

# Ideal Carehomes (Number One) Limited

# Larkhill Hall

## Inspection report

236 Muirhead Avenue East  
Liverpool  
Merseyside  
L11 1ER

Tel: 01512260118

Date of inspection visit:  
07 June 2023

Date of publication:  
21 September 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Inadequate** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Larkhill Hall provides accommodation and personal care to up to 66 older people; including people with dementia. At the time of our inspection there were 63 people living in the home.

### People's experience of using this service and what we found

At the last inspection areas of improvement were needed to the management of people's prescribed medicines. At this inspection we identified further concerns with the management of medicines and governance.

Medication practices observed placed people at risk of harm through not receiving their medicines as prescribed or on time. We had concerns about medication management for some people, so we referred our concerns to the Local Authority Safeguarding Team to investigate. After the inspection, the provider submitted an audit of all medication within the service and outlined the immediate improvements they intended to take with regards to medicines.

The provider's governance systems were mostly effective at driving necessary improvements however, audits had failed to identify some of the issues we found in relation to medicines management. We have made a recommendation in relation to this.

People's care plans contained inconsistent information in relation to planned care. Some people were at risk of weight loss and required weekly weight monitoring and records did not evidence this. We identified inconsistencies with the recording of modified diets and were not assured people were in receipt of the correct modified diets in accordance with their assessed care needs.

Feedback we received from staff, people and relatives we spoke with during the inspection was positive. We were told by the relatives we spoke with that the care staff communicated with families regularly. There were enough staff on duty to support people, and staff were recruited safely. Care staff were friendly, and treated people kindly. People's relatives confirmed this and felt their loved ones were well looked after.

Infection control standards were monitored and managed appropriately. Accidents and incidents were recorded and reviewed in order to minimise the risk of reoccurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection and update

The last rating for this service was Requires improvement (published 21 December 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the domains of 'safe', and 'well-led'.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Larkhill Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, and good governance.

You can see what action we have asked the provider to take at the end of this full report.

## 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 not safe.

Details are in our safe findings below.

**Inadequate** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Larkhill Hall

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors carried out the inspection.

#### Service and service type

Larkhill Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Larkhill Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We spoke with five people about their experience of the care provided. We also spoke with eight members of staff including a regional manager, the registered manager, a deputy manager, care staff and support staff.

We reviewed a range of records. This included four people's care records, and seven people's medication records. We looked at staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely.
- Unsafe medication practices were observed that placed people at risk of harm through not receiving their medicines as prescribed or on time. The provider failed to ensure people received medication on time as prescribed and some people had gone without essential medication for a prolonged time period.
- We found 4 people had not been given some of their medicines as they were out of stock.
- Medicine administration records were not always completed accurately with missing signatures and no counts of medication administration being recorded.
- The MAR chart records were chaotic which made auditing of the records difficult to follow.
- Medication stock balances were not being counted correctly for medication to be given as and when required, often referred to as PRN, so we could not be sure stock was correct. There was no reason for administration and effectiveness of PRN medications recorded on the MAR chart.
- The auditing systems in place for medication were ineffective and failed to evidence improvements.

We recommend a review of the medication management records to ensure systems are organised and can be easily audited.

The management of medication was unsafe. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to concerns with medicines being identified, we made 4 referral's to the Local Authority Safeguarding Team for further investigation.

### Assessing risk, safety monitoring and management

- People had individualised care plans in place that were used to assess the risks present in their care and provided guidance for staff, this enabled them to care for people safely.
- Some care plans reviewed contained inconsistencies and were not reflective of people's current needs, for example one person had been reviewed by a dietician following weight loss and actions recommended by a dietician had not been followed, placing the person at risk of further weight and at risk of avoidable harm.
- There were inconsistencies with the recording of modified diets within care records. On person's care plan and risk assessments reflected different level's for their modified diet, and food intake charts did not evidence the correct diet to be followed.
- On observation of another person's record the nutritional care plan reflected a modified diet due to risks linked to an existing medical condition. The care plan and risk assessment for this person reflected different

diets and on discussion with a member of staff on the unit they advised, "the service user follows a normal diet and eats well like other people on the unit". Failure to follow the recommended modified diet placed the person at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse, Learning lessons when things go wrong

- Safeguarding procedures were in place and followed appropriately. There was a system in place for recording and responding to incidents and accidents with evidence of lessons learnt following safeguarding investigations.
- The manager and provider completed a regular review and analysis of incidents to look for patterns and trends and prevent incidents occurring in the future. Records showed appropriate actions were taken to ensure people's safety.
- Staff were aware of safeguarding processes and how to escalate concerns regarding abuse.
- People told us they felt safe and family members felt confident their relatives were looked after well. Comments included "I know the manager well and feel well looked after".

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Safe recruitment processes were followed. Relevant pre-employment checks were completed to ensure new applicants were suitable to work for the service, this included agency staff.
- Staffing numbers were based upon people's level of dependency. Observations showed there were enough staff deployed to meet people's needs.
- The majority of people and relatives we spoke with, told us they felt there were enough staff on duty to meet people's needs.

Preventing and controlling infection

- Infection prevention and control procedures were being effectively managed.
- The home was visibly clean.
- There were adequate supplies of personal protective equipment (PPE) available for use.
- The provider was safely facilitating visiting for people and there were no restrictions on visiting.

# 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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Some of the medicine concerns identified at the last inspection had not been addressed. This showed that the provider had not taken timely or robust action to ensure that medicine management was safe.
- Some aspects of people's care were not delivered in accordance with their care plans or in a safe way, for example following reviews by dietitians. The governance arrangements in place had not identified or addressed this.
- Audits and checks identified some areas in need of improvement and the action taken. However, some of the issues we found in relation to medicines management had not been identified through the provider's own audits.

The governance systems were still not robust enough to ensure that risks to people's health and welfare were managed sufficiently to protect them from harm. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Working in partnership with others ● Staff meetings and supervision took place regularly to share information and learning with the staff team.

- Family members we spoke with were very positive about the registered manager and staff. One relative told us, "Staff are really nice and caring, my loved one is well looked after".
- Staff told us they were well supported by the registered manager and stated "We are a great team, we support each other."
- We observed caring and supportive interactions between people living at the service and staff.
- The home had identified areas of improvements with regards to the GP and pharmacy service. Concerns relating to the pharmacy had been ongoing for some weeks however a recent meeting with the provider had resulted in some improvements on the quality of the service being provided.

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

- Staff were clear about their roles and their level of responsibility in keeping people safe.
- Some of the medicine concerns identified at the last inspection had not been addressed. This showed that the provider had not taken timely or robust action to ensure that medicine management was safe.

- Governance and monitoring systems had failed to identify some of the issues we highlighted during day 1 of our inspection. For example, the concerns with medication and dietician recommendations not being followed. More robust auditing would pick up on some of the inconsistent information within care plans and risk assessments.

- The manager was responsive to feedback given throughout the inspection and took action to address issues found.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager was aware of their responsibility to be honest with people when things went wrong. They undertook investigations if any incidents and accidents happened to try to prevent them happening in the future.

- Concerns, incidents and accidents were reviewed. The provider was open and transparent and willing to learn and improve people's care.

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

- Systems were in place to gather the views of people living at the home and staff.

- People were referred to and received support from a range of other health and social care professionals as and when required. For example, the Speech and Language Therapy Team, local GP's and dieticians.

- Staff received regular one to one supervision. Staff told us they felt supported by the Manager and comments reflected, " The manager is very professional supportive", "I am happy working at Larkhill Care home, the management team are very approachable".

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The management arrangements in place to assess, monitor and improve the safety and quality of the service were not always effective.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to manage medicines safely placing people at risk of harm.  The assessing, monitoring and reviews of people's care and treatment was not always effective.

### **The enforcement action we took:**

Warning notice