

# Anchor Trust 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?

Requires improvement 

### Overall summary

We inspected the service on 21 October 2015. The visit was unannounced. Our last inspection took place on 05 July 2014 at that time we found the service was meeting the regulations.

Larchfield is a purpose built home. It provides personal care for up to 40 people who have physical disabilities, mental health needs and moderate learning disabilities. The home is spaced over two floors with bedrooms on each floor. There is access to both floors via a lift. The home has a well maintained garden and also has car parking facilities.

At the time of our inspection there was a registered manager in the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our visit we saw people looked well cared for. People had their hair styled and also some people had

# Summary of findings

their own jewellery and make up on. We observed staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated they knew people's individual characters, likes and dislikes.

We found the service was meeting the legal requirements relating to Deprivation of Liberty

Safeguards (DoLS).

Staff understood how to help people make day-to-day decisions and were aware of their responsibilities under the Mental Capacity Act (2005).

Medicines were administered to people by trained staff and people received their prescribed medication when they needed it. Appropriate arrangements were in place for the ordering and disposal of medicines and also the storage of medication.

We spoke with staff who told us about the action they would take if they suspected someone was at risk of abuse. We found this was consistent with the guidance within the safeguarding policy and procedure in place at the home.

People told us the food at the home was good and they had enough to eat and drink. We observed lunch being served to people in both dining rooms and saw people had sufficient amounts of food to meet their nutritional needs.

We saw the home had activities in place for people to participate in, at the time of our inspection there was an entertainer singing in the home.

We looked at five staff personnel files and saw the recruitment process in place ensured staff were suitable and safe to work in the home. Staff we spoke with told us they received supervisions every three months and had annual appraisals carried out by the registered manager or care manager. We saw minutes from staff meetings which showed they had taken place with staff present and these minutes had been signed by all staff.

We found that staff had training throughout their induction and also received annual refresher training in areas such as, Mental Capacity Act 2005, DoLS, safeguarding, health and safety, fire safety, challenging behaviour, first aid and infection control. Staff had also received training in alcohol and drug misuse.

There were effective systems in place to monitor the quality of the service. However, the home needed to ensure the care manager had access to all files in the home when the registered manager was not present. The regional manager assisted in gaining access to these files on the day of the inspection.

# Summary of findings

## 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

Staff we spoke with were aware of how to recognise and report signs of abuse.

Medications were managed safely and administered in line with the prescribing instructions. They were ordered, stored and disposed of correctly by staff.

There were sufficient numbers of staff on duty to ensure people's safety. Risk assessments were in place for the people in the home.

Good



### Is the service effective?

The service was effective.

The service met the requirements relating to the Mental Capacity Act 2005 and DoLS.

People were supported where needed to have the choice of suitable food and drink when and how they wanted it and staff understood people's nutritional needs

People were supported to healthcare appointments within the home and the community.

Good



### Is the service caring?

The service was caring

Staff had developed good relationships with the people living at the home and staff were aware of complex needs of the people they supported.

People told us they were happy with the care they received.

We saw people's privacy and dignity was respected by staff

Good



### Is the service responsive?

The service was responsive.

People received support as and when they needed it and in line with their care plan.

People who used the service were supported and encouraged to take part in recreational activities in the home and the community.

Good



# Summary of findings

People who lived at the home told us they could and would raise any concerns and complaints with the care and registered manager.

## Is the service well-led?

The service was not always well-led.

There was a registered manager in post at the time of our inspection.

The home did not have effective provisions in place to access staff files when the registered manager was away from the home

Staff and customer meetings took place which meant people were involved in the service.

There were procedures in place to monitor the quality of the service.

**Requires improvement**



# Larchfield

## 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 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.

This inspection took place on 21 October 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and a specialist advisor with a background in nutritional needs.

At the time of our inspection there were 39 people using the service. During our visit we spoke with five people who used the service. We also spoke with six members of staff,

the care manager and the regional manager. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at five people's care records. We also spent time observing care in the lounge areas and in the dining room on the ground floor and first floor to help us understand the experience of people living at the home. We looked at all areas of the home including people's bedrooms and communal bathrooms.

Prior to the inspection we spoke with the local authority contracts team about their views of the service no concerns were raised. The provider had not been asked to provide a provider information return (PIR). This is a document that provides relevant up to date information about the home that is provided by the registered manager or owner of the home to the Care Quality Commission.

# Is the service safe?

## Our findings

All the people we spoke with said they felt safe in the home. These were some of the comments people made, one person said, "I feel safe it's not the same as home but it's not bad, staff are friendly and we can have a laugh together." Another person said, "I feel safe it's a nice place it has a sense of community here." Another person also said, "I am happy here everyone is nice and supports me when I need it."

We spoke with staff about their understanding of protecting vulnerable adults. One staff member told us safeguarding was about when people had bruises, falls or around people in the home being or needed to be safeguarded between each other. Another staff member we spoke with said they were able to report safeguarding incidents directly to the care manager or registered manager. We also saw a safeguarding flow chart was pinned to the notice board in the staff room with contact details of whom to speak to in relation to any concerns around abuse. All the staff we spoke with told us they had received safeguarding training. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them in their role. Staff records confirmed that all staff had received safeguarding training. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Our observations and discussions with people and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. The regional manager said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. Staff we spoke with told us the staffing levels enabled them to support people well and to ensure their care needs were met safely. One staff member said, "Everyone has their job to do and it always gets done."

We looked at the recruitment records for five staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We looked in people's care plans and saw where risks had been identified for the person, there were risks assessments in place to ensure these risks were managed. For example, care records showed assessments were carried out for mobility, food and fluids, medication and behaviours. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

The home records showed an up to date fire risk assessment was in place. Fire safety equipment was tested and fire evacuation procedures were practiced weekly and also at unannounced intervals. The home had care plans in place for each person who used the service which provided staff with guidance on how to support people to move in the event of an emergency.

People received their medicines safely and when they needed them. A standard monitored dose blister pack system was in place in the home. This was supplied directly from the pharmacy. We checked the stock levels for three people against their medicine administration record (MAR) and found they were correct. We looked at three MAR charts and saw there were no gaps where staff were required to sign to say they had given people their medicines. We saw on the reverse of the MAR there were notes made to evidence decisions to omit medication and where people had received 'as required' medication. We saw each person had a medication care plan and identity record in place. This held information regarding people's GP and known allergies.

We inspected the storage room and saw this provided enough storage for the amount of medication within the home. We saw ordering systems ensured people did not run out of their medicines. We observed staff administering people's medication. We spoke to the care manager on the day of inspection to ensure they knew the importance of observing the people after they had taken the medication and any side effects people may experience. The home had a system in place for the daily authority of the keys to access the medication; this was recorded accordingly when passed to another staff member. This meant the home had safe systems in place in relation to medication.

During our look around the premises we saw the home was clean and tidy and free from malodours in all areas apart from one bedroom. We spoke to the care manager and they said they were aware of the odour and were already

## Is the service safe?

looking into rectifying the problem. We looked at various areas of the home including the communal lounge, dining rooms and bathrooms. We also with people's agreement looked at some people's bedrooms which were clean and personalised throughout. We found the home was

maintained well and looked in a good state of repair. We looked at maintenance records and saw all necessary checks had been carried out within timescales recommended in the homes guidance and policies.

# Is the service effective?

## Our findings

People had access to healthcare services when they needed them. We saw evidence in five people's care records which showed they regularly visited other healthcare professionals such as dieticians, the local doctor and also the psychiatrist and nurse. This showed people who used the service received additional external support as and when they required for meeting their care and treatment needs.

We looked at staff training records which showed staff had completed a range of training sessions, which included moving and handling, home safety, health and safety, management of medicines, infection control, safeguarding adults and meeting nutritional needs. The care manager said they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. The training schedule was located on the notice board in the office. Staff we spoke with told us they had completed training courses and these included medication, nutrition and hydration, anti-social behaviour and safeguarding and specific training was provided to staff if there was a change in circumstances with a person who used the service. However some staff stated that they felt further training was needed around break away techniques to support people in the home. The regional manager said that she was already looking into this training for all staff.

During our inspection we spoke with members of staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. Six members of staff confirmed they received supervisions with the registered manager where they could discuss any issues on a one to one basis. We looked at six staff files and we were able to see evidence that each member of staff had received supervisions every three months. We saw staff had also received an annual appraisal in 2015.

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 spoke with staff about their understanding of the Mental Capacity Act

(2005). One staff member said, "It is when someone has not got the capacity or understanding to make a decision for themselves." Another staff member said, "We would speak to the care manager if we felt that someone did not have the capacity." We looked at staff training records and saw staff had completed the training. This helped ensure all staff have the knowledge and understanding of the Mental Capacity Act (2005). The care plans we looked at contained information relation to people's capacity being assessed.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We asked the care manager about DoLS. They said the home had asked advice by the local authority helpline around the people in relation to DoLS this was recorded and evidenced in the people's files. No one at the home was subjected to a DoLs at the time of our inspection.

We saw people's preferred snacks and hot and cold drinks were offered to them throughout the day. People we spoke with said they enjoyed the meals and they tasted lovely. People told us they had a choice of meals. They said, "We get plenty to eat and drink, they know what you like. We always know what's on as it's on the menu board." One person said, "The food is enjoyable. I don't eat red meat and the staff know that." Another person said, "The food is ok and I am offered a choice at the table."

We observed the lunch time meal and saw all the tables were set with tablecloths, condiments, jugs of juice and water. Staff knocked on people's doors to let them know it was lunch time. We saw staff supported some people into the dining room and were respectful and kind throughout offering people assistance where needed. The staff were chatting to people in the dining room around meal times. We saw not all of the people who used the service ate in the communal dining room; some ate in their rooms. We observed one person collecting their food and taking this to their own room. This helped demonstrate some freedom of choice. The lunch was served from the kitchen. We saw in care records people's dietary needs were recorded and people's weights were monitored monthly where an identified need was evidenced.



# Is the service caring?

## Our findings

People we spoke with said they liked the staff and they were friendly and chatted to. People said the staff were really nice and you could have a laugh and giggle with them. One person said, “The staff are all very nice and the night staff are all very kind. One of the nurses always makes me a cheese and pickle sandwich for my supper.” One person said, “They help me with showering. They are always respectful when they do this and when I press the buzzer for support they come very quickly.”

One staff member said, “This is their home so that’s what we have to think about when we are looking after them, whatever people can do independently we have to promote. That’s dignity.” Another staff member said, “You have to understand people’s lives and be compassionate about what is going on for them and how hard it has being for them leaving their own home, we are here to support them.” Another staff member said, “Most don’t have family so like to support them.”

We saw people looked well dressed in their own individual way and choice. For example, we saw people were wearing their own choice of clothing and jewellery. People had said staff supported them to do their hair and nails if they needed it. This indicated staff had taken the time to support people where needed with their personal care in a way which would promote their dignity.

We spent time with people in all the communal areas and observed interactions between staff with people in the

home which were friendly, chatty and professional in approach. We observed people laughing and singing with staff in the large lounge area. We also observed people chatting to each other. The home was calm on the day of our inspection. Staff said sometimes it can be very loud when people are playing pool in the lounge area but people did not seem to be disturbed by this. One person said, “It can be noisy sometimes, someone can have a bad day but staff deal with it well.” We saw staff were very skilled in communicating with people in a diverse way and discussing choices with them.

In the home a conservatory had been built to create a smoking room which had been discussed in the residents meetings. The staff said people could spend a lot of time in this room so they encouraged people not to take drinks with them. This was to encourage them not to spend too long and smoke too much. Staff felt if people had drinks as well they would spend all day in the same area smoking.

We looked at the care records of five people and found evidence which showed the involvement of the person concerned. We saw where documents required signing by the person this had been done. People we spoke with told us they knew they had care records which the home kept about their care. We also spoke with one person who told us, “I am involved in everything around my care and they discuss this with me every month.” This meant that people were actively involved in making decisions about their care, treatment and support.

# Is the service responsive?

## Our findings

At this inspection, we saw people had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit. Records we looked at showed how people who used the service, their families and other professionals had been involved in the assessment. Staff said introductory visits and meetings were carried out where possible to make sure all people who used the service were compatible and to give opportunity for people to get to know each other.

People were encouraged to maintain and develop relationships and received visits from their family members, friends and to keep in touch. One person we spoke with said, "I am going out today it's a company called connect. We went to the art gallery last week and I have been to the royal armouries." Another person said, "My daughter visits me all the time."

People received care which was personalised and responsive to their needs. Within the five care plans we looked at, we saw assessments and involvement from district nurses and GPs. This meant the service was responding to people's needs.

Staff told us they found the care plans in the home useful. They said they felt that they gave them good guidance on how to meet people's needs. They said there were systems in place to ensure any changes to care plans were communicated to the staff team.

Throughout the day we observed different activities taking place. We saw people playing pool in the lounge area. People were engaged in chatting to each other, reading magazines and also chatting to the activities co-coordinator. There was lively banter between people

and lots of laughter. People told us they were enjoying themselves. There was also an entertainer in the lounge area with people sat around joining in the singing and dancing. Other people in the home who chose not to participate were observed listening and watching in their chairs at the back of the room. People were engaged and said they enjoyed the entertainer. The staff said some people just enjoy sitting at the back of the room. One staff member said, "They do enjoy it they just don't like joining in and this is in their care plan." One person had an interest in ballroom dancing. The provider organised a strictly come dancing competition for all the provider homes and the person from Larchfield won. The staff had supported the person to purchase a black tie and suit for dancing in. Pictures of this were evidenced all throughout the home.

We saw the complaints policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. We spoke with people who told us they thought the registered manager was approachable. One person said, "I don't have any complaints I suppose." Another person said, "I would speak to the staff if I had a problem as I know they would deal with this straight away." Staff said people were given support if they needed to raise any concerns. Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised concerns and speak to the registered manager. However, they were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner. One person told us, "I would go to the team leaders or managers." The home had received two informal verbal complaints, correspondence to these and lessons learnt were completed and action by the registered manager.

# Is the service well-led?

## Our findings

There was a registered manager in post at the time of our inspection. However, the registered manager was away from the service on the day of inspection, we spoke with the care manager about the service. The care manager could not access the staff files due to not having a key for the locked cabinets. The regional manager came to support the care manager with this. We spoke to both the care manager and regional manager about the importance of access for the care manager to the staff files in the absence of the registered manager. The regional manager stated they would ensure this would not happen again and that a key would be purchased straight away for the care manager. We also spoke with staff and asked if they felt supported by the registered manager of the home. One staff member said, “Yes she is supportive and helpful and keeps you up to date about everything with in meetings.”

Our discussions with people who lived at the home and our observations during our inspection showed there was a positive culture and atmosphere in the home between all the staff. One staff member said, “We all get on well and we all work well together.”

Staff meetings took place within the home. We looked at the minutes of one meeting which had been taken place at the beginning of October 2015. Staff had an achievements board and carer of the month which were nominated by the staff, people in the home and their families. Customer meetings were in place monthly. We saw people were happy with the service through the monthly customer meetings which people in at Larchfield took part in. People

spoke about activities and what they would like to do. People had mentioned in the previous meetings about a smoke room which was then implemented. Staff said they felt they were kept up to date on important issues that affected the home. They said they received feedback on concerns raised or inspection outcomes from the registered manager during staff meetings. The staff also said they received information during handovers and supervision meetings

Staff received supervision and annual appraisals which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the registered manager and the provider. The whistle blowing policy and safeguarding policy was located in the staff room for all staff to read and sign.

We saw the provider had a quality assurance system in place which consisted of audits which required completion on a monthly basis by the registered manager and care manager. This included audit of accidents, weight loss and gain action plan, medication, infection control, care plans, satisfaction surveys, CQC/safeguarding notifications and the dependency tool. This showed there were systems in place to assess and monitor the service provision and ensure improvements in the service.

We looked at the way accidents and incidents were monitored by the service. Any accidents and incidents were monitored by staff, the care manager and the registered manager. The care manager confirmed there were no identifiable trends or patterns in the last 12 months. This was confirmed in the records in the home.