

North Yorkshire County Council

Larpool Lane

Inspection report

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19 January 2018

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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

We inspected the service on 12 and 19 January 2018. At the time of our inspection, 24 older people were using the service.

Larpool Lane is registered to provide residential care for up to 40 older people. Accommodation is provided in one adapted building over two floors. This service 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.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and on-going 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.

People told us they felt safe at the service. Staff had a good understanding of safeguarding and how to report any concerns they had. Risk assessments were in place where needed and these had been updated when changes occurred.

Servicing certificates were in place where required. Environmental checks had not always been effective in identifying areas of concern. Fire exit signs had not been put back in place following re-decoration and fire exit ramps were covered in moss and posed a potential risk of falls.

There was enough staff on duty who were able to respond to people's needs in a timely manner. Medicines were managed and stored safely. Staff had received training and staff competencies in this area were being assessed.

Staff told us they felt supported. Records showed that although supervisions were taking place, these had not been completed as regularly as specified in the provider's policy. The registered manager was taking action with regards to this.

Staff had received training to enable them to carry out their role effectively. Staff spoke positively about the training that was provided.

People told us they were satisfied with the food and drink on offer at the service. When people required additional support with meals, this was provided in a dignified way by staff.

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.

Staff were familiar with peoples likes, dislikes and preferences with regards to care and support. Care plans

contained person-centred information and people confirmed they had been consulted with regards to the support they required. The provision of activities was being reviewed to ensure activities on offer provided regular stimulation for people.

Quality assurance processes were place and completed on a regular basis. They had not always been effective in identifying areas where action was needed in relation to the environment.

People told us the registered manager was approachable and dealt with any concerns raised. The registered manager regularly sought feedback from people to monitor and improve the service.

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 remains 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.

Larpool Lane

Detailed findings

Background to this inspection

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

Inspection site visits took place on 12 and 19 January 2018 and were unannounced. The first day of inspection was carried out by two adult social care inspectors, a governance specialist advisor and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. The experts by experience who supported this inspection were specialists in care for older people. They spoke with people who used the service and visitors to gather their feedback. They also observed interactions including the care and support provided in communal areas and with activities. The second day of inspection was carried out by one adult social care inspector.

As part of planning our inspection, we contacted Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

Prior to this inspection concerns had been raised by a visiting relative with regards to staffing levels, care planning documentation, the environment and the lack of activities taking place. As a result, the service was being monitored by the local authority. Regular meetings had taken place to monitor the service to ensure improvements were being made, which CQC had attended. A 'service improvement plan' was developed by the local authority and the registered manager and provider were responsible for ensuring specified actions were completed. We used this information to plan this inspection.

The provider sent us their Provider Information Return. 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.

During the inspection, we reviewed a range of records. These included four people's care records containing care planning documentation and daily records. We also reviewed a number of medicine records. We looked at three staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection process, we spoke with five members of staff including the registered manager. We also spoke with five people who used the service and one relative to gain their views on the service provided.

Is the service safe?

Our findings

People told us they felt safe. Comments included, "Yes I feel safe. I can lock my bedroom door if I wish" and "I have money in my handbag and I never feel worried about leaving it anywhere." A relative told us, "I have no reason to believe my relative is not safe. I have not seen anything that would make me worry at all."

Staff received training and understood how to identify and report safeguarding concerns. Records showed safeguarding concerns were appropriately referred to the local authority safeguarding team and action taken to keep people safe. Information on safeguarding was displayed around the service to ensure people could access this when needed.

People had care plans and risk assessments to guide staff on how to safely meet their needs. For example, where people were at risk of falling, a risk assessment outlined the support required to maintain the person's independence whilst promoting their safety. Personal emergency evacuation plans were in place to provide important information to emergency services if needed. Safety certificates, for things such as gas and electric were in place where required.

We identified that fire exit signs had not been put back in place following re-decoration of areas around the service. This meant that if a fire occurred, people would not have clear information as to where fire exits were around the building. Moss was growing on fire exit ramps which could pose a risk of falls. We discussed this with the registered manager who took action during the inspection.

Medicines had been managed and stored safely. Staff had received medicines training and people told us they received their medicines as prescribed. Records showed that staff competencies had been completed.

The registered manager told us there would usually be five staff on duty to provide support to 24 people during the day and three staff on duty at night. Rotas demonstrated that occasionally on night duty there were only two members of staff. The registered manager confirmed there had been a recent issue with staff sickness which has impacted on the number of staff on duty at night. This was currently being addressed and a new staff member was due to start at the service to eliminate the problem. People did not raise any concerns with regards to staffing and told us staff were available to respond to their needs. Staff were visible throughout the inspection process and we found no evidence to suggest staffing levels were unsafe.

The provider completed appropriate pre-employment checks to help ensure suitable staff were employed. The service had current staff vacancies and as a result, was utilising agency staff. Appropriate checks on agency staff suitability and training had been checked before they worked at the service.

Staff had completed infection control training and wore gloves and aprons to minimise the risk of spreading germs. The environment was clean and free from malodours and had benefited from recent re-decoration throughout.

Is the service effective?

Our findings

People told us they thought staff were well trained and provided effective support. Comments included, "I think they are well trained. They all seem to know what they are doing." A relative told us, "I have no concern with regards to staff training and their abilities."

New staff were required to complete an induction. The registered manager told us the induction process had recently been developed following feedback from staff. New staff were now required to work alongside more experienced staff for a three week period before working alone. Their induction would be completed throughout this three week period, rather than in one day

Records showed regular supervisions had taken place, although we found some were overdue and had not been completed in line with the provider's policy. We found, even though the registered manager had not complied with the policy, staff felt very much supported. Appraisals had been conducted and contained clear action with regards to staff development. Staff completed a range of training to equip them with the skills needed to carry out their roles effectively. They were positive about the training and learning opportunities available to them.

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. We observed staff asked people's permission before providing care and support. This meant staff ensured they had people's consent. Staff understood the importance of consent and respected people's rights to make their own decisions. The registered manager had appropriately identified situations which may amount to a deprivation of someone's liberty and submitted authorisations to the supervisory body. This showed us people's rights were protected.

Where people required their weight to be monitored, this was documented appropriately. We observed a pleasant dining experience with a wide choice of meals available. Staff were available to provide support where needed and people spoke positively about the meals on offer. Refreshments such as tea, coffee, light snacks and juice were available throughout the day.

The provider was currently using a system which provided direct links to a nursing team at a local hospital via the internet. The nursing team were on hand to provide advice and instruction on situations that would hopefully avoid unnecessary hospital admissions. The registered manager was able to provide numerous examples of when this system had been effective.

It was clear that a recent refurbishment had taken place and the service was clean and pleasantly presented throughout. People's had been involved in choosing how they wished their personal space to be decorated

and this had been done according to their tastes.

Is the service caring?

Our findings

People told us they were well cared for by polite and friendly staff. Comments included, "The staff are brilliant. Very caring" and "They are always asking if we are ok, if we need anything. They are very attentive. We have good relationships."

When we asked people if staff treated people with dignity and respect they told us they did and were able to provide numerous examples. One person said, "They (staff) are wonderful here. If you are inappropriately dressed, they would say quietly in your ear that you may wish to get changed." Another person told us, "Well I get post and I open that myself. Staff knock on the door. If I go into the shower, they leave me to it as I can manage. They always knock on your door." This showed staff treated people with dignity and respect.

Staff were polite and kind towards people throughout our inspection. We saw numerous friendly conversations and good interactions, which demonstrated staff cared about the people they supported. Where people became anxious, unsettled or distressed, staff were quick to intervene and provide kind and calming reassurance.

We found staff had time to chat with people and acknowledged them as they moved around the building. People responded warmly towards staff showing us they valued their companionship.

People were supported to remain as independent as possible and make decisions regarding the care and support they received. They were encouraged to express their views through regular discussions with staff. One relative told us how a person had been supported to remain mobile after a short period where a wheelchair was required. They explained the progress the person had made and how they were now walking with a frame 'thanks to the prompts and dedication of staff.'

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files.

Information was available about the use of advocacy services to help people have access to independent sources of support when required. The registered manager told us advocacy services had been used in the past and were clear on how they would access advocacy services for a person if needed.

Is the service responsive?

Our findings

Initial assessments had been completed. This showed the service ensured they could meet people's needs prior to them moving to the service. Care plans had been developed so they were specific to people and the way they wished to be supported. This meant staff were able to deliver support in a person-centred way. Staff were familiar with people's likes, dislikes and preferences and told us the information contained within the care plans was useful and could often stimulate conversation.

People's wishes relating to end of life care were recorded in their care records and 'Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)' orders were in place where requested or appropriate.

Staff completed daily notes to record the care and support provided. Additional monitoring charts were in place to ensure people's needs were met, such as food and fluid monitoring charts.

It was recognised by the registered manager that activities had been lacking and they were in the process of making improvements in this area. They were able to demonstrate that people had been asked their preferences with regards to planned activities and what they would like to do.

Throughout the inspection, we found there were no planned activities taking place but staff were seen spending time with people chatting, enjoying puzzles and art and crafts. People we spoke with were happy with the activities on offer and told us they enjoyed outside entertainers, such as singers and playing instruments. People told us how their cultural needs were met and they were supported to access church services weekly. One person said, "I attend a service at my church. I really appreciate staff taking me." Another person told us their friend would take them to church every Sunday and said "Staff make sure I am ready for when they arrive."

The provider had a procedure which outlined how complaints about the service would be managed and responded to. Information about how to complain was displayed in an accessible format in communal areas within the service. This ensured people who lived there and visitors had information about who to speak with and how to raise concerns. We found complaints had been managed appropriately.

Is the service well-led?

Our findings

At the last inspection in October 2015 we found the service was well-led and awarded a rating of Good. At this inspection, we found that improvements were needed.

There was a manager at the service who registered with CQC in November 2010. They were also the registered manager at one of the providers other locations which was also based in Whitby. 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.

Although quality assurance audits had been completed by the registered manager on a regular basis they had failed to identify concerns in relation to the environment. Whilst conducting a walk round of the service we identified that fire exit signage had not been put back in place following re-decoration. We also found fire exit ramps were covered in moss which could pose a risk to people if the fire exits were to be used. This showed quality assurance processes in place were not always effective.

People told us the registered manager was approachable, listened to their feedback and responded to their concerns. One person said, "[Registered manager] asks our views at resident meetings which are usually every Tuesday. They do listen when we make suggestions." Another person told us, "We had a meeting near Christmas. Afterwards [registered manager] arranged for us to have pie and peas. It was a lovely get together."

People who used the service gave positive feedback about the service. They told us, "It is upbeat. Staff are always encouraging us to do things", "It has been a bit hectic because of staff sickness but they have all pulled together and managed" and "[Registered manager] is brilliant. Very bright and lovely to talk to."

The provider completed an annual questionnaire to monitor the quality of the care and support provided. The results of the last annual questionnaire had been collated and analysed and an action plan put in place to address specific comments. A 'You said, we did' poster was displayed in the reception area of the service to keep people updated with any action taken as a result of the feedback provided.

Records showed regular staff meetings had taken place. These meetings had been used to share information about the service and provide staff with an opportunity to discuss any issues or concerns and to provide feedback.