Cedar Care Homes Limited

Larkhall Springs Nursing Home

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?	Good

Summary of findings

Overall summary

The inspection took place on 23 and 24 May 2016 and was unannounced. The service was last inspected in December 2013. There were no breaches of the legal requirements at that time.

Larkhall Springs Nursing Home is registered to provide nursing care for up to 36 people. On the day of the visit, there were 36 people at the home.

There was a registered manager for the service. 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.

Some staff assisted people who needed extra help with their meals by standing next to where the person they were assisting was seated. This practise was not dignified for the people who were being supported. This was because the mealtime experience for those people was not being treated as an interactive and person centred event.

Everyone we spoke with told us they always felt safe and secure at the home. They said that staff were kind and always respectful towards them. When risks to people were identified suitable actions were put in place to minimise the risk of people being harmed when receiving care. The risks of abuse to people were minimised, as staff were competent in their understanding of abuse. The team were trained to know how to report concerns correctly.

People had their needs met by enough suitably qualified staff. Staff provided people with care that was safe. The numbers and skill mix of staff deployed at any time of the day or night meant peoples' needs were met in a timely manner.

People told us how much they liked the programme of regular one to one and group activities taking place in the home. People told us they liked the entertainers who performed at the home on a regular basis.

People said that they liked the food and told us they were offered choices at each mealtime. People were provided with a varied diet that suited their needs.

People who lived at the home and the staff had built up positive and caring relationships. This also extended to include relatives and friends.

Care plans were informative and guided staff so that they knew what actions to follow to meet people's range of care and nursing needs. Staff knew what was written in each person's care records. They knew how to provide care that was flexible to each individual and met their needs.

People were supported by a team of well trained staff. The staff had attended regular training and were developed and supported in their work. This helped them to improve and develop their skills and competencies. Nurses were able to go on regular training and updating of their skills. This was to help them know how to provide nursing care based on up to date practice.

When people had the capacity to, they were encouraged to be included in making deciding how they wanted to being cared for. There were effective systems in place that helped ensure staff obtained consent to care and treatment in line with legislation and guidance. When people did not have capacity to consent, their care needs were assessed in line with The Mental Capacity Act 2005. Staff had completed Mental Capacity Act training. They knew about consent, people's rights to take risks and the how to act in someone's best interests.

People knew how to complaint and make their views known .The provider actively sought the views of people and their families. Suggestions were acted upon and changes were made to the services when needed.

Staff spoke positively of the management structure of the organisation they worked for. They said that senior managers and the registered manager provided strong and effective leadership. The staff team told us they were well supported by the registered manager who spoke positively about their role, Staff said they saw them every day and they were always there for them when they needed support and guidance.

There were systems in place to monitor the service to ensure people always received care that was personalised to their needs. Quality audits identified where improvements were needed and actions were in then put in place to address these areas.

We have made a recommendation about staff training on the subject of assisting people in a way that maintains dignity.

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

People felt safe living at the home. They also felt safe with the staff that provided them with safe care and support.

People were given the medicines they needed when they were required. Medicines were stored and managed safely.

Staff understood their responsibilities in relation to safeguarding people from harm and abuse

Is the service effective?

Good

Some staff assisted some people to eat and drink in a way that was not dignified for them. When people were at risk of poor nutrition or dehydration action was taken.

People were supported with their range of needs by a team of well trained staff. The staff had the knowledge and skills to provide effective support.

Staff knew how to ensure they promoted people's freedom and protected their rights. People were assisted by staff who knew about the Mental Capacity Act 2005 and its implications in a care setting.

Staff worked with GPs and healthcare professionals so that their health care needs were met. This meant people had access to the services they needed for their health and well-being.

Is the service caring?

Good

The service was caring.

People were treated with respect and the staff were kind and caring.

People were assisted by staff who knew them well and were aware of their individual choices and preferences.

Is the service responsive?

Good

The service was responsive

The staff team knew people's preferences, likes and dislikes, and care plans reflected these preferences.

Care was planned in a flexible way and based on how people chose to be supported.

People told us that they enjoyed the variety of different social activities. Entertainments were regularly put on that people enjoyed.

Is the service well-led?

Good

The service was well led

People and staff felt that the home was well run.

Staff thought the home had an open culture. People told us they felt able to make complaints and raise concerns and these were addressed properly.

Quality checking audits were in place that identified any shortfalls in the service and these addressed.

Larkhall Springs Nursing Home

Detailed findings

Background to this inspection

We carried out this unannounced 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.

The inspection took place on 23 and 24 May 2016 and was unannounced. One inspector carried out the inspection.

Before the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We read the Provider Information Record (PIR) and previous inspection reports before our visit The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was detailed and gave us information about how the service ensured it was safe, effective, caring, responsive and well led.

We spoke with 14 people who were living in the home, and two GP's .Staff we spoke with included the registered manager, two registered nurses, and five care staff, domestic and catering staff. We observed how staff interacted with the people they supported in all parts of the home.

We viewed the care records of four people, staff training records staff recruitment files, supervision records and staff duty rotas. We also checked a number of other records relating to the way the home was run.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff and living at the home. To gain entry to the home visitors had to ring a secure front door bell and wait for staff to open the door. One person told us, "I am perfectly safe here." Other comments included, "They all keep an eye on us" and "I've never had to worry about being unsafe here".

There was a system in place to minimise the likelihood of abuse occurring at the home. Staff had a good understanding about the different types of abuse that could happen to people. The staff also knew how to report concerns about people at the home. The staff told us they were able to approach the registered manager if they were ever concerned for someone. Staff told us they had attended training about safeguarding adults from abuse. Staff told us that the subject of safeguarding people was also bought up at staff meetings. This was to make sure that they knew how to raise any concerns.

Staff we spoke with also knew about the different legislation used to protect people's rights and keep them safe. There was a copy of the procedure for reporting abuse on display on notice boards in several parts of the home. The procedure was written in an easy to understand style to help to make it easy to use. There was also information from the local authority advising people how to report abuse.

The manager reported all concerns of possible abuse to the local authority and told us when they needed to. Staff knew what whistleblowing at work was and how they could do this. Staff understood they were protected in law if they reported possible wrongdoing at work. Staff had also attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisations people could safely contact.

There was enough suitably trained and competent staff to meet the needs of people living at the home and keep them safe. This was evident in a number of ways. Staff provided prompt one to one support to people who needed extra assistance with eating and drinking. Staff were also readily available when people needed two staff to help them with their mobility needs. Staff sat with people, spent time and engaged them in social conversation.

A senior manager told us the numbers of staff that were required to meet the needs of people at the home were increased whenever it was required. For example, when people were physically unwell and required extra support and care. The numbers of staff needed to meet the care needs of each person were worked out by taking into account each individual's needs. Nurses and care staff were supported in their roles by a range of other staff. These included an administrator, domestic, catering and maintenance staff. For example, some people needed two staff to assist them to be moved safely. The staffing rotas showed the home had the number of staff needed to provide safe care. Where there was staff absenteeism this had been planned for and cover was in place. This meant people received care from a consistent team of staff.

People's needs were assessed and risks identified in relation to their health and wellbeing. These included risks associated with moving and handling, falls, nutrition and pressure area care. The home had been part

of a falls prevention project. This meant the service was focussed on supporting people to avoid harm from falling. Risk assessments were reviewed monthly. One person's falls risk assessment identified the need for closer observation and extra safety equipment. This had been acted upon on a sensory mat was now in place to alert staff if the person fell.

People received their medicine when they were prescribed. The service used a mix of monitored dosage system and administering medicines from packages and bottles. Medication records included people's photographs and the medication administration records were complete and accurate. We saw the registered nurses giving people their medicines and they did this by following a safe procedure. They checked they were giving the medicines to the right person. They also signed the medicine charts after they had given each person their medicines.

Medicines were kept safely and the trolley was locked away inside a locked cupboard with the rest of the medicines. Medicines that required additional security were regularly checked by staff. There were accurate stock checks and remaining balances of medicines which had been administered. There were daily records of the fridge and room temperatures to ensure medicines were stored at the temperatures needed to maintain their effectiveness. There were guidelines in place for people who had medicines prescribed to be taken as and when required. Staff were able to describe when 'take as required' medicine would be given, for example to help people manage their pain. Body maps were in place to guide staff when to apply creams and lotions. This helped to ensure people were given their medication correctly.

There was a recruitment procedure in place that helped reduce the risk of unsuitable staff being employed. New staff were only employed after a number of checks had been completed. These included references, proof of identification and criminal records checks. Staff we spoke with told us they had undertaken these checks. Disclosure and Barring checks were carried out on all the staff. We found proof of identification in the form of passports, were also checked for all staff.

Health and safety systems were in place to keep the environment and equipment safe. For example, a fire safety risk assessment had been undertaken and appropriate contracts were set up with external companies to check fire fighting equipment and fire detection systems. Moving and handling equipment such as hoists were regularly checked and maintained in good condition by external contractors. This meant people had safe equipment to support them with their mobility needs.

There were systems in place to try to reduce risks from cross infection. Care staff, housekeeping and laundry staff helped maintain a hygienic environment. Housekeeping staff had a colour coding system in place for their cleaning equipment. This minimised the spread of potential infection. For example, cleaning equipment used to clean toilets was not used to clean bedrooms and communal areas. Care staff and nurses wore protective plastic gloves and aprons when giving personal care. This was to reduce risks of cross infection.

Good

Is the service effective?

Our findings

Some staff assisted people who needed extra support with meals stood up next to them. This compromised dignity and made the mealtime service a task led experience.

People we spoke with were positive about how they were assisted at the home.
One person told us "They go that little bit extra for me and are always so willing to do what I ask them to." Another person said, "They look after all of us with love" A further comment was "They are marvellous and to be honest I don't want to go home now" and "They are always that one step ahead of me and know what I need before I do. "

Two GP's who visited the home regularly and had done so several years spoke positively to us about the quality of care that was provided. They said there was good communication between the staff and the GPs at their surgery. They also said that the nurses and other staff provided good care for people. Peoples physical and health needs were monitored. The GP's we met visited the home regularly and saw people when needed.

Arrangements were in place for people to receive the services of opticians, dentists and chiropodists. A chiropodist came to the home to see people for appointments during our visit. Peoples care records showed when they saw the dentist and we saw appointments were made for people when required.

The staff ensured that monitoring charts were properly completed to record any staff intervention with a person. For example, these recorded when and how much people had eaten and how much fluid they had consumed. Records were also in place for people who needed assistance to be moved so that their skin did not break down.

Staff had a good understanding and awareness of the needs of people they assisted. The staff told us about people's preferences and daily routines. For example what time people liked to get up, what meals they liked, and how they liked to spend their day.

Staff told us they were allocated a small number of people to support with their care needs. Staff explained this helped them get to know people and what sort of care and assistance they needed. They also told us caring for people in small teams was a good way of ensuring they received an individualised service. This was because staff got to know people very well.

People were provided with effective and skilled support with their care needs. This was evident in a number of ways. Staff used mobility aids correctly and they talked through what they were doing with the person and asked for consent. This was to reassure the person when they supported them. The staff assisted people to have a shower or a bath and to get up .We saw that staff sat people in a comfortable position before they had meals and drinks and when they were in bed. The staff assisted people who were cared for in bed. We saw them encourage people to eat and drink enough. Staff checked on people regularly and helped people who needed support to move to be comfortable in bed so that their skin did not break down. We saw that

staff were following what was written in each individuals care plan.

People were happy with the food and told us they were always offered choices at each mealtime. We saw that people were sometimes offered a glass of wine with their meals. People told us "The food is lovely" Another person said, "It's wonderful food here." Tables were set with linen tablecloths and there was specialist cutlery and plate guards in place for those who needed them. This was to maintain independence and allow people to eat meals without staff support.

The catering staff understood people's different nutritional needs and told us special diets were readily catered for. They said they were given information from staff when people required a specialised diet. Catering staff also kept nutritional records to show when people had any specialist needs or dietary requirements. For example, people with diabetes. The chef also gave people who needed to increase weight a fortified diet with butter, cream and full fat milk as part of their diet.

Some people ate their meals lounge area in lounge chairs. We heard staff offer people a choice of where to sit for their meals. People were encouraged to eat their food. When needed the majority of staff sat next to people and helped them eat their meals discretely. We heard staff talk with people and tell them what the food was. The staff were organised and they communicated among themselves to ensure everyone had their meal in a timely way. There were menus available in pictorial format and to help people make a choice from the meals to be served. We observed a choice of water and other soft drinks were available in the lounge and people were offered tea and coffee throughout the day.

There was information in care records that explained how to support people with their nutritional needs. An assessment had been undertaken using a recognised assessment tool. This is a five-step screening tool to identify adults, who were malnourished, at risk of malnutrition or obesity. People's care plans clearly showed how to assist them with their particular dietary needs. For example, certain people needed a diet that was of a certain softer texture. We saw this was provided for them.

Staff understood how to obtain consent and the importance of ensuring peoples' rights were upheld before they offered them care and support. The staff we spoke with said they asked and then explained what they were about to do before carrying out care. We saw staff asking people before they carried out any part of their care. People's care records showed they had signed consent to care where able to do so. Families were involved when people were not able to sign their care plans and be involved in planning their care

The staff team had attended Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 is a legal framework to support decisions to be made in the best interests of adults who do not have the capacity to make an informed decision. There was guidance available about the Deprivation of Liberty Safeguards Law (DoLS). This information meant staff could get hold of guidance, if needed to ensure safeguards were in place to protect people in the least restrictive way. This information also helped to inform staff how to make a DoLS application.

Staff were provided with an in depth induction programme before they began working at the home. The induction programme included learning about different health and safety practises and procedures, the needs of older people, safeguarding people from abuse, and correct moving and handling. They were also inducted about the needs of people who lived at the home and how to meet them. We spoke with recently employed staff who told us they had completed an in-depth induction programme and this had included working alongside experienced staff learning how to provide good care.

Training records showed there was regular training available for staff. Sessions staff had been on included

nutrition, wound care, and medicines management. This was to ensure they had the skills and knowledge to effectively meet people's needs. People were cared for staff who were suitably qualified and experienced to meet their needs. There was an effective system of staff supervision for monitoring the team's performance and their development. The staff told us they met with their named supervisor to review how they were performing. They also explained that at each meeting the needs of people were discussed with them. This meant people were assisted by staff who were well supervised and motivated in their work.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to assisting people with their care in a way that maintains dignity.

Good

Is the service caring?

Our findings

People told us they liked living at the home and enjoyed warm relationships with the staff. Comments included; "They are all so kind to me" and "Every one of them has been very kind to me". Another comment was "They are my family and this is my home" and "Every single one of them treats us with the upmost respect."

We saw people were consistently treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff spoke with people in a gentle and caring way whilst providing care or assisting them with their meal.

Some people preferred not to socialise with others and liked to spend time in their rooms. Staff supported people in their rooms. We saw they popped in on them regularly to see how they were. One person said, "They are always popping by to say hello to me and have a little chat."

People told us that visitors were always made welcome in the home and this meant people could see their friends and family when they wanted.

We observed staff interacted with people in a kind, respectful and personalised way. This was evident to us in a number of ways. For example, numerous staff members sat beside people while talking and gently laughing with them. Other staff members were observed comforting people who had become agitated, speaking gently with the person and gently touching their arm.

Staff we spoke with told us they felt it was a caring service. One staff member said, "I think we provide really good care." Another staff member told us, "We see people like they are our family."

People had their own bedrooms and this meant that people were able to spend time in private if they wished to. The bedrooms we viewed had been personalised with some of the person's belongings. We saw people were able to bring photos and small items of furniture in to them to look more homely. There was also a quiet lounge that people could use to meet with visitors.

One person told us about staff respecting their privacy. They told us "They are always so polite." Staff we spoke with described and gave examples of how they treated people with respect. One staff told us, "I always make sure people are covered up if I am helping them ."

We saw staff knocked on bedroom doors before entering people's rooms. When staff were providing personal care people's doors were closed and these actions protected their dignity. We saw how staff spoke to people with respect using the person's preferred name.

Each person had an identified keyworker, a named member of staff. They were responsible for ensuring information in the person's care plan was up to date and they spent time with people individually.

Staff knew what the idea of person centred care was. They told us it meant to put the person at the centre of how care was planned for them. It also meant making sure people were cared for in the way they preferred. For example, choosing what time they got up, what gender of carer supported them with intimate care, and what choice of meals they wanted.

Care records included plans that were in place for end of life care. These plans were reviewed regularly and they people's preferences and wishes for preferred place of care and specific funeral arrangements were included. Staff we spoke with knew people's wishes. Some staff had been on end of life training. This meant staff knew how to provide care to people who were nearing the end of their life.

Good

Is the service responsive?

Our findings

Each person's care records contained details of an initial assessment carried out when people came to live at the service. There was also an up to date person centred care plan in place for each person. Staff were knowledgeable about people's individual care needs and were able to explain how they used the care plans to ensure care was given in the way the person preferred. Care plans were comprehensive and personalised. Plans had details of people's likes, dislikes and preferences. These included how often and when they wanted support with personal care, and their bed time and morning routines. Care records were being reviewed regularly where possible with the involvement of the person who they were written about. People's care records contained detailed information and reflected how each person wished to receive their care. Care records also gave guidance to staff on how best to support people. Staff assisted people with their care in the ways that were set out in their care plans.

People knew how to raise concerns and were confident actions would be taken to resolve them. One person told us "I've never had to complain but I would speak to any of the staff and they would help me" Another person told us "I've had no reason to complain but I would talk to the man on the desk he's very helpful".

Staff told us their role was to assist people to complain and make sure their views were heard by management. One staff said, "I 'always ask them if people if they want to see manager".

The complaints policy was displayed and contained guidance for people on how to complain. We looked at the complaints folder and saw complaints had been dealt with promptly in line with the provider's policy.

The home kept two rabbits and we saw that people liked to hold and pet them. This was a therapeutic activity for people. A full time activities co-ordinator was employed to put on a varied activities programme. A number of people commented to us about how warm and engaging the activities organiser was. People told us they had enjoyed recent arts and crafts activities and we saw a social afternoon take place with cakes. Other activities included visits from external entertainers and outings during the warmer weather. Church services were held regularly which helped to ensure certain people's spiritual needs were respected. There were photos on display of recent social events that had been held at the home.

People were actively encouraged to make their views known about the service. For example, people were asked for their suggestions for activities and the meal options. The home produced a newsletter for people using the service and their relatives. The most recent issue included updates on recent events that had happened, dates of meetings and outings as well as new staff joining the service and birthday celebrations.

Relatives meetings took place at the service. We saw dates of future meetings scheduled at different times and days of the week including weekends to make it convenient for relatives to attend.

A service user and relatives survey was carried out on an annual basis. The result were analysed by the provider. The most recent survey had been very positive. However action plans were prepared to improve the overall service.

Good

Is the service well-led?

Our findings

People and staff said that the registered manager was open and approachable in their style with them. They spent time with people and with the staff during our inspection. The staff told us the manager was "Lovely" and "Firm but fair" .They also told us the registered manager would always help if staff needed extra support with people at any time. This was evident during our visit when we saw the registered manager offer people and staff time and support.

The registered manager kept up to date with current matters that related to care for older people. They went to meetings with other professionals who worked in social care. They shared information and learning with the staff at team meetings. We saw that they read online articles and journals about health and social care matters and made sure useful information was on display to be read by staff. The registered manager showed an open and transparent approach. They clearly explained to us how they were aiming to improve the service even more. For example, they told us their own audits checks had picked up the need for staff to ensure they sat down by people when assisting them with their meals.

Staff meetings took place on a regular basis and the team told us they were readily able to make their views known to the manager. We saw records of recent minutes of staff meetings. These were used as an opportunity to keep staff informed about changes and about how the home was run. Staff were also given plenty of time to make their views known. This showed there was an open management culture. The staff knew about the provider's visions and values. They told us they included being person centred with people, supporting independence and respecting their diversity. The staff told us they aimed to make sure they always used and followed these values when they assisted people. For example, staff said they helped people to make choices in their daily life In relation to their care.

The quality of service and overall experience of life at the home was being well monitored. Areas being regularly checked included the quality of care planning processes, management of medicines, staffing levels and training. When shortfalls were identified, we saw the managers had devised an action plan to address them. For example, social activities' had recently been reviewed to ensure that people were satisfied with what was provided.

Accidents and incidents which involved people living at the home were analysed and learning took place. The registered manager acted when any trends and patterns were identified, actions were put in place to minimise the risk of re-occurrence. For example, we read about one person who had experiences several falls from their bed. We saw guidance was in place from other health and social care professionals to offer the person specialist advice. There was equipment in place that consent had been obtained to use. This was to help staff be alerted if people moved without assistance when they were at risk of having a fall.