

Larchwood Care Homes (North) Limited

Hope House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

An unannounced inspection was carried out at Hope House on 29 and 30 May 2018.

Hope House is a purpose built care home located in a residential area in Clayton Le Moors close to local amenities. The home is registered to provide accommodation and personal care and nursing care for up to 42 people. Accommodation is offered in single rooms on both floors of the home.

At our last inspection in April 2016 we rated the service 'Good'. However, we identified one breach of the regulations. This was because the provider had failed to operate a safe system in relation to the handling of medicines. Following the inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key question of 'Safe' to at least good. At this inspection, we found the provider had made the necessary improvements to the way medicines were managed.

At this inspection, we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Required improvements had been made to the way medicines were handled in the service. We noted minor issues regarding the recording of when prescribed creams had been administered. However, there was no negative impact on people who lived in the home and the registered manager took immediate action to rectify the issues found.

People told us they were safe in Hope House and that staff were kind, caring and respectful towards them; our observations during the inspection supported this view.

Staff understood their responsibilities to protect people from the risk of abuse. They had a good understanding of people's needs and preferences and supported people to be as independent as possible.

Staff had been safely recruited. There were sufficient numbers of staff on duty to be able to meet people's needs in a timely manner and to spend time with people throughout the day.

Risks to people's health, safety and welfare were managed well. People were cared for in a safe and clean environment.

The staff team received appropriate support and training and felt valued and respected by the registered manager.

People enjoyed a varied diet and changes in their health were monitored and acted on.

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

Each person had a series of care plans related to their individual needs; these provided clear guidance on how their needs and preferences would be met. People were supported to be as independent as possible.

People's rights to privacy, dignity, independence and choice were respected; communication was good between people who lived in the home, relatives and staff.

A range of activities were provided to promote people's sense of well-being. People had opportunities to provide feedback on the care they received.

Staff told us they enjoyed working in the home. All the staff we spoke with demonstrated a commitment to providing high quality care to people.

Systems were in place to monitor the quality and safety of the service. The managers in the service had a clear drive for continuous service improvement.

Further information is in the detailed findings below.

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 has improved to Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Hope House

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 comprehensive inspection took place on 29 and 30 May 2018. The first day of the inspection was unannounced. On the first day of the inspection, the team consisted of two adult social care inspectors and a specialist advisor who was a registered nurse. The second day of the inspection was carried out by one adult social care inspector and an assistant inspector.

The provider submitted a completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In preparation for our visit, we looked at previous inspection reports, notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority's contract monitoring team.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with six people who lived in the home, a relative and two community based health professionals who visited the home on the first day of the inspection. We undertook observations in public areas of the home at various times during the inspection, including the lunch time period and undertook a tour of the building. We also spoke with the registered manager, the deputy manager, the registered nurse on duty on the first day of the inspection, two members of care staff, the head chef and a domestic. In addition, on the second day of the inspection we observed the daily heads of department meeting.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for six people, medicine administration records, staff training records, four staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the

service.

Is the service safe?

Our findings

At our last inspection in April 2016, this key question was rated as 'Requires improvement'. This was because a breach of regulations was found in relation to the way medicines were handled, particularly controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) as well as a number of incomplete medicines administration record (MAR) charts. Following the inspection, the provider sent us an action plan which set out the action they intended to take to meet the regulation. At this inspection, we found the necessary improvements had been made and this key question is now rated as 'Good'.

We looked at the MAR charts for six people who lived in the home. We found all the MAR charts had been fully completed. There were appropriate arrangements in place for the management of controlled drugs. They were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely.

All staff responsible for the administration of medicines had received training for this task. The competence of staff to administer medicines safely was regularly assessed, including whether care staff understood their responsibility to administer prescribed topical creams to people who did not require nursing care and to accurately record that this task had been completed. However, when we checked the records relating to the administration of topical creams, we found there were a number of occasions when topical creams had not been administered as prescribed; this mainly included staff administering creams more regularly than prescribed due to the way the creams records were set out. The registered manager told us they would take immediate action to address the issues we identified. They advised us there were no concerns regarding the skin integrity of people who required support with personal care. This was confirmed by our telephone discussion following the inspection with a member of the district nursing team that regularly visited people in Hope House. They advised us that there would be no negative impact on people regarding the way creams had been administered. People who lived in the home commented, "The deputy manager checks regularly that I haven't got any pressure sores. They would deal with them if I had" and "I had a sore bottom but it is healing nicely now."

People told us they felt safe in Hope House and that there were enough staff on duty to meet their needs in a timely manner. Comments people made to us included, "I feel safe, very good actually" and "Staff want to make sure you're safe and I definitely feel that here." During the inspection, we observed staff took the time to sit with people and chat with them about their family, friends and plans for the day.

Staff had received training in safeguarding adults and were aware of the correct procedures to follow should they witness or suspect abuse. They also told us they would be confident to report any poor practice they observed to the managers in the service and were certain they would be taken seriously and necessary action taken to protect people who lived in the home.

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being

employed.

People were cared for in a safe and clean environment. People's care records contained information for staff to help ensure people were cared for in a safe and appropriate way. All risk assessments had been regularly reviewed and updated when people's needs changed.

Is the service effective?

Our findings

At our last inspection in April 2016, this key question was rated as 'Good'. At this inspection, the rating remains 'Good'.

People told us staff had a good understanding of their needs and knew how they liked to be cared for. Comments people made to us included, "Staff know me well. They know what they are doing and I always feel safe with them", "The staff here have quickly got on top of my physical health conditions" and "The staff here all do a good job."

Staff received the induction, training and supervision necessary for them to be able to deliver effective care. The registered manager told us the provider had recently invested in an 'App' based training service which staff were able to access via their mobile telephones. Staff told us they were getting used to this new way of training but found it to be of good quality. In addition to this e-learning, staff were provided with face to face training in a number of topics including moving and handling and fire safety. A staff member commented, "We get regular in-house training. It's brilliant and the trainer is very responsive to meeting staff needs." The registered manager kept a central record of all training completed by staff and when any refresher training was due.

Records we reviewed showed staff received regular supervision, which was used as a forum for the manager to provide feedback to staff on their performance. Staff employed for more than 12 months had received an annual appraisal to consider their training and development needs.

Care plans were formulated to meet people's assessed needs and were reviewed on a regular basis. Systems were in place to help ensure all staff were aware of any changes in the care people required.

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 make 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 on authorisations to deprive a person of their liberty were being met. Records we reviewed showed the registered manager had submitted DoLS applications for eight people who were unable to consent to their care arrangements in Hope House, although none had yet been assessed by the relevant local authorities. The registered manager maintained regular contact with the local authorities to inform them of any changes in people's care arrangements and of any new restrictions in place; this helped to ensure people's rights were protected.

People told us staff always asked for their consent before any care was provided. We looked the care records for one person who was assessed as lacking the capacity to make decisions when acutely unwell. We found that there were plans in place for staff to follow in order to ensure interventions and actions were carried out in the best interests of the person when they were unwell.

People told us the quality of food was good in Hope House; this was confirmed by our observations during the inspection. We saw people had three choices for each meal and alternatives were offered if a person did not like what was on the menu. Appropriate arrangements were in place to monitor the nutritional and dietary intake of people assessed as being at risk in this area. Where necessary, referrals had been made to specialist services including the speech and language therapy team (SALT). We spoke with two members of this team who were visiting Hope House on the first day of the inspection. They told us staff made appropriate referrals and were knowledgeable about people's nutritional needs and risks.

We noted one person's care records contained confusing information about how their food should be prepared to help prevent the risk of choking. However, staff were able to tell us the correct procedure to follow and kitchen staff had accurate information to refer to. We discussed the information in the care records with the registered manager. They were able to show us that this had been reviewed and updated before the end of the inspection.

People's health needs were assessed and plans put in place to ensure these needs were met. There was a registered nurse on duty 24 hours a day to meet the needs of people who required nursing care. A health professional we spoke with following the inspection told us they had no concerns about the care people received in Hope House.

The design, decoration and layout of the home was suited to the needs of people who lived there. The home was located on a quiet street with local facilities within easy reach. Each person had a single bedroom and they were encouraged to choose the décor of their bedroom; we noted each bedroom reflected people's tastes and choices. We found appropriate arrangements were in place to ensure the home was maintained. The registered manager told us some communal areas of the home had recently been re-carpeted and there were plans in place to continue this process in individual bedrooms.

Is the service caring?

Our findings

At our last inspection in April 2016, this key question was rated as 'Good'. At this inspection, the rating remains 'Good'.

People who lived in Hope House told us the staff were always kind, caring and respectful towards them. Comments people made included, "Staff are nice; very good", "There are good staff here. They have a good banter and laugh with us" and "The staff are very nice. They always treat me with respect."

During the inspection, we observed warm, kind and respectful interventions between staff and people who lived in the home. We noted staff took the time to sit with people and engage them in conversation. We also heard a staff member, who was unaware of our presence, say to a person, "We are all here if you need to have a chat, a shoulder to cry on or a good old moan." Another staff member asked a person if they would like to go to the park across the road from the home to help them to cool down. They also asked this person and others if they would like an ice lolly due to the day being very hot. These interactions typified the caring approach we saw from all staff.

Compliments received by the home highlighted the caring approach taken by staff. Relatives had written, "Thank you to the management, to all of your lovely carers for everything you have done for me", "I want to say how pleased I am with the wonderful way staff look after [name of relative]" and "The angels at Hope House are amazing and I can't thank them all enough for everything they did for [name of relative] in 2017 and [name of relative] this year. Amazing staff."

The registered manager and care staff we spoke with demonstrated a commitment to providing high quality personalised care to meet people's diverse needs. Staff had received training in equality and diversity and understood people's right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. A staff member told us, "Everyone is different with their own needs. People do whatever they want and no day is the same." Another staff member commented, "You have to value people. I look at residents as my family. It's their home and we work for them is how I look at it. We know if people are upset and always find time to be with them as they come first."

Care records we reviewed contained information about people's wishes and preferences in relation to how their care needs should be met as well as their daily routines. People's religious and spiritual needs were also documented when relevant. On the second day of the inspection, we observed the activities coordinator supported two people to attend a service at a local church which they clearly enjoyed.

During the inspection, we observed people doing things independently and making their own decisions about how they spent their day. Staff explained how they supported people with independence skills, in response to people's individual abilities, needs and choices.

People had the opportunity to comment on the care they received during daily conversations with staff and

in residents' meetings. A 'resident of the day' system was in place, which meant people had the opportunity to discuss the care and support they received with key members of staff.

People who lived in the home and their relatives were provided with information about the service in the form of a service user guide. We were told a copy of this guide was also given to people during the pre-admission assessment process. This information would help people to decide whether the home was suitable for their needs or the needs of their relative.

We noted people's personal information was stored securely to protect their right to confidentiality.

Is the service responsive?

Our findings

At our last inspection in April 2016, this key question was rated as 'Good'. At this inspection, the rating remains 'Good'.

People told us they were happy with the care they received in Hope House and that staff were always responsive to their needs. Comments people made included, "If you want something you only have to ask", "Things here work a lot quicker than if you were in hospital" and "I have been in care all my life and this compares very well to other places I have been."

There were appropriate arrangements in place to help ensure people received the care both wanted and needed. Care records included a good level of detail about people's likes, dislikes, preferences and routines to help ensure they received personalised care. All care plans were underpinned by a series of risk assessments. People's care plans also reflected human rights and values such as people's right to privacy, dignity, independence, choice. Staff told us the care plans were useful and informative. We saw the information had been kept under review to help ensure it was an accurate reflection of people's needs.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We noted that care records included information about people's communication needs, particularly those resulting from an illness or impairment. One person's records advised staff how to use picture cards, short words or writing down options to help the person express their needs and wishes. In addition, the registered manager told us key information for people who used the service could be provided in different fonts or formats as necessary.

We saw that the managers in the service were using a range of technology to improve the care and support people received. The registered manager told us the home utilised an online assessment system called 'Telemedicine' if they had any concerns about people's health. This service was available 24 hours a day and was managed by registered nurses from the local NHS service. Telemedicine provides a remote clinical service between the home and a healthcare provider, using electronic audio and visual means. This helped to ensure people had access to prompt and appropriate advice and treatment.

We saw there was an electronic device available in the reception area, which people could use to record their views about the care provided in Hope House. The managers told us they were also fundraising to buy a laptop computer, which would be for the use of people who lived in the home.

There was a range of activities available to people, with a weekly timetable on display in the dining room area. We spoke with the activities coordinator who told us they were aware of people's interests and preferences due to their previous role as a member of care staff in the home. They told us they always consulted with people about the activities they would like to be provided. We were told that they had recently joined an activity forum from which they were able to borrow resources each month. Photographs

we saw on display showed that people had particularly liked using the table top oven borrowed from this service to cook soup, pies and quiches which were then enjoyed by them and other people in the home. A regular newsletter was produced by the activity coordinator to record the activities in which people had participated as well as forthcoming events.

A system was in place to respond to complaints received at the home. The complaints file showed seven complaints had been received since January 2017. However, the file contained limited information about the original complaint and in some cases, the action taken to resolve the issues raised. The registered manager told us this was because some complaints had been dealt with by the regional manager. However, they took immediate action to develop a complaints log to better record any issues raised by people and the action taken to investigate and resolve the matter. In addition, the provider's complaints procedure required further action to ensure it was personalised in relation to each service and included relevant contact details as well as details of other organisations, which were available to support people with their complaint. The registered manager escalated this matter to the regional manager for the issues to be centrally addressed.

People spoken with during the inspection told us they had no complaints about the care provided in Hope House. They told us any minor concerns were always immediately addressed. Comments made included, "Staff respond quickly to my concerns", "I wouldn't change anything about being here" and "I would definitely go to [name of registered manager] if I had a complaint and she would listen to me."

Where people had been willing to discuss their wishes in relation to end of life care, these were clearly recorded in their care records. The registered manager told us they and several members of care staff intended to complete end of life training with the local hospice.

Is the service well-led?

Our findings

At our last inspection in April 2016, this key question was rated as 'Good'. At this inspection, the rating remains 'Good'.

Since the last inspection, there had been a change of registered manager. 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. They were supported in the day to day running of the service by a deputy manager.

The registered manager was very knowledgeable about people's individual needs and preferences. They understood their responsibilities and followed procedures for reporting any adverse events to CQC and to other organisations such as the local authority safeguarding team. Planned improvements for the service were set out in the PIR (Provider Information Return) and we noted several of these had already been implemented at the time of our inspection. This demonstrated the registered manager was committed to driving forward service improvements.

People who lived in the home and staff all commented positively about the managers in the home. Comments people made to us included, "[Name of registered manager] is very nice", "The deputy manager is very supportive" and "I know I can speak to [Name of registered manager] and she will always help. She's always around and about asking people how they are."

We observed a good working relationship between the managers and staff. Staff told us they felt valued, listened to, enjoyed working at the service and were part of a good team. One staff member told us how the registered manager had used the most recent staff meeting as a team building exercise during which they asked staff to build a tower with marshmallows and spaghetti. The staff member told us, "We all enjoyed it. It's getting us to work together and communicate well as a staff team, turning negatives into positives." This demonstrated effective leadership by the registered manager.

During the inspection, the registered manager spoke openly with us about their personal development since they started work at the home. They told us, "I have learned to take on board learning from complaints and safeguarding notifications. I have also learned to be much more tolerant of others." They demonstrated a commitment to improving the quality of life for people who lived in Hope House and told us, "I don't want people to feel trapped here. I want them to be able to access the community. I also want to improve the environment in which they live."

The registered manager had systems in place to regularly assess and monitor the quality of the service provided. These included audits of care records, medicine management, assessments of training compliance, staff files and environmental checks. In addition to these audits, the regional manager made regular visits to the home to speak with people who lived there, staff and to review the environment and care records. We saw that the registered manager maintained detailed action plans which recorded any

issues identified during the audits and when the required actions had been completed to resolve the matters.

The registered manager carried out surveys to gather feedback from people who used the service and their relatives. The results from the survey conducted in August 2017 were generally positive. We also noted the registered manager had introduced a 'You said, We did' board in the reception area to show people the actions taken as a result of their feedback.

We noted the service's CQC rating and a copy of the previous inspection report was on display on the provider's website and in the home to inform people of the outcome of the last inspection.