Royal Bay Care Homes Ltd

Larks Leas

Inspection report

Milldown Road
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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

Larks Leas care home is located on the edge of Blandford Forum town centre. The home provides accommodation and personal care for up to 24 people. At the time of the inspection there was 20 living at the home. At the last inspection on 4 December 2015 we rated the home as good.

There was no registered manager in post but a manager had been appointed and was applying for registration. 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.

We observed that staff had a good rapport with the people they supported. People appeared comfortable with staff and able to ask for their support. One person told us " I wouldn't go anywhere else", "I am very happy here", "they (staff) always ask us what we want to do". Staff received the training required to meet people's needs

The staff we spoke with demonstrated they knew people's social, emotional and support needs well. They were able to tell us about people's individual support needs, their life history, people important to them and their likes and dislikes. People told us there were sufficient numbers of staff to met their needs.

People told us they were offered a varied choice of meals and staff confirmed the arrangements for offering choice at meal times. One person told us " There is always plenty of food as well as tea and biscuits. The menu changes all the time and we decide in advance what we would like"

The provider had systems in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely. People told us that staff explained what the medicines were for before dispensing them.

People were supported to access external health professionals, when required, to maintain their health and wellbeing. The other risks that people faced had been assessed and measures were in place to minimise these individual risks.

People were supported by staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. Care plans were personalised to each individual and contained information to enable staff to provide consistent support. People living at the home told us they were happy with the care and support provided.

Most people who lived at the home were able to make decisions about what care or treatment they received. Where people lacked capacity to make some decisions, the staff were clear about their

responsibilities to follow the principles of the Mental Capacity Act (MCA) when making decisions for people in their best interests.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. There was a varied programme of activities.

The service had a complaints policy and procedure which was available for people and visitors to view. People said they were aware of the procedure and knew who they could talk with.

There were systems in place to monitor the quality of the service provided by way of audits. The management had produced an action plan detailing where improvements would enhance the service provided.

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

There were systems to make sure people were protected from abuse and avoidable harm.

There were enough staff to keep people safe.

People received their medicines when they needed them from staff who were competent to do so.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to effectively support people.

People received a diet in line with their needs and wishes.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required in a timely way.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment

Is the service caring?

Good

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were always treated with respect and dignity.

People were involved in decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

A programme of meaningful activities was in place.

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

Good

The service was well led.

The leadership arrangements for staff ensured staff were fully supported.

The provider's quality assurance system operated effectively and where shortfalls had been identified there was a plan in place to address these.

People told us the management and staff were open and approachable and they were complimentary about the service.

Larks Leas

Detailed findings

Background to this inspection

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

This inspection took place on 15 May 2017and was unannounced. It was carried out by an expert by experience, and an adult social care inspector.

Before the inspection we reviewed information we held about the service. This included notifications the provider had sent us and information received from other parties. The provider had sent us a Provider Information Record (PIR) . A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used the service about how they experienced care and gained their views on a range of related topics. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could or did not talk with us.

During the inspection we met with the manager, development director and seven members of staff working at the home.

Good

Is the service safe?

Our findings

The service was safe. People were positive about the support they received and all people spoken with said they felt safe living at the home. One person told us, "definitely feel safe; "no problems at all". We observed that people and staff were relaxed in each other's company. We noted that staff were often seen to be checking if people were OK, using people's names and tactile contact to reassure people when required. This gave a relaxed atmosphere to the home.

Risks of abuse to people were minimised because there was a recruitment procedure for new staff. Before staff were allowed to start working with people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with vulnerable people. Staff members described the appropriate checks that were undertaken before they started working. These included satisfactory Disclosure and Barring Service (DBS) criminal record checks and written references. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable staff from working with people. These checks had been completed and recorded.

People were supported by sufficient numbers of staff to meet their needs and keep them safe. We spoke with people to gain their views of staffing levels at the home. One person told us "There are plenty of staff, all very good and caring, they always come quickly after pressing the (call) bell". Other people's comments reflected these feelings. The staff told us that they had enough time to do their work and spend 'quality' time with people living at the home. One staff member told us about how sometimes it can be busy but the "team work is good and we all look out for one another". Members of the senior staffing team told us, "If we have people needing additional support, we ensure extra staff are on duty to support, we also ensure additional staff are available to cover outings and sickness".

The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff told us they had regular safeguarding vulnerable adults training. They knew about the different forms of abuse, how to recognise the signs of abuse, how to support people to communicate any concerns and how to report them. They were familiar with the whistleblowing policy and told us they would feel confident in using it.

Care plans contained risk assessments which outlined measures which enabled care support to be provided safely. They included a wide range of risks including communication, medical conditions, medication, diet, and pressure ulcers. There were separate risk assessments regarding environmental risks. Staff were aware of people's risks and the correct procedures to minimise these.

The medicines were stored and administered safely. The people we spoke with told us they always receive their medication on time. One person told us about staff discussing with them what the medicine is for and how it will affect them. All staff administering medicines had received training in the correct procedures to follow. There was a robust system in place for auditing medicines administered. Medication Administration Records (MAR) were legible, a photograph of the person was on the front sheet to aid identification and allergies were clearly recorded. Up to date staff signatures and initials were attached to the MAR.

Good

Is the service effective?

Our findings

The provider was following the principles of The Mental Capacity Act 2005 (MCA). The 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. We checked whether the service was working within the principles of the MCA.

People who were able to make decisions about their care told us that they did so on a day to day basis discussing with staff how they would provide the support they required at that time. One person said that they "feel valued and appreciated". People told us they were consulted about their wishes and how staff respected their choices.

The records relating to MCA, subsequent Best Interest Decisions (BIDs) and Deprivation of Liberty safegaurds required to be reviewed. We looked at the recording for three BIDs that had been made and noted that these had not been reviewed for some time. We spoke with the manager and provider about our observations. They told us that due to a period without a manager some of the reviewing aspects of peoples care had not taken place. They were able to reassure that this matter was in hand and had a management plan in place to address this.

Staff were aware of the MCA and what that meant for people living at the home. Staff told us about how they offer choices to people who cannot retain information such as offering two different sets of clothes to wear or by showing people choices of what to drink.

People received effective care and support from staff who had the skills and knowledge to meet their needs. People told us that they considered the staff know how to care for them and were 'very professional'

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people effectively. In addition to completing induction training, new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for.

Training certificates in staff files confirmed the training staff had undertaken in areas such as safeguarding of vulnerable adults, manual handling, infection control and dementia care. Staff were positive about the work they did and talked proudly about the home and the support they gave.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where concerns were identified with people's nutrition, staff sought support from professionals such as GP's and speech and language therapists. Records showed where reviews had taken place, and risks had been identified. Most people were able to eat independently and required no assistance with their food.

We observed part of the lunch period and noted that it was a relaxed social time. We noted that Staff were heard singing in the kitchen and dining area, which gave the impression of happiness and enhanced peoples experience during this time. We spoke with people about the food on offer. One person told us "very happy with the standard of the food, it's the main attraction" another told us "There is always plenty of food as well as tea and biscuits. the menu changes all the time and we decide in advance what we would like" . One person talked to us about not eating meat and confirmed that they enjoyed the food and there is a good choice of meals.

People had access to health care professionals to meet specific needs. Records showed that people were seen by health care professionals in response to changing needs and management of existing conditions. People told us that they are supported to attend health care appointments when required. One person said "I had a fall and injured my hip, the staff were all very good, caring and professional. They took me to hospital and the "aftercare was faultless" another person told us about a GP and hospital appointment, and told us about how the staff helped them with these by going with him. They also told us about how the staff had been good at explaining to them the treatment that was being given.

Good

Is the service caring?

Our findings

The service was caring. The people we spoke with told us "staff are very helpful and respectful, and also very pleasant", "couldn't fault them", I really enjoy being here". All of the people we spoke with reflected these comments about being treated with respect and dignity, one person added "I am spoken to as an equal".

The staff told us about how people liked to be cared for and their individual support needs. We sat in on the staff handover between two shifts and noted that staff spoke about how people had been throughout the shift. They described people in a respectful and caring way passing over information in a sensitive manner for example. One member of staff spoke about a person and described how they had been anxious about a situation and how they had reassured them. The information was delivered respectfully and ensured that the staff coming on duty knew of the presenting issues and how the person may need to be supported. This approach ensured continuity of approach to the person in question and demonstrated a caring and compassionate service.

Staff demonstrated empathy with people and clearly knew each person well. Staff interactions were warm, spontaneous and respectful. We observed that staff used humour when appropriate and playful dialogue was witnessed throughout the day. The atmosphere in the home was calm, unhurried and caring. The staff spoke knowledgably about the people they supported and knew some of their past history as well as people important to them and things that interested them. This enabled them to provide person centered care.

People could spend time in the privacy of their own room if they wanted to. We observed that peoples individual space was personalised with people's belongings, such as furniture, photographs and ornaments. Staff addressed people using their preferred name and they were discreet when offering people assistance with personal care needs.

People had a number of areas where interests could be catered for, for example, the home had quiet areas as well as larger communal lounges. The outside area was kept in good order. One person told us about the chickens that they look after in the garden area. They told us that they felt it helped them with a sense of purpose.

The service promoted people's independence. People had the equipment they required to meet their needs. There were grab rails and hand rails around the home to enable people to move around independently. There was evidence that the provider had sought to overcome obstacles within the environment to promote independence such as installing a rope barrier / handrail to enable a person to move independently by pulling themselves up a small incline within the building. Where needed, people had access to walking frames and wheelchairs. People were seen to move freely around the home. A lift was available to assist people with all levels of mobility to access all areas of the home.

Good

Is the service responsive?

Our findings

The provider had a system in place to ensure people's needs were assessed before they were offered a place at the home. There was evidence that assessments had taken place recorded in peoples care records. Care records showed that people had been involved in identifying what support they needed and how they wanted it delivered. The people we spoke with confirmed this.

Peoples support needs were kept under review and when people's needs changed so did their plan of care. We looked at peoples care records. These evidenced that reviews had been undertaken on a monthly basis. However the records did not clearly evidence that people had been included in their reviews. The people we spoke with confirmed they had been consulted about their needs and how they were being met. One person told us "I am treated with respect and dignity, I am always kept in the loop when staff are discussing my care". We spoke with the manager who agreed that recording people's wishes would enhance the reviewing process.

The staff we spoke with demonstrated an awareness of people's changing needs and were able to talk with us about the support they delivered. This was evidenced when staff talked about a person who had just returned from hospital and the different support and encouragement they currently needed.

Staff were aware of peoples social and emotional needs and planned activities to meet these needs. We spoke with people about how they spent their time at the home. One person told us "I enjoy gardening, painting and reading in my room, this makes it feel very homely and safe." Another person told us "I have the capability to go out for walks, I meet my friends for coffee I even do some gardening and tend to the chickens". We spoke with staff who took the lead on providing activities. They told us about a range of activities provided such as bingo and exercise for groups but also about individual activities such as cards based on peoples expressed interests. They also talked to us about facilitating activities for people by ensuring the equipment was available rather than leading activities all the time.

The provider told us that each person received a copy of the complaints policy when they moved into the home together with advocacy services. Although people didn't have any complaints about the quality of care they received, they were aware of how to make complaints. People told us they knew about the management of the home and identified there had recently been a change to the manager. People also told us that they would raise issues with the staff who they were confident would 'sort things out' if needed.

Copies of the service's complaints procedures were displayed in the reception area of the home We looked at the records relating to complaints that had been made and found evidence that when issues had been raised they had been addressed in line with the providers stated policy. This demonstrated the provider promoted an ethos of honesty and learned from any mistakes. This reflected there duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment people received.

Good

Is the service well-led?

Our findings

At the time of the inspection there was no registered manager in post. The provider had appointed a new manager who was in the process of registering to manage the home. The new manager was in post on a part time basis whist they concluded there present employment as a registered manager in another care home. The service benefitted from a management structure which provided clear lines of responsibility and accountability. The manager had the immediate support of the development director along with senior nursing staff.

The service provided an open and empowering culture. People told us they felt the service provided good care, was well-led and they knew who to contact if they needed to. The new manager told us they had organised a residents meeting recently and they intended to follow that up with further meetings and relative meetings in the near future.

The staff we spoke with told us that they felt supported in the roles they undertook. Whilst they acknowledged the new manager was not fully in post yet they confirmed that they felt the manager was approachable and felt listened too. Staff told us that senior staff had been responsible for the management of the home for a while and were confident with these arrangements. They told us that during this period they felt fully involved and able to meet people's needs in a consistent and safe manner. The people we spoke with agreed with these statements.

There were quality assurance systems in place which in the main had enabled senior staff and the development director to identify and address shortfalls. People completed questionnaires in relation to their experience of care, these were considered as part of the quality assurance process. Further audit included audits and checks on medicines management, care records and accidents and incidents care records. Where incidents had occurred, for example falls, these were analysed to check for any trends. Actions were taken to reduce future risks, for example making a referral to a dietician to assess a person's dietary needs. The audits we looked at evidenced that they were carried out in good time and as a result people had received care and support as wished.

We did notice some gaps in the auditing process, mainly in relation to the Mental Capacity Act. We spoke with the new manager about how they planned to develop the service. They talked us through some of they areas where they felt improvements could be made and spoke enthusiastically about supporting the staff to enhance the service already provided. Following the inspection the new manager sent us their action plan for improvements which reassured us of continued Improvement.

The staff were aware of the providers values which were to ensure people receiving a service were treated friendly, with kindness, treated as an individual, and team were reassuring, and honest. These values were seen around the home in the way staff responded to the people they supported.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made.