

Ideal Carehomes (Number One) Limited

Larkhill Hall

Inspection report

236 Muirhead Avenue East
Liverpool
Merseyside
L11 1ER

Tel: 01512260118

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Larkhill Hall is a residential care home providing personal care for up to 66 older people. The service was supporting 33 people at the time of the inspection. Larkhill Hall accommodates people across three floors.

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

Since the last inspection, a new manager had been appointed. People, their relatives and staff spoke positively about the new manager. They told us the manager was on hand to provide support and how communication within the home had improved.

The manager had quickly identified issues which had developed at the service and had put an action plan in place to address those issues and improve practices. The manager was keen to tell us how improvements to the culture of the home were being made to ensure that the best possible care and support was being delivered to people.

Although we highlighted some minor areas of improvement around the issue of medicines management, these were immediately acted upon by the management team.

The manager participated in daily meetings with senior staff and undertook daily walkarounds of the service to help identify any issues and to make improvements as a result.

Staff knew the needs of the people they supported well. We observed warm and positive interactions between staff and people living at the service.

There was a calm and welcoming atmosphere and people appeared relaxed and at home in their environment.

The service appeared clean and well maintained. Infection prevention control practices, including those against Covid-19, were adopted and practised by staff.

Regular checks to monitor the safety and quality of the environment were in place.

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

Rating at last inspection

The last rating for this service was Good (published 12 March 2019).

Why we inspected

The inspection was prompted in part due to concerns received about medicines, infection control and staffing. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as Good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

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 Care Act 2014.

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

The inspection was carried out by two inspectors and a medicines inspector.

Service and service type

Larkhill Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of becoming registered with the Care Quality Commission. This means that they (once registered) 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.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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.

During the inspection

We spoke with two people about their experience of the care provided. We spoke with four members of staff including the regional director, the manager, a care worker and the chef. We undertook a tour of the home. We observed the delivery of care and support throughout the day to help us understand the experience of people who were unable to talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three members of care staff and three relatives of people who used the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The overall management of medicines was safe. Any issues we noted during our inspection were addressed immediately by the management team.
- Although staff recorded the temperature of the fridge where some medicines were kept, temperatures had not been reset meaning they were not always read properly. This is important, as if medicines are not stored at the correct temperature then they may not work as effectively. We spoke with the manager about this who acted on our concerns immediately.
- Thickening agent (this is used to thicken people's fluids to help prevent choking) was not always stored safely and out of reach. Although the correct amount of thickener required was recorded in people's care plans, handheld recording devices did not inform staff of this information. This meant there was a risk of the incorrect amount of thickener being added to people's drinks. We discussed this with the manager who acted on our concerns immediately.
- For people who were prescribed PRN medicines (as and when required medicine such as painkillers), some PRN protocols were either missing or required further details. By the end of the inspection process the manager had put any missing protocols in place.

Preventing and controlling infection

- The service practiced a regular programme of Covid-19 testing for people and staff to help keep people safe.
- Infection control measures were in place and staff had received training in infection prevention.
- Staff had access to protective personal equipment (PPE). We saw staff utilise gloves, aprons and masks throughout the day.
- The service appeared clean and well maintained. We did note a malodour on one of the floors of the service. We spoke with the manager about this who confirmed that some carpets were due to be replaced. We discussed the benefits of alternative flooring which could be more easily cleaned and kept free from malodours.

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

- Policies and processes were in place to identify and record any safeguarding issues and to help minimise the risk of any reoccurrence and promote people's safety and experience of care.
- Staff had received appropriate training in safeguarding. Staff understood how to recognise, report and safeguard people from abuse.
- People and their relatives told us they felt the care provided by staff was safe. One person told us, "Yes, it's safe here." Relatives confirmed; "The home is clean and it's a safe environment, I have total peace of mind [Name] is safe" and "It's a safe environment. I feel reassured that [Name] is well looked after."

- The manager sent us appropriate statutory notifications to inform us of any events that placed people at risk as required by law.
- Measures were in place to help staff learn from any safeguarding incidents. Staff meetings were held, where staff could discuss incidents and reflect on ways of improving practice.

Assessing risk, safety monitoring and management

- People's care records contained appropriate risk assessments which provided guidance for staff on how to manage and mitigate any identified risks to people.
- Regular checks to monitor the safety and quality of the environment were in place. Where issues had been identified, appropriate action had been taken to address them.

Staffing and recruitment

- Recruitment procedures ensured new staff were safe to work with vulnerable people. We did note a reference missing in one staff's recruitment file, but the manager was able to locate this quickly.
- We observed there were enough staff to meet people's care and support needs. Staff were deployed in such a way to ensure people's needs were met in a timely manner. Relatives spoke positively about staff, comments included, "There is a backbone of very good regular staff and they are on top of things", "Staff treat [Name] in a person centred way and with dignity" and "[Name] has complex needs but staff know exactly how they tick and just how to handle [Name]."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 high-quality care and support

- Since our last inspection, the service had a new manager in post. A deputy manager was also shortly due to start with the service to provide additional support. Key areas for improvement had been identified by the manager and changes made to address those areas.
- The manager had started redeveloping systems to improve culture. There was a real emphasis on providing support and training to staff to help develop their knowledge and skills. The thinking behind it was that staff would feel empowered to further improve the quality of care and support people received.
- Daily audits of medicines carried out by the manager had identified that any errors in the recording of medication could be rectified on the day they were made. Daily stock checks of medicines had been introduced which had helped reduce any errors in recording.
- Daily walk rounds of the service had been introduced by the management team. This enabled any issues to be identified and responded to in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager was keen to help develop processes which focused on staff delivering high standards of care for people. We saw evidence from people's care records that emphasis was on people being supported in a person-centred way which reflected their beliefs, choices and preferences.
- The manager told us they were accessible to people, staff and relatives and wanted to be a part of daily life at the service. A member of staff commented on the changes since the manager's arrival, "It's a lot better than what it was. It's a lot calmer."
- Meetings for both people and staff provided a platform for people to speak out. One staff member told us, "I've never had to raise a concern, but I feel I would be able to if needed." Staff also told us they felt supported in their role, one told us "Since the new manager, there's been a massive improvement."

Continuous learning and improving care

- The manager had identified key areas for improvement. For example, they had identified that by ensuring staff felt supported, this would help the service retain staff, meaning people were cared for by staff who were well skilled and who were familiar to them.
- The manager responded positively during the inspection process and acted swiftly to address any concerns we had. This demonstrated their commitment to further improving the safety and quality of care

provided.

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 registered manager notified CQC of any incidents and events that occurred at the service, which demonstrated they understood their responsibilities in line with regulatory requirements and their responsibility to be open and honest when things had gone wrong.