Ideal Carehomes (Number One) Limited

Larkhill Hall

Inspection report

236 Muirhead Avenue East
Liverpool
Merseyside
L11 1ER

Tel: 01512703068

Date of inspection visit:
12 February 2019
14 February 2019

Date of publication:
12 March 2019

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: Larkhill hall is a care home providing personal care. It can accommodate 66 older people. The accommodation is a purpose built three storey residential care home in North Liverpool. Some people using the service are living with dementia. At the time of the inspection 65 people were living at the home.

People's experience of using this service: People told us they felt safe living in the home due to the support they received from staff. Staff understood the risks to people and the measures were in place to keep them safe. Safeguarding procedures were followed and incidents were raised with the appropriate professionals.

Some care plans lacked detail. We did see other care plans that were very detailed and supported staff in providing person centred care. The registered manager had reviewed care plans for the second day of inspection.

There were some inconsistencies with record keeping. We saw the amount of fluids people had been offered and drank wasn't always accurately recorded.

Staff were supported in their role and had access to relevant training to help ensure they had the necessary skills to meet people's needs.

People's medicines were managed safely. Improvements had been made to medicines audits since the last inspection.

Measures were in place to reduce the risks associated with the spread of infection. We found the home to be clean and well maintained. Environmental risks were assessed and well managed to prevent any harm to people.

Sufficient numbers of staff were employed to meet people's needs. Staff were caring and always promoted people's dignity and independence.

A system was in place to monitor applications and authorisations to deprive people of their liberty and any conditions attached to them. Consent to care and treatment was sought and recorded in line with the principles of the Mental Capacity Act. Staff supported people in the least restrictive way possible.

People received the support they needed to eat and drink and maintain a healthy and balanced diet. Staff knew people's dietary needs and people told us they enjoyed the food available to them. People could enjoy snacks throughout the day, and were able to choose alternative meals if they did not like what was on the menu.

People were given the opportunity to have interesting and fun activities to do.

Staff worked with other health professionals to ensure people's health outcomes were met.

The registered manager notified CQC about some important events which happened at the home, so they could be sure they were consistently meeting their legal obligations.

Staff understood their role and had confidence in the manager. Staff told us they worked well together as a team, and there was good morale amongst them. People, staff and relatives were highly complimentary about the managers. We were told the management team were approachable and responsive to any issues. Systems were in place to gather feedback from people.

There was good oversight from the provider and the registered manager was well supported.

People told us they would recommend the home to others.

Rating at last inspection: Requires improvement (Report published 28 March 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Larkhill Hall

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team: This inspection took place on 12 and 14 February 2019 and was unannounced on the first day. The provider knew we were coming on the second day. The team consisted of one inspector and one expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Larkhill Hall 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 CQC. This means they and the provider are legally responsible for how the service is run for the quality and safety of the care provided.

Notice of inspection: Day one of the inspection was unannounced and day two was announced.

What we did: Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We sought feedback about the service from the local authority and other professionals involved with the service.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our inspection, we observed the support provided throughout the service. We spoke with four people living in the home, four relatives and three care staff, registered manager, care manager, lifestyles manager and regional director. We looked at records in relation to people who used the service including five care plans and three medication records. We looked at records relating to recruitment, training and systems for monitoring the quality of the service provided.

Details are in the Key Questions below.

The report includes evidence and information gathered by the inspector and Expert by Experience.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this requires improvement. At this inspection we found that improvements had been made to the management of medicines and environmental risks. We have therefore changed the rating from requires improvement to good.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management
• People's care plans contained a wide range of assessments identifying potential risks to people.
• Care records provided clear information about risks and how staff should support people to help ensure they remained safe from avoidable harm.
• Risks to the environment had also been assessed to protect people from avoidable harm.
• The provider had systems in place to ensure regular checks on equipment took place to ensure that it was safe and fit for purpose.
• Staff acted promptly to assist people if they needed support with their safety. People and staff were encouraged to raise any safety or well-being concerns, to further reduce risks.
• Personal emergency evacuation plans (PEEPs) were in place for people. Staff could tell us how they would safely evacuate people in line with their plans. One person's PEEP had not been updated to reflect a change in their needs. We raised this with the registered manager who assured us this would be updated immediately.

Preventing and controlling infection
• The home was clean and well maintained.
• Staff received appropriate training in infection control and told us they understood and followed infection control procedures. We saw staff wearing appropriate personal protective equipment such as aprons and gloves. Hand washing signs were also visible throughout the home. One person told us "The staff always wear gloves when helping me to wash and dress."

Systems and processes to safeguard people from the risk of abuse
• People and a family member told us they felt safe with comments like "I feel safe at all times; the staff are always popping in to see if I am ok," "My relative is safe here, they were always having falls at home. I can leave here knowing they are well looked after," and "I feel safe here, I had falls at home but staff check on me here."
• Staff received safeguarding training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident about how to report safeguarding concerns.
• The registered manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise future incidents occurring.
• A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this.

The policy did not contain any information for how people could raise concerns outside the organisation anonymously. However, the provider had introduced an anonymous line that was displayed within the home. We spoke with the registered manager about updating the policy with this information.

Staffing and recruitment
• People living in the home told us there were enough staff on duty. Comments included "Plenty of staff at all times. When I use my call bell there are staff to see me and I wait two minutes at the most" and "There are enough staff, they respond quickly."
• However, relatives told us they did not feel there was always sufficient numbers of staff, especially at weekends or holiday periods such as Christmas. Relatives still felt call bells were responded to appropriately.
• The provider maintained a rota and ensured there were enough staff on shift based on peoples assessed needs. Processes and procedures were in place to cover shifts where needed. We checked staffing rotas against the providers dependency tool and found there were always more staff on duty than the tool identified.
• Observations throughout the inspection showed staff responding to people's needs in a timely way.
• Recruitment processes were safe. Checks to ensure staff were fit to carry out their role had been completed.

Using medicines safely
• Medicines systems were organised and people were receiving their medicines when they should.
• The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
• Staff told us they were trained and assessed as competent before they administered medicines.
• PRN (as and when needed) protocols were in place detailing how and when medicine should be given.

Learning lessons when things go wrong
• A system was in place to monitor any incidents or accidents which occurred. This allowed for any patterns or trends to be identified so that action could be taken to prevent recurrence.
• Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments and care plans and providing any necessary equipment.
• The provider used a variety of analysis reports to identify trends and patterns and implement learning. For instance, it was identified that falls had increased alongside an increase in diagnosed urinary tract infections (UTI) in people. This information was used to closely monitor people's fluid intake to ensure they were receiving adequate nutrition to reduce the risk of UTI infections.

Good

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet
• People's nutritional needs were recorded within their plans of care, but this guidance for one person was not always followed by staff. The registered manager discussed this with the person's GP and there was no impact on the person's health.
• People's fluid intake was not always recorded accurately. The registered manager told us this would be addressed immediately."
• People told us they had enough to eat and drink. Comments from people and their relatives included, "My relative loves the food, its excellent," "We have choice of meals for lunch and dinner and then a set dessert" and "They [staff] ask you what you want [to eat] when you sit down, you do not have to choose beforehand. It's never rushed, we take our time, it's a nice experience."
• We observed snacks being offered throughout the day, and people could eat something when they chose.
• We could see a menu was available each day in the dining room. The dining area was well presented with table cloths, cutlery, napkins and a relaxed atmosphere. The care manager told us the home had worked hard to improve the dining experience and make it more relaxed and enjoyable.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed before admission to the service. These assessments covered people's physical and mental health needs as well as their background.
• Detailed care plans were developed from initial assessments and included input from other health and social care professionals when required.

Adapting service, design, decoration to meet people's needs
• The environment been adapted to meet the needs of those living with dementia. There were pictures around the home of things that would resonate with people living there. There were names and pictures of people outside their door. These pictures were chosen by people or their relatives as something they thought the person would recognise. Areas of the home had been decorated to replicate a shop and coffee area. Peoples doors were painted different colours to support people identifying where they were.
• People's rooms were personalised, accessible, comfortable and decorated with photos. The manager told us people had been involved in choosing the decorations and objects in their rooms. We saw people's rooms decorated in ways that expressed their personality.
• Other areas of the home had been personalised based on people's preferences, for instance we saw an area dedicated to Everton football club.
• Bathrooms were adapted to ensure they could be accessed by all people.
• Equipment was in use to support people to move around the house independently.

Staff support: induction, training, skills and experience
• Staff completed regular training in areas relevant to their roles and had their competency assessed to ensure they could support people effectively.
• New staff completed an induction when they commenced working at the service, as well as 'shadow' shifts. All staff we spoke with felt the induction process was good.
• Staff felt well supported and received regular supervisions and an annual appraisal to discuss their roles and any development required.

Supporting people to live healthier lives, access healthcare services and support
• The service worked with other health and social care professionals to help ensure people's healthcare needs were met.
• People told us staff supported them with medical appointments and arranged for the doctor to visit quickly if they were unwell. One person commented "My own Doctors been out once and they called for them immediately. I asked and they came the next day."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• DoLS were in place for people using the service when required to keep them safe from harm.
• People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
• Consent to care and treatment was sought and recorded in line with the principles of the MCA. When people were unable to provide consent, the best interest process was followed which included involvement from relevant people.

Good

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

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

Respecting and promoting people's privacy, dignity and independence
• People told us staff respected their privacy and always knocked on the door before entering. Comments included, "They [the staff] are very respectful and are always patient," "They ([the staff] are respectful at all times, always knock on my door and call me by my name."
• Staff clearly described how they protected people's dignity and privacy, including closing doors and curtains when providing personal support and helping people to remain covered with towels. We saw staff respecting people's privacy during the inspection.
• Records regarding people's care and treatment were stored securely.
• People told us that staff encouraged them to be as independent as they could be and records reflected this.

Ensuring people are well treated and supported; respecting equality and diversity
• Staff knew the people they were supporting well and used this knowledge to support people in line with their preferences.
• People told us staff were kind and caring. Comments from people included, "The staff are lovely and very friendly, we are part of a family. We are one big, happy family," "The staff are very kind and patient" and "The staff are kind and caring and take time to talk to me."
• Relatives we spoke with agreed and their comments included, "They like the staff and they and are very patient with them," and "My relative loves the staff who look after them, they are good, kind and caring to them."
• Staff spoke affectionately when they described people's needs and knew what was important to them. One staff member said, "I love working here, I love the residents and learning new things about them every day."
• Staff told us they got to know people by spending time talking to them, communicating information with other staff and checking people's care plans.
• We observed positive, familiar interactions between staff and people living in the home throughout the inspection and staff spoke warmly of the people they supported.
• People were supported to receive care and support from others when necessary. When and where people needed support beyond the remit of the provider, an advocate had been sought. There was information about advocacy services available in the home.

Supporting people to express their views and be involved in making decisions about their care
• People told us they had choice and could make decisions about their support. People got up and went to bed whenever they chose and only took part in the activities they chose to.
• Regular resident meetings and surveys were also completed. Records showed that people were asked their opinions and whether anything could be improved. We saw that action was taken based on this feedback.

• People and their family members told us they felt confident to be able to raise any concerns they had with the management and that they would be dealt with.
• A service user guide was available to people. This provided information regarding what the service provided and what people could expect, to help them make decisions regarding their care.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People's needs had been assessed before they moved into the service. Care plans had been developed to ensure people's needs were met.
• Some people's care plans were detailed and had clear information about specific needs, personal preferences, routines and how staff should best support them. Care plans gave staff the guidance they needed to support people as they preferred. For example, if people liked physical reassurance if they were anxious, or preferred to spend time talking with staff.
• However, some care plans we saw lacked personal detail. We raised this with the registered manager who told us they would review all care plans and update them. Care plans had been updated for the second day of inspection.
• We found some care plans had not been updated to reflect people's current needs. For instance, one person's medication had changed but this had not been updated in their care plan. This was amended by the second day of inspection.
• We saw evidence people and their relatives had been involved in their care planning and reviews. However, one relative told us they had never been invited to a care plan review and another said they did not realise they could request a review.
• Staff told us people were encouraged to choose what interesting things they would like to do. The lifestyles manager said the home aimed to have six activities a day, and people's opinions were considered when choosing these. During the inspection we saw people enjoying dancing and singing to an entertainment act.
• The home had started a 'wish upon a star' activity. The staff had asked people and their relatives what they would wish for and then worked to grant these wishes. For instance, we saw someone who had used this activity to wish for a ride in a car that they used to drive. The lifestyles manager had contacted car clubs around the local area and this person went for a ride in the car around areas they used to go. We also saw someone who wished to pet a collie dog one last time. The lifestyles manager had used social media to find someone who was able to help. This person was granted their wish. The home was working through everyone's wishes and trying their best to grant them.
• The provider had implemented a 'this is me' project. This was a booklet that people living in the home, and staff completed. These booklets were available for people to view, so people, relatives and staff get to know each other better. These documents were also used to assign staff members as keyworkers to people based on shared interests, likes and dislikes. This means staff can centre support in line with people's interests, and means people and relatives get to know staff supporting them in more detail.
• The service assessed, recorded and shared information regarding people's communication needs. We saw the provider had adapted surveys for people by using an easy to read format.

Improving care quality in response to complaints or concerns
• A complaints system was in place and displayed in the service. The complaints log contained both

complaints from people using the service and relatives. We saw complaints had been responded to appropriately.
• People living in the home and their relatives told us they would feel comfortable raising a concern.

End of life care and support
• Plans for providing care to people at the end of their life were based on people's wishes, needs and preferences. End of life care plans reflected the views of people and their relatives so people's needs would be met and their wishes respected.
• Staff we spoke with had received end of life training. They told us they would feel comfortable supporting people with end of life care when needed.

Good

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 there were issues with the effectiveness of quality audit systems used to improve the quality of the home, so this domain was rated as requires improvement. At this inspection we found there had been improvements, so the rating has been changed to good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager and staff understood their roles and responsibilities within the service.
• Policies and procedures were in place, including disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
• People living in the home told us they knew who the manager was and would tell them if they had any concerns.
• Staff told us they felt supported in their roles. Comments included, "We can go to them [managers] with anything, including the senior managers."
• One staff member told us that things were better in the last twelve months, as "There's more structure now, people know what to do and when. We know what's expected of us."
• Ratings from the last inspection were clearly displayed within the home as required.
• CQC had been notified of all incidents that had occurred within the home as required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• People provided positive feedback regarding the quality of the care they received. People told us staff were caring and looked after them well.
• Staff were supported to provide good care and enjoyed working at the home. One staff member said, "I love working here, it feels homely. The management in the last year has been really good."
• Staff told us they felt listened to and that the registered manager was approachable. Comments included, "The managers do what is needed. They listen to staff and people living here."
• All the staff we spoke with told us they worked well together as a team to deliver high standards of care. Staff felt there was good morale.
• Relatives told us the service was well led. Comments included, "It's usually a very nice, pleasant atmosphere," and "It's well organised and generally calm."
• The registered manager told us they were supported by the provider. We were told improvements had been made to quality audit systems, with more oversight form home managers and the provider.
• People we spoke with told us they would recommend the home to others. Comments included, "I'd recommend it because you are respected and the staff understand everybody is different" and "I would

recommend the home to anyone, it's like a home from home."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Systems were in place to gather feedback from people. These included regular surveys and meetings as well as complaints and compliments processes.
• The provider and registered manager sought the views of people living in the home, relatives, staff and professionals to monitor the quality of care people received. Action was taken based on this feedback to improve the service.
• Staff received supervision and appraisals of their performance. Staff told us they had team meetings and felt able to express their views.

Continuous learning and improving care
• The registered provider had systems in place to assess and monitor the quality and safety of the service.
• When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
• After a safeguarding incident the home had completed an investigation and as part of lessons learned had implemented a daily 'walk about'. This was to identify any issues within the home after each shift. This new 'walk about' had improved issues found at the last inspection regarding equipment being left out and doors left unsecured.

Working in partnership with others
• The registered manager worked closely with other agencies to ensure good outcomes for people.
• When referrals to other services were needed, we saw that these referrals were made in a timely way. For example, referrals to the falls clinic and physiotherapy to maintain people's mobility.