Anchor Trust

Larchfield

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced inspection carried out on 14 and 21 November 2017. Our last inspection took place on December 2015 when the service was overall rated as 'Good'.

Larchfield 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 is a purpose built home owned and maintained by Anchor Trust. It provides personal care for up to 40 people who have physical disabilities, mental health needs and moderate learning disabilities. Larchfield is situated in Hunslet, Leeds.

At the time of our inspection there was a registered manager in post. 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.

At the last inspection carried out in December 2015 the service was rated Good overall with the Well-led domain rated as Requires Improvement. At this inspection we rated the service Requires Improvement overall.

People told us they felt safe when receiving care from the staff team. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of vulnerable adults and staff knew what action to take to ensure people were protected from potential harm.

Potential risks to people had been identified and assessed appropriately. There were staff enough staff on duty to meet people's needs but sometimes staff became task orientated during busy times of the day, which meant they were not always able to meet people's needs in a person centred way. Safe recruitment practices were followed. Medicines were managed safely.

Staff had not always received all their essential training set by the provider. Most staff training was up-to-date. Team meetings and supervisions were held but not always in line with the provider's policy. We have made a recommendation about staff support.

People were supported to have choice and control of their lives as much as they were able and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to have sufficient amounts to eat and drink and maintain a healthy diet. They had access to healthcare professionals in order to maintain their health and wellbeing. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were respected by the staff who supported them.

People were involved in decisions about their care. Their privacy and dignity was respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided information about people in a person-centred way. People's personal preferences and their likes and dislikes were documented so that staff knew how people wished to be supported. There was a variety of activities on offer which people could choose to participate in.

Complaints were dealt with in line with the provider's complaints procedure.

Weekly and monthly checks were carried out to monitor the quality of the service provided. There were regular meetings with people and staff and feedback was sought on the quality of the service provided. The registered manager and area manager were aware of the current challenges that faced the service. However checks had not identified elements that led to a safeguarding concern.

People and staff were able to influence the running of the service and make comments and suggestions about any changes.

You can see what action we told the provider to take at the back of the full 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?

Good

The service was not always safe.

Staff were present but task orientated during busy times.

Safeguarding incidents had happened but the service was working to ensure they did not happen in the future.

Medicines were administered safely.

Staff were recruited in a safe way.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not always received training or were not always up to date with their training set by the provider.

Staff were not always supported in line with the provider's policy on supervisions and appraisals.

People were asked for their consent before being supported.

People were supported and encouraged to eat a balanced diet.

Is the service caring?

Good

The service was caring.

People were treated with respect and compassion.

People were involved in the making of their care plans.

We saw people had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People told us and our observations confirmed their care was personalised and responsive to their needs.

Complaints were dealt with in line with the provider's policy.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance checks had not identified areas of potential concern that had led to a safeguarding issue.

The service engaged people and family members to enable them to offer their feedback on the service.

The service had learnt lessons where possible to strive for improvement.

Larchfield

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 was 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 14 and 21 November 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience (ExE). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience of working with people who have a learning disability or people who have a dual diagnosis of learning disability and mental health.

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also contacted the safeguarding and commissioning teams at Leeds City Council prior to inspection.

We did not request a Provider Information Return (PIR) from the service. 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. The provider was not requested to complete this form.

During the course of the inspection we spoke to the registered manager, an area manager and four staff members. We also spoke to seven people who lived at the service and one relative.

We looked around the home and viewed a variety of documentation and records. This included four staff files, four care records, six Medication Administration Records (MAR) charts, policies and procedures and audit documentation.

Good

Is the service safe?

Our findings

People were well supported by staff and people told us they felt safe. One person said, "I like it now, I was unsure at the beginning. I feel safe and well looked after, it's excellent" and,"I feel safe even if people are playing up. I felt safe when I was ill."

We deemed there were enough staff to keep people safe but observed sometimes staff were task orientated. This meant they did not always focus on people's needs in a person centred way. One staff member told us, "There are enough staff mostly; we are getting back on our feet. We always get care done regardless. Shifts vary; it's done on the rota that way." Another member of staff said, "There are enough staff yes, we've never been struggling or panicking. If staff are off, we take overtime, which is great. The team are a good bunch." A team leader we spoke with said, "There are enough staff, some are new starters, we pick up shifts on overtime and cover each other, we don't use agency staff very often." We received mixed views with regard to staffing levels from people who used the service. People told us, "I think a couple more staff would help them to cope," "There are enough staff" and, "There are not enough of them if somebody leaves or is sick, although they make do and use overtime." Relatives told us they were confident their family member was kept safe and had no concerns. We discussed this with the registered manager who told us when their numbers of staff employed at the service had risen again, that should address the concern raised.

People were protected from abuse and harm and staff recognised the signs of potential abuse. We were notified of a person's concern recently. We found the provider had responded appropriately, but one person was affected financially as a result of the safeguarding issue. The provider had changed checks they completed on people's finances to ensure this could not happen again. Staff knew what action to take if they suspected people were being abused. Staff had received training in safeguarding and knew who they could contact if they had any concerns. Staff told us, "Safeguarding could be if a resident told me someone hit them, or it could be financial abuse. You report to the team leader. There is a number you can ring for whistleblowing or tell the district manager if it is to do with staff or the manager." Another staff member told us, "It is if you see anything you don't agree with, for example staff being heavy handed or abusive. It depends on who did it; you could even go to Care Quality Commission or whistleblowing if it was staff."

Risk assessments were kept in people's plans of care and were associated with each care plan. We saw that risk assessment were in place in a number of areas such as moving and handling, going out into the community, smoking and risks if people challenged the service. Where risks had been identified, care plans detailed what reasonable measures and steps should be taken to minimise the risk to the person. These were reviewed regularly and gave staff the guidance they needed to keep people safe.

Recruitment practices were thorough and contained all of the required information. We reviewed three staff recruitment files and found that staff were recruited safely. Records included professional references, interview notes, photographic ID and a Disclosure and Barring Service (DBS) check. The DBS is a national agency which carries out criminal record and barring checks on potential employees and allows the service to make sure new recruits are safe to work with vulnerable people. Staff did not start work at the home until all recruitment checks had been completed.

The registered manager told us medication training was completed by all staff who administered drugs. Only staff who had successfully completed training were authorised to administer medicines. This helped to reduce the risk of mistakes being made by inexperienced staff.

All of the people living at Larchfield had staff support to take their medicines. Medicines were stored in a locked cupboard within a locked medicines room. Medicines requiring refrigeration, including eye drops, were stored appropriately in a fridge the temperatures of which were monitored daily to ensure they remained within a normal range. The medicines room was fitted with an air conditioning unit to regulate the temperature.

Medicines were prepared by the supplying pharmacy in blister packs. These were useful as they had a photo of the person for who the medicines were for, printed on the pack. After administration, the MAR chart was signed by staff who administered the medicines. This ensured people received their medicines safely as prescribed. We reviewed a sample of completed MAR charts which were completed appropriately to demonstrate that people had received their medicines as prescribed.

We looked at the service documentation and saw there was emergency plans in place which directed staff what action to take in case of an emergency. Safety checks had been carried out by a maintenance worker or external contractor. We saw safety checks completed on Gas, Electricity and water temperatures.

Accidents and incidents were monitored by the registered manager. We saw a log of all accidents and incidents that had been reported and investigated to see if there were any lessons to be learnt or improvements to be made. Any trends identified would be altered to minimise the risk of further accidents or incidents.

We found the service was kept clean and tidy. There were domestic staff employed by the service to ensure areas were kept clean. We walked round the service and found the area cleaned by domestic staff to be tidy and no surface dirt. Cleaning staff told us they had sufficient equipment to maintain a clean environment. Bathrooms were stocked with hand towels and soap to support good infection control practices.

Requires Improvement

Is the service effective?

Our findings

People told us they got on well with staff. When asked if their needs were met we received positive responses from people. We were told by people the food was good and that they had choices at meals times. Relatives said they were happy with the support provided by staff.

The registered manager told us about the training provided for staff. Staff received a 12 week induction upon their employment. This included an orientation to the service, shadowing senior staff and learning about the security systems to help keep people safe. New staff had to have each work stage of the induction signed off by senior staff and the registered manager. All staff we spoke with told us the induction was effective in preparing them for their role. Staff we spoke with were knowledgeable and told us they found the training was adequate in assisting them to care for people. One staff member told us how they had recently completed challenging behaviour training.

Staff received a programme of mandatory training which included safeguarding, fire safety, moving and handling and infection control. The service used a staff training matrix to monitor whether staff were compliant with mandatory training, and when training modules had expired and must be retaken. When we reviewed the staff training matrix we found a number of staff were non-compliant with their training in different modules. For example, out of 33 staff eligible for fire safety training, 11 staff's certificates had expired and three staff had not taken the course. With infection control six staff were out of date as guided by the provider. When we raised this with the registered manager they explained that recent operational changes to the service's staffing, had affected compliance with mandatory training. We found that action plans had been developed by the provider to address these issues as a priority.

Staff were supported with supervisions and appraisals; however we found that these were not happening on a regular basis. In one staff file we saw that a member of staff had not received any supervision in 2017. In another staff file we saw that one supervision had taken place in 2017 where the staff member discussed their training needs and feedback from the team leader. It was recorded that the staff member wanted to further their career and it was agreed they would be supported to shadow their team leader and explore further training options. We mentioned this to the registered manager who agreed there were gaps in supervisions for some staff and told us this was also partly due to the recent large changes in the staff team.

We recommend the provider revisits their supervision of all staff in their roles.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager, deputy manager and staff understood their responsibilities in this area and understood the requirements of the legislation. The registered manager told us that everyone had the capacity to make decisions about their care placement and DoLS applications had not been made for anyone. The provider knew how an application under DoLS should be made if required.

People were supported to have sufficient to eat and drink and encouraged to maintain a healthy and balanced diet. There was a four week rolling menu which was changed seasonally and people were offered a choice at each meal. Where people had specific nutritional needs these were assessed and plans were in place to support people with their dietary intake. One person told us they previously enjoyed cooking and staff supported them to cook independently. They said, "Food is edible, there is a choice at breakfast." Another person said, "Food is okay I've never gone hungry. There was one day when I didn't fancy what was on the menu. I could have asked for something else" and a further person said, "Food is excellent." A member of staff said, "We ask them what they want to have. We try to encourage people to eat healthy as they go to the shop, but at the end of the day it's their choice."

Prior to coming to the service people had their needs assessed to make sure their needs could be met by the service. The service used nationally recognised tools such as the Waterlow skin integrity score and Malnutrition Universal Screening Tool (MUST) to monitor people's health and wellbeing. Where risks were identified additional care plans, monitoring charts and risk assessments were in place to mitigate these. We saw that because one person had a high risk of malnutrition they were weighed monthly and the weight charts were filled in and analysed appropriately.

People were supported to access healthcare professionals appropriately to support and maintain their health and wellbeing. All visits from and referrals to such health professionals were logged in people's care plans, for example in one person's care plan we saw that there were 13 visits with the reason and outcome recorded. The registered manager said people had access to a range of healthcare professionals and these were arranged through GP referrals. One person told us staff had been responsive to their changing needs and sought appropriate medical advice when needed. They said "If I needed someone to help me (healthcare professional) they helped me get them." They confirmed they were registered with a local GP surgery and felt their health care needs were met.

People's individual needs were supported by the building. People had their own private rooms which they could adapt with their personal belongings. The service had dining areas and lounges on each of the two floors. This meant people had space to relax. The service was located close to local amenities which allowed people to visit the shops with staff support or on their own.

Good

Is the service caring?

Our findings

We found that people's privacy and dignity was maintained. People made the following comments to us, "Privacy is good , staff knock before they come in", "Generally speaking they respect my privacy", "Staff knock on the door. They come in if I don't answer to check I'm okay" and, "They knock and wait."

We observed one person sometimes raised their voice and complained about areas of their life which staff said they didn't usually have a problem with. There was information in the person's care plan about this behaviour and how staff should support the person. The registered manager told us staff were vigilant about ensuring the person's dignity and diverting their attention.

The area manager told us it was essential that staff respect and support people to ensure their privacy and dignity was maintained at all times. Staff told us that if anyone required personal care support, this was always carried out in private. People were seen to be well looked after and staff were kind and caring when providing support. We saw that staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering.

People said they were well cared for. One person said "The staff talk to me about the support I need." Another person said, "I like the staff they are good to me." Relatives told us that staff were very caring and knew their relatives well.

One member of staff told us, "Personal care is always carried out in private in people's own rooms." Another staff member said, "We all (staff) encourage people to do as much as possible for themselves, some people need more support than others but we always try and support and encourage people without drawing attention to them." This approach helped people to develop their own skills to be as independent as possible.

There was a calm and happy atmosphere in the home and staff were very attentive to people's needs.

Staff were very knowledgeable about people's needs and we could hear them discussing people's wishes and plans with them in a meaningful way. We saw that staff took time to explain to people what they were doing and communicated with them in a way that people could understand.

Staff used people's preferred method of communication, showing them kindness, patience and respect. People's rooms were decorated in line with their personal preferences and people were able to bring in personal items to decorate their rooms. One member of staff told us, "If someone does not want support at a particular time they make their wishes very clear." They said if a person refused support at a particular time they would respect their decision and go back later and offer the support again. Staff told us they were able to understand people's body language. This enabled staff to recognise the signs if people were becoming frustrated. If necessary staff could then intervene and use distraction techniques to help keep people calm and relaxed.

People had regular one to one meetings with staff to discuss any issues they had and these gave people the opportunity to be involved as much as possible in how their care was delivered. Records of these meetings were maintained and placed in care plan folders.

People were confident and comfortable with the staff who supported them. We observed that staff spent time listening to people and responding to their questions. We saw staff engaging with people and chatting as they went about their duties. Throughout our visit there was a good rapport between staff and people. We observed there was a relaxed atmosphere and people appeared calm and at ease with all the staff, including the registered manager and the area manager.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. There was a policy regarding confidentiality and all staff had signed to confirm they understood the policy. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

Good

Is the service responsive?

Our findings

People were well looked after. People told us they liked living at Larchfield. One person said, "I like living here and I am happy." Another person told us staff were responsive to their changing needs. Relatives also thought their family member's needs were met.

Each person had a care plan which included, risk assessments and other information relevant to the person they had been written about. People's care plans were very comprehensive and covered areas such as personal care, communication, personal safety (when smoking and when going out), mental health (with specific guidance about mental health conditions), medication, diet and weight, choice and decision-making, dental and foot care, daily living social activities, challenging behaviour and MCA/DoLS. The care plans included a description of the person's life, key people in their life, interests, likes and dislikes.

People's care plans provided staff with detailed guidance on the care and support people needed and how this should be delivered. Care plans were regularly reviewed and when a person's needs had changed the care plan was updated to reflect this. However we found some review dates had been missed. We discussed this with the registered manager who explained it was partly due to recent staff shortages. A member of staff said the care plans were an informative and comprehensive document which gave staff the information they needed. They said "When a person moves in, the first thing we do is create a care plan and we are always renewing them."

We were told by staff about the key worker system and the role of a keyworker. One staff member said this was to look after people a bit more, including helping people with their shopping and cleaning and to provide more attention to support them on an individual basis.

Staff told us they were kept up to date about people's well-being and about changes in people's care needs at the handover which was carried out before commencing their shift. Staff told us that the handover was really valuable in getting to know people's current care needs. The handover and updated care plans supported staff to provide care that reflected people's current needs. We were told by a member of staff that staff communicated changes frequently, including at handovers between shifts.

We observed that staff were knowledgeable about the people they supported and they were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in with activities and how they liked to spend their time. One person told us, "I look after the flower beds in the garden. I go shopping; I'm going to Guisley on Friday" and another said," I like going out. I go to the pub." This information enabled staff to provide the care and support people wanted at different times of the day and night. During the course of the inspection we observed that when people requested assistance or asked questions, staff responded swiftly.

A range of activities was provided for people. The registered manager told us that some people did not enjoy group activities but preferred individual one to one activities with staff. The service had a new activities coordinator who was still getting to know people. However we saw movie evenings, visits from local nuns,

cooking and pulse exercises (Exercises, often chair based, for people to get involved in of different abilities) were already in place. These were all displayed on the wall so people knew what was happening.

There was an effective complaints procedure in place and a copy was given to people and their relatives when they moved into the home. A copy was also on display on the notice board in the home. The registered manager said that he had not received any complaints in 2017. Staff told us they would support anyone to make a complaint if they so wished. The registered manager said if any complaints were received they would be discussed at staff meetings so that the provider, management and staff could learn from these and try to ensure they did not happen again.

Requires Improvement

Is the service well-led?

Our findings

People told us the registered manager and staff were good and they were always around to listen to them. People we spoke with confirmed the registered manager was approachable and said they could raise any issues with them or a member of staff. They told us they were consulted about how the service was run.

The registered manager told us that managing the service recently had been challenging due to the departure of some regular staff. However they felt they were past the most difficult period and had plans in place to address any concerns and bring the service 'back up to speed'. They said that they and all the staff had worked very hard to make many improvements which were evident during the inspection.

The registered manager told us they operated an open door policy and welcomed feedback on any aspect of the service. They encouraged open communication and supported staff to question practice and bring their attention to any problems. The registered manager said they would not hesitate to make changes if necessary to benefit people. Staff said there was a good staff team and they felt confident that if they had any concerns, they would be dealt with appropriately. Staff said communication was good and they now felt able to make suggestions. They said the registered manager had good communication skills and that they all worked well as a team.

The provider had a policy and procedure for quality assurance. The provider ensured that weekly and monthly checks were carried out to monitor the quality of service provision. We saw records that showed checks and audits that took place included; food hygiene, financial audits, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints.

The provider employed an area manager who undertook a monthly governance visit to discuss with the registered manager specific service user concerns, on-going maintenance issues, the quality of documentation/records and other issues affecting the quality and safety of the service provided at Larchfield. Following these visits, an action plan was drawn up with clear timescales for completion of each action and identifying who was responsible. At the next visit from the area manager, the action items from the previous meeting were discussed to ensure they had been completed. The registered manager said they felt supported by the area manager who was always available for advice and support. Recent quality audits had identified the need to recruit staff and the shortfall in supervision and training for existing staff, however the registered manager showed us their action plan which had not had chance to take effect to solve these concerns at the time of this inspection.

People, relatives and staff were supported to question practice and asked for their views about the home through a quality questionnaire organised by the provider but conducted by an outside organisation. The provider then received and collated any responses. Service user questionnaires were given to people and staff supported them to complete the questions. The last survey results were from 2016. The comments we reviewed showed most people had small issues they felt could be improved but thought overall it was a good service.

The registered manager and area manager said they learned from any incidents, accidents or complaints. A record of accidents and incidents was held and monitored on a monthly basis to assess any trends and reduce the incidence of re-occurrence. There were regular staff meetings where issues could be discussed openly and so that lessons could be learned. Staff told us that staff meetings also enabled them to express their views and to share any concerns or ideas about improving the service.

Records we requested were accessed quickly but were not always consistently maintained, accurate and fit for purpose. We spoke with the area manager and registered manager about this and they told us this was mainly due to staffing issues following the departure of a number of staff. The management team were aware of the shortfalls in records and told us about their concerns for the service prior to the start of our inspection. This showed us the provider was committed to improving the service. All care records for people were held in individual files which were stored in the office at the home and other important records were stored securely.

The registered manager had a clear vision of where they wanted the service to progress over the next 12 months. They had a strategy to recruit new staff, address inconsistencies with supervisions and training and improve moral in the service. The service was working with the local authority and other services run by the provider to improve the way they worked and share learning.