Cedar Care Homes Limited

Larkhall Springs Nursing Home

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?	Requires Improvement

Summary of findings

Overall summary

What life is like for people using this service:

People were cared for by staff who were kind and respectful. Staff had developed good relationships with people and knew them well. Staff worked in partnership with other professionals to achieve positive outcomes for people in regard to their healthcare and well-being.

Activities were provided which people enjoyed and engaged with if they wished. Activities were meaningful and appropriate for people living at Larkhall Springs Nursing Home.

The service was clean and well maintained. People enjoyed the environment and the refurbishments that had been completed. However, further consideration of how the environment could support people living with dementia would be beneficial. People had access to outdoor areas.

People's medicines were managed and administered safely. Care plans were person centred and people were supported in an individual way. Feedback was sought from people, relatives and staff through meetings and questionnaires. Changes were made in response to areas identified.

Rating at last inspection: Good (June 2016)

About the service: Larkhall Springs Nursing Home provides personal and nursing care for up to 47 older people, some of whom were living with dementia. At the time of the inspection there were 39 people living at the service.

Why we inspected: This was a planned inspection based on previous rating. The service's rating remained Good. We made a recommendation in regard to the process for reviewing reportable incidents to the local authority and Care Quality Commission.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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 not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Larkhall Springs Nursing Home

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 was carried out by two inspectors 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. The expert by experience's area of expertise was older people and dementia care.

Service and service type: Larkhall Springs Nursing Home 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 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: The inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection in June 2016. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

Some people at the service were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the service. As

part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with eight people living at the service and three relatives. We spoke with ten members of staff, including the manager and regional manager. We also spoke to one health professional and received feedback from four other health and social care professionals who work with the service. We reviewed eight people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Most legal requirements were met. People told us they felt safe. One person said, "I am safe, there are people around."

Safeguarding systems and processes

- Staff received training in safeguarding adults and were clear on their responsibilities to keep people safe. One staff member said, "Any concerns I report to the nurse and complete a body map. Actions are taken."
- Concerns were reported to the local authority as required and actions taken as a result.

Assessing risk, safety monitoring and management

- Risk assessments were in place in areas such as skin integrity, mobility and malnutrition. These gave guidance on how staff should support people safely. Risk assessments documented how people's medicines could affect them.
- Staff supported people in line with their risk assessment. For example, we observed staff assist a person to transfer safely from their bed to a chair.
- Equipment and the environment were assessed to minimise risks and regular checks occurred.
- Fire systems and equipment were monitored and checked. People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe.

Staffing levels

- People and relatives told us there were enough staff. One person said, "There are always enough staff." A relative said, "They have a good helpful workforce. I always see plenty of staff when I visit."
- The provider monitored staffing levels and kept these in line with people's assessed needs.
- The provider followed safe recruitment processes to ensure staff employed were suitable for the role.

Using medicines safely

- Medicines were administered and disposed of safely. Medicine administration records (MAR) confirmed people received their medicines as prescribed.
- The storage of medicines was monitored. However, we highlighted to the provider that one storage area ran consistently at a higher temperature than required. The provider said this would be addressed.
- Systems were in place to ensure topical medicines and creams were applied as prescribed. Accurate records were maintained. Protocols were in place for 'as required' (PRN) medicines. PRN protocols directed staff to other things to try before medicines were given.
- People told us their medicines were administered in the way they preferred and on time. Relatives said staff were effective in supporting people with their medicines. For example, when people did not wish to take their medicines at a particular time, strategies were in place for staff to follow.

Preventing and controlling infection

● The service was clean, well maintained and with no malodours.
● Staff were observed to adhere to infection control policies and procedures. Such as hand hygiene and wearing personal protective clothing when appropriate.
● Systems were in place for laundry, cleaning and the kitchen area to ensure infection control risks were minimised.

Learning lessons when things go wrong
● Accidents and incidents were fully recorded and actions taken at the time and afterwards to reduce the risk of reoccurrence.
● Audits were completed to monitor for patterns and trends.
● Reflective supervisions and meetings occurred with staff to discuss and learn when things went wrong.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this. One person said, "Staff are well trained, they are all good." Another person said, "I am not made to do anything I don't want to do." A relative said, "Staff understand my relative and look after him well."

Staff skills, knowledge and experience

- Staff had not always received individual supervisions. Group supervisions had regularly occurred which addressed specific areas. This was highlighted to the provider as staff were not being given the opportunity to individually discuss their performance and well-being.
- Staff completed an induction when they started at the service. Staff spoke positively about their induction.
- Staff received regular training in areas such as manual handling, dementia care and fire safety. One person said, "They [staff] are competent as far as I'm concerned." A relative said, "Staff are very good and able." A health and social care professional commented, "[Staff have a] positive attitude to training."

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

- People told us they enjoyed the food provided. One person said, "Excellent food." Another person said, "Food is very good. Always a choice." We observed people being offered alternatives if they preferred to what was on the menu that day.
- People's nutritional requirements and preferences were recorded. Systems were in place to ensure catering staff were aware of these. People's weights were monitored and actions taken when needed.
- People on the ground floor received a relaxed and supportive mealtime experience. We highlighted to the provider the differences between the ground and lower floor. People on the lower floor did not always get focused support during their mealtime and the environment could have supported people more effectively. The provider said this would reviewed so changes could be made.

Staff providing consistent, effective, timely care

- People were supported to access healthcare. Records confirmed the outcome and actions from appointments
- Daily records monitored how people were supported with personal care, continence and dental care.
- Positive feedback was received from healthcare professionals highlighting positive outcomes for people in their health and well-being.

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

- We highlighted to the provider where further consideration could be given so that the environment offered stimulation for people living with dementia.
- There was clear easy read signage around the building to orientate people. People had pictures and photographs to identify their rooms.

● Refurbishments had been completed at the service. A health professional said it created an, "Environmentally therapeutic space."
● An accessible outdoor area with seating was available for people to use.

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

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied, where appropriate, for DoLS. An overview monitored applications and notified the local authority of any changes if an authorisation was in process.

● People told us their consent to care was sought and we observed this in practice. For example, people were asked when they wished to get up and if they wished to transfer from their wheelchair for mealtimes.
● Staff were knowledgeable about the principles of the MCA.
● People's capacity in specific areas of their care had been assessed when required. Best interest decisions had been completed in line with legislation. For example, regarding covert medicines where they would usually be disguised in food or drink.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed prior to arriving at the service to ensure their needs could be met. Peoples care needs were regularly reviewed.
● People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion, diet and gender preferences for staff support.

Good

Is the service caring?

Our findings

Caring – this means 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. One person said, "I love it, love it, love it here, everybody is so kind to me." A relative said, "All staff are nice enough and very caring."

Ensuring people are well treated and supported

- People were supported by staff who were kind, caring and polite. A health professional said staff were, "Dedicated, caring and familiar with their residents."
- Staff knew people well and had developed positive relationships. One person said, "Staff are kind, we get on so well, we chat."
- We observed staff reassure people when they became distressed. For example, a staff member sat and reassured a person about where they were.
- The service had received compliments about the care provided. One compliment read, "The staff at Larkhall, be it the nurses, carers or handyman were gentle, respectful and kind to [Name of person] who told me she must be special as they looked after her so well."
- The atmosphere was friendly and calm. One person said, "There is a pleasant and friendly atmosphere here." A relative had commented in a recent survey, 'Staff are patient and cheerful which hugely contributes to the atmosphere of the home. [Name of person] is more peaceful and happy than he's been in years due to the excellent care from staff.'

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

- Care plans reflected people's likes, dislikes and preferences.
- People and relatives were regularly engaged with reviews of their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. We observed staff knocking on people's doors before entering their rooms. One person said, "Staff are very good and respectful."
- Staff upheld people's dignity. A relative commented, "I notice that staff will readjust my relative's dress if it has ridden up."
- People were supported to maintain relationships that were important to them. Visitors were welcomed at any time at the service. A relative said, "Family visit regularly. We are treated well and staff know us and keep us up to date on what is happening."
- People were encouraged to retain their mobility and independence. For example, by being supported to move around the service.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and service delivery. One person said, "It is friendly and good here."

Personalised care

● People had access to individualised activities. Positive feedback was received about the activity provision. One person said, "I join in all the activities. I can't remember what we do, but I enjoy it." We observed people making Christmas cards and staff engaging in doing a puzzle with a person. One person said, "I went to the Christmas market in Bath. It was lovely to get out."

● Care plans were person centred. They described people's life histories, previous employment and significant events. Care plans highlighted people's memories and achievements and documented areas that may upset or distress a person. For example, people who were no longer with them or estranged relationships.

● Guidance for staff in care plans showed how people preferred to be supported. For example, one care plan we reviewed showed how the person liked to be woken up by having their name gently called. Care plans described how people's needs were met under the Equalities Act protected characteristics. For example, observing people's clothing preferences.

● Care plans described how to communicate with people effectively. For example, if people had a hearing impairment, guidance was given to staff.

● We highlighted to the provider where specific plans relating to people's health conditions may be beneficial for example, in diabetes care.

● Care plans demonstrated areas that people required support with and where people remained independent. For example, if a person was given a hairbrush they could brush their own hair.

Improving care quality in response to complaints or concerns

● Complaints and concerns were investigated and responded to. People and relatives felt comfortable in raising any concerns.

● An overview document showed the outcome of the complaint and the actions taken afterwards.

End of life care and support

● End of life care plans were in place but were not always completed or often contained limited individualised details. For example, funeral arrangement details and family contacts but not the person's wishes and how they wanted care provided.

● People's cultural and religious preferences were not always identified in end of life plans.

● The service supported people and their families at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

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

Leadership and management did not consistently assure person-centred, high quality care and a fair and open culture.

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

● The provider had failed to follow their policy in relation to safeguarding reporting for two incidents in July and October 2018.

We recommend the process for assessing reportable incidents to the local authority and Care Quality Commission is reviewed.

● Gaps in recording of positional changes were identified for two people who were at risk of developing pressure ulcers. This was highlighted to the provider who said it would be addressed.

●The provider had displayed their assessment rating at the service and on their website.

●Systems were in place to monitor and review the quality of the service. This included audits of areas such as infection control, incidents, accidents and falls and the environment and premises. However, audits had not identified if the providers safeguarding policy and procedures had been fully followed.

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

● People, relatives and staff spoke positively about how the service was managed and led. The registered manager was currently on a planned absence from the service and an interim manager was in post. One person said, "The manager is very approachable." A relative said, "The manager is keen to make sure everything is right." A staff member said, "There is good support from managers."

● Relatives said that communication was good and they were kept informed.

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

● Meetings were held with people and relatives. One person said, "I try to get to the resident's meetings and tell them what I think." Areas such as staff changes and activities were discussed. Actions were taken in response to feedback.

● A monthly newsletter was displayed and copies were available for people and visitors. This communicated events, changes and news about the service.

● A survey was completed with people and relatives. The results were positive, with 100% saying they would recommend the service to family and friends. Areas that had been identified for improvement, such as the laundry, had an action plan agreed.

Continuous learning and improving care

● Staff had systems in place to communicate information, learn from each other and reflect where things could be done differently. Staff were encouraged to share their views. These were done through meetings, group supervisions and handovers. One staff member said, "We are listened to. Staff views are considered."
● There was a positive staff culture. One staff member said, "It is an open, happy and peaceful place. There is good empathy from staff." Another staff member said, "We work well together."

Working in partnership with others
● The service had developed links with a local school who visited the service to participate in activities.
● The service worked well with other professionals to ensure positive outcomes for people. For example, one person's care plan supported the person to sleep in the afternoon which had reduced their agitation.
● The service worked with other agencies to ensure staff had the skills and knowledge to support people effectively. A health and social care professional said, "The service recognised that training and support was required for staff and had [this]."