Larchwood Care Homes (North) Limited

Nether Hall

Inspection report

Netherhall Road
Hartshorne
Swadlincote
Derbyshire
DE11 7AA

Tel: 01283550133

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20 September 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 20 September 2017. The inspection was unannounced. Our last inspection took place in 18 November 2015 and at that time we found the provider was meeting the regulations we looked at and we gave an overall rating of Good.

Nether Hall provides residential and nursing care for up to 50 older people who may be living with dementia. At the time of our inspection there were 31 people who used the service.

There was a registered manager in post. 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.

People felt there was not enough staff to meet their needs. People would not always able to engage with activities that interested them or have prompt care when this was needed. Where people needed support to make decisions, it was not clear how decisions about people's capacity had been reached. New care plans had not always been completed to record how to provide safe care for them. Quality assurance systems were in place but these were not always effective and prompt action was not always taken to resolve identified issues.

Staff developed caring relationships with the people they supported which were respectful. Dignity and privacy was maintained at all times. Staff knew people well and understood how to provide the support people needed.

People received the medicines they were prescribed and there were systems in place to reduce the risks associated with them. They were supported to maintain good health and had regular access to healthcare professionals. Mealtimes were not rushed and food and drink was regularly provided; records were maintained for people who were nutritionally at risk.

People were kept safe by staff who could identify signs of abuse and knew where to report any concerns. Staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills.

Complaints were managed within the provider's procedure and any concerns were resolved. Visitors were welcomed at any time and they were encouraged to provide feedback through meetings and surveys.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not always safe.

Staffing was not always suitable to ensure that people received support they needed at a time they needed this. Staff knew how to protect people from abuse and knew what to do if they suspected it had taken place. People received their medicines as prescribed. Recruitment systems were in place to ensure staff were suitable to work within the home.

Is the service effective?

Requires Improvement

The service was not always effective.

Capacity assessments were not decision specific to demonstrate when people needed support to make decisions that were in their best interests or where restrictions needed to be authorised. People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed. Staff received training so they had the knowledge to meet people's needs.

Is the service caring?

Good

The service was caring.

People felt well cared for, the privacy was respected, and they were treated with dignity and respect by kind and friendly staff. Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People had mixed views about how they were supported to engage in activities that interested them. Care plans were not always in place to ensure people received care which was personalised to meet their needs. Comments were monitored and complaints acted upon. Family members and friends

continued to play an important role and people spent time with them.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Quality assurance systems were in place, although improvements were not always carried out in a timely manner. The systems were not always effective as they had not identified concerns with how people made decisions, how staffing was organised or how people spent their time.
People felt the management was approachable and listened to their views. Staff felt supported by management team and they were listened to and understood what was expected of them.

Nether Hall

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 20 September 2017 and was unannounced. Our inspection team consisted of one inspector and one 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.

We spoke with nine people who used the service, five relatives and visitors, two visiting health care professionals, five members of the care staff, and the registered manager. We did this to gain views about the care people received and to check that the standards were being met. We observed care in the communal areas of the home so that we could understand people's experience of living in the home.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We looked at the information we held about the service and the provider, including notifications the provider had sent us about significant events at the home.

We looked at four care records to see if the records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Requires Improvement

Is the service safe?

Our findings

People had mixed views about whether they felt there was enough staff to support them. One person told us, "I can be waiting for quite some time to get the staff to come and help me. I know they will be busy with someone else but that's still not good when you need help." Another person told us, "You can ring the buzzer and the staff will come. I used it this morning but I'd washed my face with soap and water before they came. I often hear the buzzer going for quite a while before it's answered." Another person told us, "I spend a lot of my time in my room and the staff always leave me with my call bell in case I need them. If I touch the button, they come here. I don't have to wait long." The registered manager reviewed the call bell response time as part of the daily walk around. However, a call bell analysis was not completed to determine how long people needed to wait at other times during the day and night; our evidence demonstrates that people expressed a concern that they had to wait long periods of time for a response to their call bell. The provider used a tool to assess the number of staff on duty in line with people's dependency levels; we saw the amount of staff provided exceeded the assessed staffing levels however, the tool did not account for how care was provided across two separate parts of the home. Many people needed the support of two staff to provide personal care, leaving one member of staff to provide any care for other people in each area of the home. We saw that people spent large amounts of time in communal areas with no staff present as staff were supporting people in their room. One member of staff told us, "We have a lot of people who need a lot of support or receive care in their room. We can't be everywhere and this means there will be times when we can't answer call bells or have the time to spend with people, which we'd like to do."

People were supported to move around the home with their walking aids and staff gave assistance to stand where this was needed. Where people needed equipment to move, we saw two staff were present and spoke reassuringly and kindly to them, informing them of what was happening. One person told us, "The staff are always so careful and gentle." People had written plans to guide staff to help keep them safe while maintaining their independence and identify any risks.

People felt safe living in the home and knew who to speak with if they felt concerned for themselves or others. Staff told us they received training and information to help them identify how abuse could occur so as to help them keep people safe. They were knowledgeable on how to identify and report abuse and confirmed they would do so without hesitation. One member of staff told us, "There are many types of abuse and you have to look deeper. It's not just about bruises, it can be neglect. We always assess people when they move here so we can check how they are and we would report anything we are concerned about."

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People were supported to take their medicines and staff understood why they needed the medicines they took. One person told us, "The staff are very good at making sure I have my tablets. They know I like to pick

them up myself so I know I have had them all." Another person told us, "I have to take my tablets every day. I always get them and they ask me if I need any more if I'm not well or my back hurts." Medicine systems and records monitored whether people had their medicines and an accurate record of all medicines stored in the home was maintained.

Requires Improvement

Is the service effective?

Our findings

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. 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 provider 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 saw where people lacked capacity to make decisions; a general capacity assessment had been completed. The assessment was not decision specific and did not include information about how people's capacity had been assessed in all the areas that were covered. We saw that best interest decisions had been made where people had capacity. For example, with communication or eating and drinking, the general assessment recorded they lacked capacity although the best interest decision stated they could make choices in this area. The best interest decisions in each area of the care plan had only been made by staff. There was a reference to family members being consulted, although there was no evidence and how this decision had been reached. This meant it may not always have been in their best interests.

Where it had been identified that there were restrictions placed upon people we saw applications to lawfully restrict their movements had been applied for. However, one person had recently moved into the home and a DoLS assessment had been applied for without having assessed their capacity. The provider had not ensured that their capacity had been assessed so that only where they lacked capacity, others would make decisions on their behalf or be subject to any restriction.

This evidence demonstrated there was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) 2014.

People were confident that staff knew how to provide their care. One person told us, "I have every faith in the staff. They know what they are doing and I've no complaints." Another person told us, "They are a good bunch and always ready to help. I feel they know what they are doing and they certainly look after me properly." Another person told us, "A lot of the staff have been here a long, long time so they know what they're doing." Staff told us that they received training to develop their skills and knowledge and recently training included developing their skills to write reports and understand care plans. One member of staff told us, "It was quite shocking as it made you realise what was important to each of us and why we need to get to know people. We need to record what it is they actually want, not what we think they need." Another member of staff told us, "The training was good as now I think about how we write things down and make sure the other staff understand what it is we have done and why."

People could choose what meal they wanted from the menu, or an alternative was prepared for them.

Family members could share a meal with people, which they told us was important to them. People were provided with a varied diet and there was a choice of food and drink. One person told us, "They come and ask me my choice. I really enjoy breakfast, you can have a choice but I have the same and I'm satisfied. They know what I like. I always have the same breakfast with brown sauce. We get a choice of meals; they come round and ask what you like. Usually at lunch time you have a main course and a pudding but you can always have ice cream if you want it." People were weighed regularly when required where there were concerns. We saw people had nutritional supplements or a thickening agent was used in people's meals and drinks when required. For example, if people had swallowing difficulties because of their health condition and were at risk of choking.

People had access to health professionals and services and told us that their health needs were met. People continued to receive routine appointments with an optician and dentist. One person told us, "I have my eyes and teeth checked just like I've always done and if there's anything wrong, they always call the doctor." One relative told us, "If they feel they need a doctor they get one in straight away." Nursing staff monitored people's health and well-being and sought advice from healthcare professionals as required. One health care professional told us they were confident the nursing staff had the skills they needed to support people who were unwell and recognised where referrals needed to be made.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion and were comfortable with staff. One person told us, "It's wonderful. It's like being in a hotel and you couldn't get a better service. I'd definitely recommend this place and the staff are wonderful." Another person told us, "They are absolutely lovely; so kind and always looking out for me." Another person told us, "They're caring. When they come in they always ask what is the matter and always smile." The staff were knowledgeable about the people they supported and spoke positively about them, describing their interests, likes, dislikes and their personal histories. One member of staff told us, "I've worked here for a long time now and it's lovely spending time with people and getting to know them. I feel honoured to be a carer."

Some people had limited communication skills and we saw that staff included them in any conversations that were taking place to ensure they were involved. Staff spoke with people kindly and talked about daily events whilst carrying out care. For example, we saw one member of staff supporting a person in their wheelchair. While they were walking, they talked about the weather and the outside area. The staff explained that they couldn't move them to a chair until a second member of staff came to assist. We saw while they waited, they continued to engage in conversation.

We saw that attention was paid to people's appearance and comfort. People looked smart and they told us that they were able to choose their own clothes and dress in a style they were comfortable with. People were supported to be independent, we saw staff helped people to move around the home at their own pace and encouraged people to do what they were able. People had access to equipment to enable them to eat independently.

People's dignity was respected and staff ensured that people were suitably dressed and had a blanket over their legs when being moved to different areas. We saw one person's skirt had ridden up as they sat in their chair, so it was no was no longer at knee length; a member of staff spoke to them softly and adjusted their clothing, protecting their dignity. We saw staff introduced themselves when entering people's rooms and knocked on the door. Where people received any personal care, they were supported to a private area and staff used people's preferred name when speaking with them.

People had their personal belongings with them including furniture in their bedroom. One person told us, "I brought a lot of my own things with me so I have everything just the way I like it. I spend quite a bit of time in my room and I have the important photographs and pictures from home. I could have brought anything as long as it fitted. It makes all the difference."

Family and friends could visit at any time and relatives told us they were made to feel welcome. We saw when they arrived, staff spoke with them and they were offered a drink and staff asked how they were keeping. Thank you cards were displayed in the home and we saw family and friends wanted to thank staff for their kindness and support and included comments; 'Thank you for all the loving care you gave; your kindness was appreciated.'

Requires Improvement

Is the service responsive?

Our findings

People had their needs assessed before they moved to the home. Where possible relatives and other professionals were able to contribute to the assessment and information was used to develop the plan of care. However, one person had moved into the home and a care record had not been completed to ensure they received safe and consistent care. The person had complex needs and needed support to move, change their position and with all aspects of personal care. The staff explained how they supported them and told us this was discussed each day at handover. They described how their care had been reviewed each day and one member of staff told us, "As the person came to us in an emergency we have had to review the care each day. We now know them a lot better and the care is improving daily including what the best position is for them when in bed and how to provide their personal care." We saw the care being carried out in the way staff described to us. However, there was no information recorded to ensure all staff provided this support in a safe way. Assessments of risk had not been completed to ensure they were not placed at risk of harm when providing care and changing position, and using equipment to move.

Other people had care records which included information about how they wanted to be supported. This included how they wanted to be supported with personal care, eating and drinking, sleep and any risks associated with their care. Daily care records included information about their welfare and any specific care tasks. This was reviewed to ensure that people continued to receive the right care in the way they wanted this.

People had mixed views about how they were supported to spend time doing activities that interested them. We saw that interactions with people were generally focused around when people needed support to meet personal care needs. One person told us, "The only time I get to spend doing anything with staff is when they help me to the bathroom or at meal times. I'd like to be able to spend time just talking but they are always too busy." Another person told us, "I spend every day watching my television. The only time I see any staff is when I have my meals or if I need to call them. That's it." Another person explained they would have liked someone to talk to as they were in their room all day. They told us they appreciated that staff chatted when delivering care but said, "Someone to just chat, that's what I'd like. You need someone to chat but they're very busy." Each of lounges had music playing for people to listen to, although we saw that people were unoccupied during the day and there were limited opportunities for staff to spend time with people.

An activity coordinator was available during the morning and we saw during that time a small number of people played a game of bingo. One person told us, "I do like playing bingo. I always have done and it's always nice to win a prize." We heard the staff call the numbers clearly and gave people the time they needed to check their bingo cards. Some people liked to spend time in their bedroom. One person told us, "I like to spend time in my room. I'm used to spending time on my own and that's how I like it. The staff always let me know if anything is happening that day and if I want to I can go and join in. I do sometimes but not often. I'm happier here in my room."

People felt able to raise concerns about the standard of care in the home. We saw where complaints had

been made these had been recorded and investigated.

Requires Improvement

Is the service well-led?

Our findings

The provider carried out checks to monitor the quality and safety of the service, which included checks on personal support plans and how the service was managed. However, these were not always effective as they had not identified our inspection findings. The staffing arrangements did not account for how care was provided over the two parts of the home and how people received care promptly when they needed this; the MCA was not being followed to ensure people's mental capacity was assessed and applications to authorise restrictions were only considered following an assessment of capacity. Parts of the home including one dining area and one bedroom were not accessible because work had not been completed to ensure these were safe; these areas were part of the registered home and not available for people to use, however a small dining area was available. We saw the quality checks had identified that that there were outstanding environmental improvements needed to ensure the home was safe. This included filling holes in the fuse box cupboard to ensure the required fire resistance and extending fire detection system to the new nurse's office. We saw that although the registered manager had pursued these, the provider had not taken action to ensure all work had been completed in a timely manner."

This evidence demonstrated there was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014.

People were able to comment about the quality of the service and share their views. Meetings were held in the home and friends and family were invited to hear about any developments in the service or raise any concerns. We saw these were advertised in the home although attendance was low. People could also comment about the service in the form of a satisfaction survey. The results were analysed and presented in chart form. This was not fed back to people or produced in an easy read style so people who used the service could understand and was being used to make any improvements. There was a notice board which focused on what people had said and how quality was reviewed but this was no longer used to inform people of the review outcome.

Staff were able to comment of how the service was managed through supervision and staff meetings. One member of staff told us, "I find supervision really useful because we talk about what we are doing and if anything is bothering us and we need more support." Where staff identified further training was required, they told us this was arranged. One member of staff told us, "We did some training on DoLS so we understood what it meant for people. It's good that the manager listens." Staff told us they were confident that should they need to report poor practice or any concerns, this would be addressed by the registered manager.

People and their relatives spoke highly of the registered manager and told us they could approach them with any concerns or questions. One person told us, "The manager will sit and chat and asks me how I am. They are very nice." One relative told us, "You see the manager around and it's much better now the office is down here, so you can just go in and talk with them. It was a good idea to move the office."

The provider and registered manager understood the responsibilities of their registration with us. They had

reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website in line with our requirements.

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Where people were unable to make a decision or give consent the registered person had not acted in accordance with the Mental Capacity Act 2005 to ensure decisions were made in their best interests.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not operated effectively to ensure improvements with the quality and safety of the services provided.