

Royal Bay Care Homes Ltd

Larks Leas

Inspection report

Milldown Road
Blandford Forum
Dorset
DT11 7DE

Tel: 01258452777

Website: www.royalbay.co.uk

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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?

Good ●

Summary of findings

Overall summary

About the service

Larks Leas is a residential care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 22 people.

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

People felt safe living at Larks Leas and their relatives expressed confidence in the quality of care their family members received. People had personalised risk assessments to help reduce risks in their lives and general risk assessments were undertaken to help ensure the safety of people and visitors. There were enough staff on shift to meet people's needs in a timely way. People received their medicines on time and as prescribed from staff with the relevant training and ongoing competency checks.

People were supported to access healthcare services when required. A health professional told us staff made appropriate referrals and followed their guidance. This helped to maintain people's overall health and well-being. People's dietary needs and preferences were known and met. Where there were concerns about people's dietary intake this was closely monitored and support sought from GPs and dieticians. People told us they enjoyed the food with relatives encouraged to join family members at meal times.

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. Staff consistently sought people's consent before offering and providing support.

Staff had time to get to know people well which contributed to personalised care. Care was responsive to people's changing needs. People and, where appropriate, relatives and advocates were involved in care review meetings. This helped ensure people could make decisions and influence the care they received.

People and relatives spoke positively about the approach taken by staff; conveying their view that staff were always kind and caring. Our observations confirmed staff engaged with people with patience and were attentive to their individual needs. People were encouraged to live their lives as they chose and to be as independent as possible.

People had the opportunity to take part in a range of group and one to one activities which recognised their abilities and interests. Relatives, friends and pets were actively encouraged to visit the home. Relatives told us they were always made to feel welcome and involved.

People were supported by staff who enjoyed their jobs and working at the home. Staff were encouraged to develop professionally and given the necessary support to achieve this. The registered manager was seen as supportive, approachable and a good listener. Staff were valued and recognised by the registered manager and directors.

The home had recognised the benefits to people of being an active part of the local community. The management had established and maintained links with a local college, pre-school and dementia alliance. This demonstrated the home's recognition of the part it could play in supporting access to the care industry, inter-generational understanding and creating dementia friendly communities.

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 6 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 well-led.

Details are in our well-led findings below.

Good ●

Larks Leas

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Larks Leas is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted commissioners and a local authority safeguarding team for information. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior health care

assistants, health care assistants, activities coordinator, domestic assistant, maintenance worker and head chef. We walked around the home and observed care practice and interactions between support staff and people.

We reviewed a range of records. This included three people's care records, daily monitoring charts and multiple medication records. We looked at two staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service including safeguarding records, incident forms and audits were reviewed.

After the inspection

We spoke with one professional who regularly visits the service and used their feedback when considering the judgements made in this report.

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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Larks Leas. Relatives also expressed confidence that their family members were kept safe. One person told us, "I do feel safe and my [relative] feels assured I'm safe here." Another person said, "Yes I feel safe, no problem at all."
- Staff could tell us how they would safeguard people in their care from harm and abuse. They told us they felt confident management would listen and act if they raised concerns. Staff knew how to raise concerns internally and to external organisations such as the local authority safeguarding team or CQC.
- Staff said they would feel confident whistleblowing if they observed poor practice by their colleagues. They felt they would be listened to and appropriate action taken by management. One staff member said, "I definitely feel I'd be listened to if I whistleblow."

Assessing risk, safety monitoring and management

- People had personalised risk assessments to help reduce risks associated with areas of their lives such as fragile skin, chest infections, mobility and poor dietary intake. Control measures had been introduced to help minimise risks. For example, one person was given drinks in their right hand as staff knew they experienced left sided weakness. We observed a staff member providing discreet support to retie a person's shoelace and reduce the chance of them having a fall.
- General environmental risk assessments had been completed to help ensure the safety of the people, staff, relatives and visiting professionals. These assessments included: water temperature, legionella, electrical systems and home security.
- Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. People had personal emergency evacuation plans which guided staff on how to help people to safety in an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs in a timely and flexible way. A healthcare professional told us, "If we ring the bell when with a patient the staff come quickly." People said, "They come quite quickly when I need them" and "They [staff] normally respond in good time to me pressing the call bell."
- The home used a dependency tool to guide decisions around the staffing levels required to match people's needs. This was regularly reviewed by the registered manager in response to fluctuating needs or occupancy levels.
- The home had safe recruitment practices. Pre-employment checks had been done to help ensure staff had the necessary skills, experience and character to support people. Staff interviews included questions related to human rights. Dated references from previous employers were sought and criminal record checks carried out. People had been encouraged to participate in the recruitment process with one person having

recently been involved with this.

Using medicines safely

- Medicines were managed safely. People received their medicines on time and as prescribed from staff with the relevant training and competency checks.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicines requiring stricter security were stored appropriately with stocks matching records.

Preventing and controlling infection

- The home was visibly clean and odour free. Housekeeping staff were on duty throughout the inspection and understood their responsibilities with regards to infection prevention and control.
- Staff had received infection control training and were observed making appropriate use of the available personal protective equipment such as gloves and aprons and hand sanitisers located throughout the home.
- In September 2019 the home received a Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were rated as 'very good'.

Learning lessons when things go wrong

- All accidents and incidents were analysed by the registered manager to find out what had happened, the cause, identify themes and determine the actions required to help reduce the risk of a re-occurrence.
- Learning was shared with staff via the home's electronic care planning system, at handovers, team meetings and supervision.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Mental capacity assessments and best interest meetings had taken place, with involvement of all relevant parties, but the paperwork needed more detail about the exact decisions that were considered. When we raised this with the registered manager an immediate action plan was put in place to rectify this.
- Staff understood the importance of seeking consent before supporting people. They gave us examples where they did this which included: when helping people with personal care and their appearance, taking photos at events, moving rooms and support with medicines.
- Where people lacked capacity, consent had been given on the person's behalf by family members with the necessary legal authority to do so. Supporting paperwork was available on people's files and staff had a good understanding of what representatives could and could not sign for.
- The home had applied to the local authority for people who required DoLS and kept a record of when these were due to expire. One person had conditions attached to their DoLS with records and an email from relatives confirming the condition was being met by staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had pre-admission assessments that supported their move to the home. On moving in, staff worked with the person, their family and relevant professionals to develop a personalised care plan that identified their needs, preferences, nutritional status and desired outcomes. One person told us, "I would

say moving here has made a positive difference to my life. I have less worry." A relative said, "[Name of registered manager] was incredibly accommodating and tremendous in the transition [to Larks Leas]. We experienced a lot of support."

- People's outcomes, and guidance on how staff met them, was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This included support with medicines, accessible information, end of life care, nutritional needs and oral hygiene.
- Staff were attentive to people's needs including their need for effective and timely pain management. Records and our observations confirmed this.
- When the home identified shortfalls in staff practice standards timely internal investigations took place, extra support was provided, and disciplinary action was taken where required.

Staff support: induction, training, skills and experience

- New staff at Larks Leas had a 12-week induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Some staff had obtained a nationally recognised qualification in health and social care. The home had actively encouraged and supported staff in achieving this.
- Staff received mandatory and role specific training in areas such as dementia awareness, communication, end of life care, equality and diversity, mental capacity, dysphagia and diabetes. One person commented, "I do feel staff are well trained." A staff member told us, "I feel we have enough training to do our jobs confidently."
- Staff received regular supervision and performance appraisals. This provided them with an opportunity to discuss concerns, reflect on their practice, consider professional development and regulatory changes.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a well-balanced diet and remain as independent as possible with their meals. We observed people had adapted cutlery and plates if required. Food was well presented with the home recognising 'we often eat with our eyes.' The head chef told us, "Good nutrition and hydration is important for people's health, well-being and to have something to look forward to, to have an opportunity to mingle with others."
- People told us they enjoyed the food. People's comments included: "I think the food is good. The lunch is particularly nice. It's like home cooking", "The food is very good. You can have as much as you wish" and "The food is quite good really." Relatives were invited to have meals with family members with one relative telling us, "They [staff] set the conservatory for us. The food is excellent."
- Records and our observations confirmed people's dietary needs were known and met, including if they had allergies to certain foods or were on safe swallow plans created by speech and language therapists. Alternative options were available including for vegetarians and snacks were available outside of typical meal times.
- Monthly weight checks were in place with timely referral should this identify concerns. Where people had poor dietary intake, staff contacted their GP and supplements were prescribed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service understood the importance and benefits to people of timely referral to health and social care professionals. One person advised us, "I have a district nurse every Friday to check my diabetes." Another person said, "They [staff] have supported me to see the doctor."
- Management recognised and promoted the importance of supporting people's oral health. They encouraged an emphasis on this area of care during team meetings and training sessions. The home used

an evidence-based assessment tool to determine people's oral hygiene needs with this clearly detailed in people's care plans.

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

- The home was completing a programme of introducing clearer signage indicating communal rooms and bedroom numbers. In addition, where people had given consent, their photo, name and a door knocker had been added to their room door. This helped them find their room and provided a feeling of ownership from having their 'own front door.'
- People's view about the service and home interior were listened to and action taken to meet their needs. For example, people had an improved dining experience as a result of the home providing new flooring, tables and chairs in the dining room. This had also made it a safer area to walk for those people with mobility needs. New carpets and a flame fire had been added to the communal lounge to give a more homely feel. This redecoration followed people's suggestions at residents' meetings.
- People had access to a secure, level-access garden. We saw evidence this had been used for relaxation and garden activities. One person said, "The garden is an asset." A relative expressed, "We love [family member] has a lovely ground floor room with easy, flat access to the garden. [Family member] loves to be outside!"

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them well with a kind and patient approach. One person said, "The staff are so nice – friendly and helpful. They are all very kind and caring." A relative said, "My standards are high and I'm happy." Another relative expressed, "I can see the care staff are very caring."
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms.
- People could live their day to day lives as they chose. Some people preferred to be more private and this was respected. One person said, "I prefer to spend time on my own and they [staff] respect that. Everybody is different." Their care plan confirmed staff recognised how this person preferred to spend their time. Another example came from a relative who said, "[Family member] has always liked to keep busy. They encourage [family member] to help with folding napkins."
- People's needs and right to sexual expression and intimacy was supported. There was evidence the home supported couples who moved to the home while respecting their individual rights and wishes. For example, on a previous occasion the home had adapted one of its bedrooms to a lounge, so a couple could share a bedroom and have a separate lounge. This allowed the couple to live each day as they wished and have private space of their own.
- The service kept a record of compliments with these displayed around the home for people, staff and relatives to view. Comments included: 'Thank you for all you do to care for our [family member], 'I have nothing but praise for this small and friendly care home', 'I am relaxing on holiday and I can do that because I know [relatives] are in good hands' and, 'Thank you for all your efforts for [family member's] birthday. I hope you know how much I appreciate all you do for my [family members].'

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

- People were supported to express their views about their care and make decisions affecting their lives. For example, one person told us they were affected by bright light. Staff knew this and were always attentive in ensuring one of the person's curtains was pulled across on bright days to make sitting in their room more comfortable.
- People had access to information on local advocacy services which they could use if they required support to make decisions and choices.
- The home had a suggestions box in the reception area alongside a 'You said, we did' board. This demonstrated people had the opportunity to suggest ideas, were listened to and were seen as instrumental in contributing to what happened at Larks Leas.
- People had personalised their rooms with some of their own furniture and other items of sentimental

value such as photos and ornaments. This had helped people to settle in. One relative commented, "People have personalised rooms which means there is a sense of going into your own space."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining people's privacy. For example, people had signs on their doors that were used to indicate when they did not wish to be disturbed, for example if they were meeting with family, preferred some time alone or were being supported with personal care.
- Staff demonstrated an understanding of how to meet people's emotional needs in a sensitive and discreet way. This avoided their dignity being compromised. One relative said, "They support [family member's] emotional needs in a gentle and respectful way."
- Staff supported people to live their lives with as much independence as possible. Staff understood the importance of encouraging people to do as much for themselves so that they were able to help maintain their daily living skills and increase their sense of self-worth. This was emphasised at staff induction. One person told us they felt, "Chuffed" from feeling stronger physically and said they considered this was a result of a staff member's approach in encouraging them to do some of the task themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received person-centred care. Their needs, abilities, life history and things important to them were documented, known and supported by staff. People's needs were regularly reviewed, with support from their relatives if they experienced difficulties communicating what was important to them. One person's plan advised, 'No longer has a bath weekly as [name] finds this too stressful. At times still likes to have [their] nails manicured and painted with nail varnish.'
- People's life histories had been explored with them and their family. This information was held on their files. This meant existing staff, new staff and agency workers had access to information which supported meaningful interactions with people.
- People were encouraged and supported to maintain contact with those important to them including family, friends, pets and other people living at the home. Relatives told us they were made to feel welcome and involved. A kitchenette had been provided specifically for families to use in order to make them feel more at home. There was evidence people had access to the internet and had been supported to use the home's tablet computer to make video calls to their families; including where relatives lived abroad or at long distance in the UK.
- People had the opportunity to participate in a range of activities with relatives also encouraged to join in. The daily activities programme was displayed in large font around the home with a memory board capturing some of the events people had participated in. Activities included: a church service, visiting entertainers, massage, flower arranging and trips into the community using the provider's minibus. The registered manager and activities coordinator told us they were about to recruit an additional staff member to support and improve activities provision.
- There was evidence of 1:1 activities with people who were cared for in their rooms or preferred to be more private. This meant there was a reduced risk of people being socially isolated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication support needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, including professionals.
- Staff knew and met people's individual communication needs including the need for sensory aids or support from relatives to help them feel less anxious during meetings.

- Whiteboards were used around the home, and in some people's room, to convey important information. In addition, there was a hearing loop in the main lounge to assist people with sensory loss. Alternative versions of written materials such as large print brochures were available if required.

Improving care quality in response to complaints or concerns

- The home had a complaints policy and had guidance on the complaints procedure displayed in the home. Records confirmed all complaints were logged, acknowledged, investigated and resolved in line with the policy.
- People told us they knew who to complain to and would feel comfortable doing this if they needed to. They felt the registered manager would listen and take appropriate action.

End of life care and support

- Staff had received training in end of life care and knew how to meet people's and their relative's needs at this time. Relatives were invited to stay overnight with their family member if they wished. Staff support was in line with a nationally recognised end of life care framework.
- People who had expressed a wish to discuss their future care needs had advance care plans. These included details about choice of burial or cremation, funeral arrangements and the service. As this is a sensitive topic some people had declined to talk about it with this was respected by staff.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a friendly, homely and supportive culture. One person said, "The atmosphere is very homely. That's why I came here." A relative stated, "It has a nice, homely feel." A staff member said, "Oh I love my job!"
- Staff told us they felt supported and got on well with their colleagues. Staff comments included: "It's brilliant here. Staff get along and are always professional in their work", "I definitely feel listened to and supported" and "The people I work with are lovely."
- The registered manager was seen by staff, people and relatives as approachable and someone always keen to listen and resolve issues wherever possible. People's and relative's comments included: "The manager has a nice manner" and "[Name of registered manager] is excellent, a diamond. If we need x, y and z [name of registered manager] will get it." A staff member said, "I know I can always go to [name of registered manager] if I have any issues. There is an open-door policy."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management and staff were clear about their roles and responsibilities. A new staffing structure, which included a senior team leader and senior health care assistants, provided strong leadership and accountability. There was an ethos of leading by example at the home.
- Staff felt valued and recognised by the management. Staff told us, and records confirmed this. For example, one staff member's file noted, 'Time management is of a high standard. Confidence in leading a shift is very good.' The home had a staff appreciation week to celebrate good practice. Staff received gift vouchers at Christmas and there was a prize draw in the monthly staff newsletter. The registered manager said, "We feel valued by the directors."
- The registered manager had ensured all required notifications had been sent to external agencies such as the local authority safeguarding team and the CQC. This is a legal requirement.
- The registered manager understood the requirements of Duty of Candour. They told us it is their duty to be "Open, honest, transparent. Holding our hands up and saying sorry when an error has happened and telling people this is what we'll do about it."

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

- Regular residents, families, friends and advocates forums were held with feedback used to determine what was working well and what could be improved. A culture of embracing difference helped ensure all views and ideas were valued and considered. One relative said, "I went to the recent relatives meeting. All there were happy with things."
- Annual surveys were carried out to seek people's views about the service provided. This demonstrated the homes intention to 'continually listen to residents, relatives and staff.'
- Team meetings were held regularly. Staff told us they were encouraged to speak up at these and could "add to the agenda." One staff member's survey feedback noted, 'Meetings are a good way to get our views out.'
- Reasonable adjustments were made for staff if requiring additional support related to their health or family circumstances.

Continuous learning and improving care

- Comprehensive audits took place covering a wide variety of areas such as medicines, use of bedrails, infection control and information governance. Where issues were identified action plans were put in place to ensure timely resolution.
- Staff were encouraged and supported to develop professionally. One staff member said, "[Name of registered manager] gives me an opportunity to learn new things and broaden my knowledge."

Working in partnership with others

- The home had established and maintained links with the local community which included a volunteer's centre, a college (to support work experience placements), a pre-school and a dementia friendly alliance. The latter connection demonstrated the contribution the home recognised it could make in creating a dementia friendly community.
- The home had linked with the police to become a 'Safe Haven'. This meant the home was a preferred alternative to a police station for people found experiencing confusion in the community.