volunteer to carry them out.
- People told us they were happy with the service and they would recommend it to others. One person said, "This is a happy home; they [staff and management team] make it a happy home." Another person said, "This home is a good home; everyone is so understanding."
- People were treated equally with no discrimination. One person said, "I never feel judged; no matter what."

Working in partnership with others; Continuous learning and improving care.

- The management team and staff worked closely with other partner agencies and community groups to achieve good outcomes for people.
- The provider had positive links with healthcare providers. A healthcare professional said the service was prompt in making any referrals for people's health support and acted on advice given.
- Staff were kept informed of important issues that affected the service. For example, staff told us following incidents, there was discussion and reflection at staff meetings and handovers.