Larchwood Care Homes (North) Limited

Nether Hall

Inspection report

Netherhall Road
Hartshorne
Swadlincote
Derbyshire
DE11 7AA

Tel: 01283550133

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 3 December 2018 and was unannounced. Our last inspection was on 20 September 2017. At that time, we found concerns with how the provider was meeting the regulations we looked at; people felt there was not enough staff and where people needed support to make decisions, it was not clear how decisions about people's capacity had been reached. New care plans had not always been completed to record how to provide safe care for them. Quality assurance systems were in place but these were not always effective and prompt action was not always taken to resolve identified issues. We gave an overall rating of Requires Improvement. On this inspection we found improvements had been made but further improvements were still required and the service remains as Requires Improvement.

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

There was not a registered manager in post however, a new manager had been recruited to the service and they were submitting an application to register with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice. This was because when people lacked capacity to make decisions for themselves, capacity assessments had been completed, however, these were not always specific to the decision being made. Further work was needed when decisions were made in people's best interests. There were systems in place to monitor the quality of the service and improvements had been made, although further improvements were needed to ensure people were moved safely and received dignified, caring interactions at all times.

People felt safe and there was enough staff, who had been suitably recruited, available to support people when they wanted and needed this. Risks to individuals were assessed and information was available for how to mitigate these risks. Medicines were managed to ensure people were safe from the risks associated to them and infection control standards were in place. The provider reviewed incidents to ensure lessons were learnt.

Staff received training that helped them provide support to people. Staff knew people well and the staff worked in partnership with health care professionals to ensure their needs were met. People enjoyed the food available and were offered a choice. People could choose how to receive care at the end of their life.

People's privacy was upheld. People were encouraged to be independent and make choices how to spend their day. Relatives felt updated by the home and people felt involved with their care. People were given the opportunity to participate in activities they enjoyed.

Staff felt listened to and had the opportunity to raise concerns. The manager understood their responsibilities around registration with us and notified us of significant events that occurred within the home. People and relatives had the opportunity to raise concerns and suggested improvements, we saw these were considered.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always supported to move safely which placed them at risk of harm. Staff knew how to protect people from abuse and how to report their concerns. There were sufficient numbers of suitably recruited staff to meet people's needs. People's prescribed medicines were managed and administered safely. Incidents were reviewed to ensure lessons were learnt.

Is the service effective?

Requires Improvement

The service was not always effective.

Capacity assessments were still not decision specific to demonstrate when people needed support to make decisions that were in their best interests.
Staff received training to know how to support people and ensure that their health and wellbeing was maintained. People were involved in ensuring that they had their nutritional needs met and the home was suitably maintained.

Is the service caring?

Requires Improvement

The service was not always caring.

People had mixed experiences of the care. Most people were happy with the staff and felt they were treated in a kind and caring, however some people were not supported to move safely and others were not supported to eat their meal in a dignified way. People's privacy and dignity was promoted and they were encouraged to remain independent.

Is the service responsive?

Good

The service was responsive.

People received care which had been discussed and planned with them. People's interests and life histories were being recorded so that staff could understand people's needs and personalise people's care. People were being consulted about a range of activities they could be involved with and planned

according to their interests. People's views were listened to and acted upon by staff. People could express their views about care at the end of their life.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance systems were in place, although improvements were still needed to ensure people received safe and effective care. The management team worked in partnership with others to bring about improvements. People felt the management was approachable and listened to their views. Staff felt supported by the management team and they were listened to and understood what was expected of them.

Nether Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 December 2018 and was unannounced. Our inspection team consisted of one inspector, an assistant inspector, a specialist advisor for end of life care and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information we held about the service and the provider, including notifications the provider had sent us about significant events at the home.

We looked at seven care records to see if the records were accurate and up to date. We also looked at records relating to the management of the service including quality checks or care records, the environment and relating to health and safety.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we identified that improvements were needed to ensure there were sufficient staff on duty to support people when they needed this. On this inspection we saw improvements had been made.

People felt there were enough staff available to meet their needs. The staff usually worked in designated areas of the home, however, the provider had organised for some communal areas to be decorated, which meant staff were predominately in the same area. We saw although this caused some disruption, there was a calm atmosphere throughout the home and people received their care and support when they needed and wanted this. We also saw staff were available in communal areas and responded to call bells in a timely manner.

There was a lack of understanding about how to keep people safe when assisting them to move or transfer to a different chair. We saw on three occasions when people some people were assisted to move staff used unsafe practices such as lifting under their arms or using their trousers to pull them into a different position. We also saw consideration had not been given to people's feet when moving and where they were unable to weight bear, their legs became crossed and their feet dragged. When people were assisted to stand, staff encouraged people to use their walking aids rather than stand aids which was unsafe. People had detailed care plans which provided information about how they needed to be assisted, but we saw this was not always followed. Staff told us they had received moving and handling training although this was not effective as not all staff had understood how to safely support people to move.

This meant there was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks to people's well-being and safety had been assessed and reviewed each month to take account of people's changing needs and circumstances. There were risk assessments for poor skin integrity, falls and the use of mechanical hoists. People who had been assessed as requiring bedrails on their beds to help prevent them falling, had protective covers over the rails to reduce the risk of entrapment. These assessments identified potential risks to people's safety and the staff knew how to mitigate risk.

Some people were at risk of developing sore skin, and we saw that they received their support according to the recommendations made to reduce this risk. We saw that when people needed to use a specialist mattress or cushions these were in place and maintained at the correct setting for their weight. People were assisted to reposition at agreed intervals to help maintain their skin integrity and referrals were made to the necessary professionals when needed. We saw that records were maintained to confirm when people had been assisted to reposition. One relative told us, "I'm quite familiar with the records and check they are filled in. I've never had any need to worry."

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. We saw that staff used gloves and aprons and discarded them after use and there were hand washing facilities and hand gels around the home. The home was clean and fresh and the

service had achieved five-star rating for the hygiene and practices in the kitchen and for the management of food safety.

People received their medicines as prescribed and when needed. People were given their medicines individually and time was taken to explain what it was for and to allow some people to take the medicine from a pot themselves. One person told us, "I'm quite happy with how they manage everything. I've never had a problem with my tablets." Some people had medicines prescribed to take when needed; for example, for pain relief or to reduce anxiety. Staff knew when people required additional medicines there was guidance available to support this which staff were able to describe to us. Medicines were securely stored and records were maintained to manage them safely to reduce the risks associated with them.

People were protected from harm because staff knew how to raise concerns about abuse and poor practice. Staff told us they had received training in how to recognise and report any suspected harm and were able to provide examples of what could constitute abuse. The manager was aware of their responsibilities in making safeguarding referrals to the local authority. Staff felt that they would be supported to question practice and raise concerns about poor practice under the Whistle Blowing policy. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation. Local safeguarding procedures including contact details were clearly displayed for managers and staff to refer to.

The provider followed recruitment procedures to ensure that staff were safe to work with people who used the service. One member of staff confirmed they had asked for references and completed DBS checks before they started work. The DBS is the national agency that keeps records of criminal convictions.

There were systems in place to review the service when things went wrong to ensure that lessons were learnt and that action was taken to minimise the re-occurrence. For example, the manager reviewed medicine errors and where any safeguarding concerns had been identified. These were used to reviewed how the service was managed and where necessary, make any improvements. We saw additional checks had been implemented into medicines management to check numbers of medicines at the beginning of each shift to promptly identify any errors.

Requires Improvement

Is the service effective?

Our findings

On our previous inspection we identified that general capacity assessments were being completed for people which were not decision specific and did not include information about how capacity had been assessed. We also found that one person was being restricted and this had not been identified; an application to ensure this was lawful had not been made. This meant there was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) 2014. On this inspection, improvements were still needed.

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 provider was now 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. We found that capacity assessments continued to be focused on people's general capacity and were not decision specific and assessments were completed even when there were no concerns. Staff had received training for MCA but there was a lack of understanding around 'best interest' decisions and staff used the term 'in people's best interests' without understanding that this was a formal process.

We saw DoLS applications had been completed for some people without evidence that capacity had been assessed. The staff had not understood that restrictions under DoLS where only meaningful where people lacked capacity.

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

The entrance to the home was welcoming and formed part of the original building. The home had been extended to provide more bedrooms for people. Communal areas were spacious with a dining area which enabled people to meet with friends, enjoy a meal and to take part in group activities. On our last inspection, some parts of the home were not accessible as work was being completed. On this inspection we saw the provider had recognised where improvements were needed and the original part of the home was being redecorated and maintenance work had been completed. Some people were living with dementia and efforts had been made to adapt the building to make it easier for them to orientate themselves around the home including clear signage for bathrooms and toilets and names and pictures on people's bedroom doors.

Assessment information was in place that provided information about people's needs including how to

provide personal care and support. Information regarding past medical history, specific health needs and their personal life history was recorded to help to understand why people need their support.

People felt the staff were good at arranging appointments with their GP when they were unwell and their healthcare needs were well known by staff. Information was recorded when regular appointments were planned and attended, along with any specific advice or care instructions. People were also visited by opticians and chiropodists and one person told us, "My eyesight is really important to me, so it's good that I still have regular check-ups and get my glasses prescription changed where I need to." Healthcare professionals we spoke with, felt that communication between them and staff was effective and they were working closely with them to ensure people received the care they needed. Relatives felt they were kept informed of any changes in their family member's health.

The home had two 'enhanced beds' which were funded by the health authority to provide health care where this was needed. Where people received this care, they were supported daily by community enhanced nurses. Staff explained that the nursing team would also provide any specialist training needed, for example, using syringe drivers to administer medicines. The staff were confident they understood how these were to be used and followed the given instructions.

Staff received training that helped maintain their skills and felt that the provider was supportive of them developing their knowledge further. One member of staff explained how they had received encouragement to undertake further training so they could train other staff in the home. One member of staff told us, "I can honestly say that we have lots of opportunities to get involved with training. They are very good at organising this where it is needed." Staff told us they were well supported and received regular one to one supervision meetings where they could discuss any issues of concern as well as their own developmental needs.

People were provided with a choice of food and chose where they wanted to eat their meals. On the day of the inspection, parts of the home were being decorated and therefore there was only one dining room available. Although this meant there were more people in the dining room, the staff ensured people had room to eat and provided help when this was needed. People were offered a verbal choice of the two meals served although, the meals were not shown to people to help them to decide. In discussion with the manager, they agreed that seeing the meals served would support people with dementia to decide what they wanted to eat.

Where people were at risk of weight loss they had been referred to a dietician and their weight was monitored. We saw that people were given supplements that ensured they received sufficient amounts to eat. Drinks were served throughout the day and we heard when people asked for a drink these were provided and staff offered other people in that area another drink.

Requires Improvement

Is the service caring?

Our findings

Most people were supported with kindness and compassion; however, we saw some people did not always have positive experiences of care. Where people needed support to move, although the staff spoke kindly with them and explained how they were being supported, the method of supporting could cause harm and was not always done in a caring way.

At lunch time where people needed support to eat, we saw one member of staff supporting several people at the same time. They were not always given time to eat the food before being offered and given more. We also saw consideration had not been given to the temperature of the food. The food was served hot and we saw steam rising from the food. One person started eating straight away but had to spit the food out as it was too hot for them. They had not been advised of this, and staff had not considered whether people understood how hot the food was.

We saw other examples where staff showed kindness and compassion. We saw staff sensitively explaining how they would be supporting them and talking kindly whilst they used a mechanical hoist to help them to move to a different chair. One relative told us, "They are so well looked after. It's such a homely atmosphere here." We saw one person told the staff they were not interested in the food, but staff showed them a variety of different foods and desserts until they were able to choose something they liked. Relatives told us the staff knew what people enjoyed eating and always made sure there was something available. One relative said, "They loved doughnuts and they knew that and would bring them in for them to eat."

Staff had developed positive and caring relationships with people they knew well. We saw staff listening to what people had to say and acted where needed. They knew what was important to them and their personal history and family members so they could talk with them. We saw a person in the communal lounge was exhibiting anxiety and becoming stressed. Staff took the time to talk gently with the person and reassure them and when they wanted to go back to their room, they were helped to do so.

People were involved in making choices about their care at different levels depending on their ability to do so. One person told us, "I can tell them what I want to wear from my wardrobe. My room is arranged how I want. They ask me if everything is satisfactory. I've told them it was and thanked them very much." Another person said, "I can get up when I want. But I come down early when I wake up. I can stay up to watch my programmes; it's up to me." People were supported to retain their independence and one relative told us, "Staff encourage them to do as much as possible for themselves. They tactfully ask, can you do this or that."

Privacy and dignity was respected and upheld. We saw that when people were cared for in their beds, they were covered and had personal belongings around them and we saw staff knock on people's doors before entering. One person told us, "The staff have to wash and dress me now. and they ask my permission." Another person told us, "They knock on my door and ask me what I need."

Staff recognised the importance people placed on their personal belongings. People's mobility aids were kept close to them so they could move around the home independently if they chose to do so. We saw that

staff visited people who spent most of their time in their bedrooms to ensure that they were comfortable, to offer drinks or snacks or carry out personal care activities.

People's confidentiality was promoted. Care records were stored in a lockable cupboard to help maintain the dignity and confidentiality of people who used the service.

Family and friends could visit at any time and relatives told us they were made to feel welcome. One relative said, "We are always made to feel welcome here at any time night or day; we don't have to ask permission, we just turn up."

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved to the home or when they were admitted in an emergency, had their support needs assessed within two hours. Staff understand the importance of having relevant care records which reflected the support people needed to ensure they received safe and consistent care. A member of nursing staff led each shift and was responsible for ensuring all information was completed and handed over to staff on the next shift, this included details of change of care, medicines and significant events.

People had care plans in place which detailed how they liked to be supported that covered all aspects of their lives; including cultural and spiritual. The staff knew about the plans and each person's plans were reviewed each month when they were 'resident of the day'. The staff explained that this day was used to ensure all records were up to date and reflected how people wanted to be supported. People were asked whether they wanted anything to be changed and given opportunities to express how they felt about their care; this day was also used to ensure their room was deep cleaned and equipment was fit for purpose.

Health and social care professionals and relatives were consulted for advice for any review. We saw any advice was recorded and incorporated into the care plan. The staff explained how referrals to health care professionals had been made to ensure care remained suitable for each person. One health care professional told us that the staff worked well with them, and consulted with them when appropriate.

A review of activities was being conducted in the home and the new manager had plans for focusing activities based on people's individual interests. People were being asked about how they wanted to spend their time and activities they wanted to engage in individually or within a group. One member of staff told us, "I've been going to people's rooms to see what people want to say about what they would like to do. I'm adapting work to do things like chair exercises with music. It's a very big home so I'll try to do 1:1 work with people who don't want to join in group work or who prefer to stay in their rooms." They continued to tell us, "I am updating people's files on 'All about me' and leaving some sheets in people's rooms that they and their relatives can fill them in."

The manager was aware of the accessible information standard. They said they were further developing accessible information, although provided information in large print and easy read format where needed. Information about activities and feedback from any survey was clearly displayed on notice boards and pictures and photographs were used to support understanding.

People knew how to raise concerns about the standard of care in the home. People told us where they had been worried about anything they had raised their concerns with the staff or the manager. The complaints procedure was displayed on the noticeboard to remind people of how to report any complaint and people were confident that any formal complaints would be listened to. We saw any complaint was acknowledged, investigated and people informed of any outcome.

When caring for people who were at the end of their lives, information was available to support them in the

way they had requested. Family and friends were encouraged to spend as much time as they wanted to with the person. There were close links with hospice staff and community nurses and some staff had attended training to understand how to care for people at the end of their lives. One member of staff told us, "We went on a four-day training course to understand the how to provide good care for people. I've passed this information on to other staff and put into practice a lot of the communication skills which were discussed on the course." Nursing staff had received training in using the medical equipment needed to administer certain medicines, and we saw where these may be needed, they were kept in the home so there was no delay for pain relief. People's care plans were clear about their wishes and included specific instructions including how any cultural or spiritual needs needed to be met.

Requires Improvement

Is the service well-led?

Our findings

On our last inspection we found that systems were not in place to identify concerns and to drive improvement. This meant there was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014. On this inspection we saw systems had been developed to review how the service was managed and to identify where improvements were needed. Improvements had been made and the provider carried out checks to monitor the quality and safety of the service. However, further improvements were still needed as people did not always receive safe and effective care when being supported to move and to help them make decisions. This meant there were breaches of regulation as improvements were needed.

The service did not have a registered manager but the new manager was completing the necessary application to register with us. The manager and provider carried out checks to monitor the quality and safety of the service, which included checks on personal support plans and how the service was managed. We saw where improvements had been identified, this had been included within the service development plan and action had been taken. During our inspection, we identified concerns with some care practices; the manager was confident that with the current support team, improvements could be achieved. Staff had confidence in the new manager and one member of staff told us, "We've got the best management we've had since I've been here."

The manager and staff liaised with the other care providers and social and health care professionals to review how the service was managed and ensure sustainability. They considered any improvements that could be made to the quality of care provision and how the service could develop. The results of monitoring checks were discussed in meetings and all staff were made aware so that any shortfalls were addressed to improve the overall quality of the service. The staff told us they felt their views were listened to and could comment on how the service was managed through supervision.

People felt the service was well managed and told us; "I think it is well run. Everything is in place. I'd give it 10/10." And, "I do think it is well managed. I am satisfied with it. I would recommend it to others." People knew who the new manager was and one person told us, "We saw them earlier today. They asked how we were." Another person said, "They are very nice. You can talk to them and they are very helpful and listens."

The staff were knowledgeable about how to promote people's safety in the event of a fire. Our previous inspection identified outstanding work to comply with required fire precautions. The fire officer has visited the service and the provider had taken the necessary action to comply with some safety requirements.

People were given the opportunity to have a say in what they thought about the quality of the service and they received quality surveys. The results of the surveys were clearly displayed in the home as, 'You said – We did.' The last survey highlighted that some people thought meals were not always presented well or were tasty. As a result of this, people were asked what their favourite meals were and a new menu was devised. Some people commented that the furniture was 'dated', so the home was being decorated and people commented that more choice was needed for activities, so more small group activities were organised.

The provider and the manager, who was in the process of registering with us, understood their responsibility of registration with us and notified us of important events that occurred at the service. This meant we could check appropriate action had been taken. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website in line with our requirements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment was not always provided with the consent of the relevant person. Where people lacked capacity, the registered person had not acted in accordance with the 2005 Act.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and Treatment was not always provided in a safe way for people who used the service.