

Ideal Carehomes (Number One) Limited

Larkhill Hall

Inspection report

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Date of inspection visit:
30 January 2018
07 February 2018

Date of publication:
28 March 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 30 January and 7 February 2018 and was unannounced.

When we conducted a previous inspection on 14 and 15 March 2017, the service was rated Requires Improvement with breaches of regulations in relation to; need for consent, safe care and treatment, good governance and staff support. This is the second consecutive time the service has been rated Requires Improvement. Following the last inspection we asked the provider to complete an action plan to show what they would do to address the issues identified.

During this inspection we looked to see whether improvements had been made to ensure that the provider was meeting the fundamental standards of care. We found that the service had made significant improvements to address the issues found in the last inspection and had met some breaches of the regulations.

Larkhill Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home is a purpose built three storey residential care home in north Liverpool, providing specialist services for up to 66 people living with dementia. During the inspection, there were 60 people living in the home.

A manager was in place and were applying to be registered with us at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We observed a member of staff while they administered some medicines. We also checked records, storage arrangements, stocks and audits - We found that medicines were not always managed safely.

We checked for risks to people regarding the environment and equipment and found whilst safety checks were completed regularly, risk was not always identified and minimised effectively.

The provider remained in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; safe care and treatment.

During the last inspection it was identified that whilst systems and processes were in place to monitor the quality and safety of the service actions had not been taken to address all the concerns raised. During this inspection we saw evidence that improvements had been made in the monitoring of the quality and safety

of the service, however some areas were still not being monitored effectively.

From the improvements that were made we found the provider was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good Governance.

During the inspection we recommended that the manager delegate tasks within the management team to allow the manager to effectively address the issues highlighted in relation to quality assurance audits to improve the systems currently in place.

We checked four staff recruitment files and found they reflected safe recruitment processes.

Staff were aware of different types of abuse and how to report safeguarding incidents. Those that were reported had been done so appropriately. Staff had received appropriate training in safeguarding and were able to explain how to keep people safe from abuse - Staff were also aware of the whistleblowing policy.

Individual risks to people living in the home were accurately assessed and reviewed regularly with measures in place to reduce the risk in order to keep people safe.

Staff had received training in areas such as infection control, health and safety and manual handling.

Accidents and incidents were reported and recorded. They showed evidence of analysis, review and action taken where needed.

People that we spoke to told us they felt safe living at Larkhill Hall Care Home.

During the inspection we observed appropriate levels of staff on duty and people that we spoke to told us there were staff available if they needed them.

Principles of the Mental Capacity Act (MCA) 2005 legislation were being followed and Deprivation of Liberty Safeguard (DoLS) applications were completed correctly and in line with current legislation. Staff showed a basic knowledge and understanding of both MCA and DoLS. Best interest decisions were being made appropriately. Consent for care was gained in line with the principles of the MCA.

We found the registered provider was no longer in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; need for consent.

Staff had received appropriate training to carry out their role. Staff that we spoke to told us they felt they had been given the right skills to care for people living in the home.

Staff were supported in their role through supervision and appraisals. Although we found that not all staff had received an annual appraisal the manager was able to show us a record of when outstanding appraisals were due. Staff that we spoke to told us they felt supported in their role through regular supervisions.

We found the provider was no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; staffing.

We saw from the care files that people living in the home were supported to receive appropriate medical and health care when needed; such as GP, district nurse, occupational therapists and dietician.

People living in the home spoke positively about the food provided. There was a choice of meals and drinks and snacks were available if requested. People were supported to eat and drink where needed.

People that we spoke to told us that staff were caring and kind and treated them with respect. During the inspection we observed positive interactions between staff and people living in the home. Staff were seen to be kind and patient with people.

Staff were observed showing dignity and respect to people living in the home. People that we spoke to told us that their privacy and dignity was respected at all times.

From the care files we looked at we saw evidence of people receiving care that was person centred and based on individual needs and risks. Care files showed that people (and their relatives) were involved in their care planning and they were provided with choices and were listened to. Care files were reviewed regularly.

The home had a detailed complaints procedure. We saw evidence that complaints were dealt with effectively by the manager and in a timely manner.

During the inspection we saw evidence of activities being provided for people living in the home. An external activities coordinator visited the home during the inspection and we observed people engaging in the activity being provided. People spoke positively about the activities provided in the home.

We saw from training records that staff had been trained to support people with end of life care and records provided the opportunity for people living in the home to express their wishes and views about the care provided at the end of their lives.

Throughout the inspection the management team and staff were open and responsive. They were able to provide information on request and showed a desire to improve on the quality of their service.

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 

This service was not always safe.

Medicines were not always managed safely.

Risks to people regarding the environment were not always assessed and minimised.

Staff were aware of different types of abuse and how to keep people safe from harm.

There were sufficient numbers of staff to meet people's needs.

Safe recruitment procedures were followed.

Is the service effective?

Good 

This service was effective.

Applications to deprive people of their liberty had been made appropriately.

Staff had received appropriate training to give them the required skills.

Principles of the Mental Capacity Act (MCA) 2005 were being followed.

People were supported to receive appropriate medical and health care.

People's nutritional needs were being met.

Is the service caring?

Good 

This service was caring.

People told us staff were caring and kind.

Staff treated people with respect and demonstrated they were

patient and kind.

Staff supported people to maintain their privacy and dignity in all aspects of their care.

People were encouraged to express their views and were involved in their care planning.

Is the service responsive?

Good ●

This service was responsive.

Care plans were based on individual needs and were assessed and reviewed regularly.

Complaints were dealt with effectively.

A range of activities were provided for people living in the home.

Staff had been trained in the delivery of End of Life Care.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

People spoke positively about how the service was managed.

Systems in place to monitor the quality and safety of the service were not always effective.

There was a clear commitment to improve on the service delivered.

The service worked effectively with other agencies and organisations.

Larkhill 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 January 2018 and 7 February 2018 and was unannounced. The inspection team included one adult social care inspector, one assistant inspector and an '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.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service.

We used all this information to plan how the inspection should be conducted.

During the inspection we spoke to the manager, regional director, quality support manager, care manager, deputy manager, four members of care staff, one activities coordinator, 11 people living in the home and six relatives.

We looked at the care files for six people receiving support from the service, four recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also observed the delivery of care at various points during the inspection.

Is the service safe?

Our findings

During a previous inspection which took place in March 2017 the service was rated requires improvement with a breach of Regulation 12; safe care and treatment. This was because medicines were not always managed safely and risks to people were not always minimised. During this inspection we checked to see if necessary improvements had been made in accordance with the registered provider's action plan. We found that some improvements had been made.

As part of this inspection we observed a member of staff while they administered some medicines. We also checked medication records, storage arrangements and audits.

Medicines at Larkhill Hall are stored in locked trolleys and when not in use these trolleys are stored in two clinic rooms within the home. These rooms were found to be locked at all times during the inspection. We observed the trolleys to be locked at all times when not in use.

Medicine Administration Records (MAR) were checked for medicines administered on the ground floor and no errors were found. They were clearly documented and easy to follow. There was evidence of staff correctly recording where medication had been refused or not given; such as 'social leave' or 'refused'.

Controlled drugs were locked securely in a separate cupboard from all other medication. Controlled drugs are prescription medicines that have controls in place under the Misuse of drugs Act and associated legislation. The controlled drugs book was completed correctly with two signatures for administration. On the second day of our inspection we carried out checks in the upstairs clinic room together with the home manager. Controlled drugs stocks were counted and MAR sheets checked and one error was identified. One person's MAR was checked in detail; we found that staff had signed to say a controlled drug had been administered but was still in the blister packet. This meant the medicine had been wrongly signed as administered. We raised this with the manager who told us they would address the issue.

We found that the staff signature list at the front of medicine records had not been checked. The staff member administering medicines on the first day of our inspection was not on the signature list. The purpose of a signature list is to show all those who are responsible for giving out medicines and their signatures, so they can be checked against records.

We saw evidence that 'as and when' required medications (PRN) had the necessary protocols in place. This provided clear guidance for staff to understand when medicines were required. For example one person received PRN sedatives; the protocol clearly explained to staff when this medication should be administered such as 'when there are sudden changes in verbal or physical behaviour'; this meant staff were only administering medication when it was required.

The clinic rooms were checked and found to be clean, orderly and well stocked. The temperatures of the room and refrigerator were recorded regularly and remained within safe limits. Monitoring of these temperatures is important because some medicines can be damaged by storage at excessive temperatures.

At the time of our inspection the home did not have any people receiving covert (hidden in food or drink for their best interests) medication. One staff member told us that a person living in the home had recently been receiving covert medication and was able to accurately explain how this was administered and why. This staff member had a good knowledge of how to manage covert medication and who to seek guidance from.

We found in the last inspection that not all staff had completed training in relation to safe medicine administration and not all staff had had their competency assessed each year. During this inspection we found that all staff had received appropriate training and had their competency assessed regularly.

During the previous inspection we looked at the environment and found that risks to people were not always minimised. During this inspection we completed a tour of the home and found keys had been left unattended in an isolator switch on the top floor of the fire exit stair well. These keys provided access to various rooms within the home including the clinic rooms where medicine was stored. The manager rectified this issue immediately and spoke with the staff member responsible.

The registered provider remained in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; safe care and treatment.

People we spoke with told us they felt safe living in Larkhill Hall. Comments included "No arguing or fighting, none of that. No shouting or yelling none of that. I feel very happy here.", "Yes, because you can see the staff. I don't need to go looking for them. There is always someone there if you need them.", "Yes, it's the whole atmosphere.", "Yes, because there's always [staff] around." and "Yes, I'm safe because all the carers look after me."

Larkhill Hall had a clear safeguarding policy that provided detailed information for staff and was easily accessible. The policy outlined actions that staff should take if a safeguarding concern was identified. Training records showed evidence that staff had received appropriate training in safeguarding. Staff we spoke with told us they had no safeguarding concerns about the service. Staff seemed confident in what to do and who to speak to if they had any concerns. Staff told us they had received safeguarding training during their induction and received refresher training. One staff member told us "Safeguarding is about the residents, this is their environment, their home. We need to have measures in place to protect residents from harm. Care comes first." Staff told us who they would report concerns to. One staff member expressed "We go to the seniors first and foremost. Then we would go to the deputy, then the manager."

When safeguarding concerns were identified, they were responded to appropriately. This included taking the necessary steps to keep people safe, involving a social worker and telling the Care Quality Commission.

The service had a whistleblowing policy that provided detailed guidance for staff and had been reviewed and updated. The policy explained how staff could report their concerns. For example staff could report to a line manager, registered manager, the provider or to CQC. Staff that we spoke with provided a good understanding of the whistleblowing policy and how they could report concerns confidentially. Staff told us they would feel confident to speak to Head Office if things still were not right or whistle-blow, for example to the local authority or the Care Quality Commission.

We found that recruitment processes were safe. We checked four recruitment files and found they reflected safe recruitment practice in line with the provider's recruitment policy. Each file contained an application form with a detailed employment history, photographic identification, references and evidence of Disclosure

and Barring Service (DBS) checks. DBS checks are used by employers to establish if recruits have a criminal record or are barred from working with vulnerable adults or children. This helps employers to make safer recruitment choices.

During the inspection we looked at how the home was staffed and found staff were deployed in sufficient numbers to meet people's needs; this was evidenced by viewing staffing rotas for three weeks and by observing staff available on the days of the inspection. The manager told us the home used a dependency tool to appropriately assess the required levels of staff against the needs of the people living there. One staff member told us "There are always enough staff on paper. But sometimes people call in [sick] at the last minute and that can leave us short. But the managers come onto the floor to cover. We cover it amongst ourselves." People living in the home told us there were enough staff to look after them with comments like "Enough staff yes. Come to me straight away.", "[Staff] are always popping in to see if you're alright", "Yes, always someone around, don't have to wait long for staff to come.", "Definitely enough staff, we don't want for anything. They come straightaway." and "Always thought I would be frightened of coming into a Care Home, but I'm not as there's so many carers around." One person out of the 11 people that we spoke to said "Not enough staff (day, night and weekends). [Staff] are too busy, [Staff] moan about too much to do." The person told us that it did not affect the care that he received.

People visiting told us "Staff are friendly, and [People] are well looked after. There's always plenty of staff; seems to be extra staff these last few weeks." and "[Relative] is safe because there's plenty of staff around."

Larkhill Hall was in the process of transferring from paper to electronic care files (Person Centred Software – PCS). Staff told us that the mobile phones they now used to go with the PCS care plans were very helpful. We saw that the phones prompted staff to do things, including looking after people to keep them safe. For example we saw that the electronic system created flags that would prompt staff when people living in the home who had risks associated with weight loss required extra support.

In the previous inspection we found that whilst care files contained risk assessments to assess and monitor individual risks, not all assessments reflected people's needs accurately. During this inspection we saw risk assessments in areas such as falls, nutrition, moving and handling, skin integrity and behaviours that challenge. We saw evidence that individual risks were accurately assessed and reviewed regularly with appropriate measures in place to reduce the risk in order to keep people safe.

We looked at plans for people who may at times present behaviours that challenge. We saw that the PCS care plans had some information around people's behaviours and how to de-escalate them. They also included some information on how to work proactively with people, to help them with situations that may be difficult. We suggested to the care manager however that a clear description of what exactly to say or do, based on what works for the person, may be helpful. This would give staff additional confidence in supporting people safely. For example 'reassurance' may look quite different for different people.

During the inspection we observed a person living in the home displaying physical behaviours towards a care staff. A member of care staff was supported by a member of domestic staff who had previous experience of working with people living with challenging behaviour. The situation was handled in a relaxed and effective way, which diffused the situation. We discussed this with the manager who told us that the registered provider had recently changed training companies for 'challenging behaviour' training. The feedback they had received from staff who had attended the new training course, had been positive. The manager felt this new training would provide staff with the confidence they need to manage behaviours that may challenge.

Each person living in the home had a personal emergency evacuation plan (PEEP) that identified their individual risk level. The information provided clear guidance for staff to safely evacuate people in an emergency. For example one PEEP documented that a person would not be able to understand the fire alarm. The guidance we reviewed stated that staff were to discuss and explain the process and offer reassurance. Another PEEP stated that a person could mobilise with the assistance of one staff and offered guidance for safe evacuation.

Staff completed incident and accident forms, for example after a person had a fall. On each occasion staff were to complete a monitoring record. This meant that people were being monitored following the accident/incident which had taken place. The manager explained the process of recording, monitoring and following up on falls. The new PCS care files prompted staff to check on the person who had had a fall. For example, a person had falls early in the morning going to the bathroom on their own. The manager identified this from reports and adjusted the person's care times to be more proactive. The home used a falls monitoring system with different score colours. This helped to identify where action needed to be taken, for example where a person had several falls in short period of time. Actions included for example a referral to the falls team. The management team were working with staff to complete accident and incident records more accurately.

We saw evidence of regular fire safety checks and services being completed both internally and externally; such as alarms and fire extinguishers. Safety certificates and reports relating to gas safety, portable appliance testing (PAT), food hygiene and lift servicing were also seen during this inspection. All windows within the home had been fitted with restrictors to reduce the risk of people living in the home being harmed.

There were no concerns regarding the cleanliness of the home; we found the home to be clean and well maintained. Staff made appropriate use of personal protective equipment (PPE) to reduce the risk of infection. We saw several PPE stations around the home; however during a tour of the home on the first day we found one PPE station that did not have all sizes of gloves. This was discussed with the manager and the issue was dealt with immediately. Staff had received appropriate training in infection control and those spoken to showed a good understanding of how to control the spread of infection. There was a detailed policy in place in relation to infection control that provided guidance for staff. People living at Larkhill Hall felt the home was clean with comments like "Very clean.", "[Staff] come and clean my bedroom when I'm outside." and "All clean all over, that's a priority with them."

Is the service effective?

Our findings

During the previous inspection in March 2017 the service was rated requires improvement with a breach of Regulation 11; need for consent. During this inspection we checked to see if necessary improvements had been made in accordance with the provider's action plan. We found that improvements had been made and the registered provider had met the breach.

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 people 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).

Applications to deprive people of their liberty had been made regularly to the local authority. We saw evidence within a separate file that applications made by the manager had been appropriate and relevant paperwork completed accurately.

We looked at how people's consent to care and treatment was sought and recorded. People we spoke to told us that staff always gained consent from them before they carried out daily tasks. One person told us "[Staff] say to me, 'Do you mind if I ...? before they touch me.'" People told us they felt they were given everyday choices and staff would discuss with them how they wished to be supported. Comments included "I tell [Staff]" and "[Staff] always ask what I want and give me choice." People told us they did not feel restricted in anyway; we observed one person living in the home letting themselves out into an enclosed garden and then returning when they wanted to.

We found evidence that the principles of the MCA were being adhered to. From care records and discussions with people and relatives it was evidenced that their consent was sought in relation to care being provided. For example one person lacked the capacity to make decisions around the management of their medication. A relative, who held power of attorney for health and welfare decisions had provided consent for staff to manage this person's medication. Some people's ability to make decisions about care and treatment can fluctuate depending on a number of factors to do with their underlying health. Consent for care and treatment was still obtained in line with the principles of the MCA. For example one person living in the home had capacity that fluctuated in relation to their ability to consent to the management of their medication. This person had decided they no longer wanted to take prescribed medication. Appropriate assessments of the person's capacity to make this decision were completed and the manager had sought advice from the GP with respect to any risk to the person's health. The person's decision had been considered and respected in line with the MCA.

Many of the people living at Larkhill Hall lacked the capacity to make certain decisions about their care. The records that we saw indicated that the service operated in accordance with the principles of the MCA and

where required completed best interest decisions. We saw evidence that where necessary mental capacity assessments had been completed and related to a specific decision such as nutrition, weight loss, medication and motion sensors. For example, in one care file we saw that a person who was at risk of weight loss lacked capacity to make decisions about their food and fluid intake. The manager, along with family, had made a best interest decision to ensure that this was managed appropriately. Another person living in the home lacked capacity to make decisions about their medication. We saw evidence of mental capacity assessments and best interest decisions being made. However, the best interest decision had not involved appropriate medical professionals. We discussed this with the manager and on the second day of the inspection they provided evidence that they had contacted all GP surgeries to obtain their views in relation to best interest decisions regarding medication.

Staff had received training around MCA/DoLS and staff we spoke with provided a basic knowledge and understanding of MCA and DoLS.

We found that the provider had met the standards required and was no longer in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we conducted our previous inspection we found that the provider was in breach of Regulation 18; staffing. During this inspection we checked to see if necessary improvements had been made in accordance with the provider's action plan. We found that improvements had been made and the provider had met the breach.

We found that staff had received training in areas such as manual handling, health and safety, food hygiene, behaviours that challenge, dementia, safeguarding, medicine administration, fire marshal training and first aid. During a tour of the home we found that the notice board in the staff room contained posters with training sessions booked for staff. The manager told us that the registered provider has recently recruited a training manager to deliver required training to staff at various services. The manager told us that they found this more effective as the training manager was always available to offer support where needed.

'Care Certificate' standards which were introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers. We saw evidence from training records that staff had completed induction training in line with the Care Certificate standards.

During the previous inspection we found that whilst staff were supported in their role through supervision, there was no evidence that annual appraisals had taken place. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role. During this inspection we saw evidence that staff were supported through regular supervision and appraisals. The manager showed us a matrix for supervision and appraisals; this detailed when staff had received supervision and appraisal and when next ones were due. We saw from the matrix that whilst not all staff had received appraisals, the manager had made efforts to address this. Staff told us "We have supervision every three months with a senior. Only had one last week. A copy is kept in the office." and "I have supervision with the manager or the senior. I can talk to the manager about concerns I have. I have had one supervision with my senior, one with my manager."

We found that the provider was no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulation Activities) Regulations 2014; staffing.

We saw evidence that people living in the home were supported with access to external health care professionals to maintain their health and wellbeing. From the care files we looked at we saw that people received care and advice from professionals such as GP, dietician, community matron, podiatrist, mental health team and social worker. For example one person living in the home had swallowing difficulties; we saw from their care file that referrals had been made to appropriate health professionals and advice had been given to support their health needs.

People were supported to eat and drink and maintain a healthy diet in accordance with their individual requirements. During the morning we observed plenty of staff supporting people with drinks. One staff member was observed walking around with a jug of juice topping up people's glasses. Another staff member was heard to ask "Would [Person] like a tea? big cup or little cup? One or two sugars? Biscuits? Crisps?." The staff member was seen to return straight away with a tea.

People living in the home spoke positively about the food provided at Larkhill Hall. Comments included "Lovely meals, plenty to choose from. Can get drinks when we want. [Staff] ask me, and I can ask [Staff].", "Quite good food, get a choice." and "No problems, I don't leave anything."

During the inspection we observed lunch; we saw evidence of staff supporting people where needed. There were two people who preferred to sit alone and were seen sitting in the lounge next to the dining area; they were always visible to staff. People were offered a choice of meals and drinks. We observed a quiet, pleasant atmosphere during lunch. We saw one staff member supporting a person with their desert, during which they began a discussion with people at the table about what kind of bread and butter pudding they remembered. Staff worked well as a team; each had their roles and supported each other. One person told staff they were not hungry and declined both main meal choices. Staff were heard to offer a number of alternative choices.

We saw in some care files that people required specific dietary support; for example we saw in some care files that people living in the home had lost a lot of weight. Following advice from the GP they had been placed on supplements and a fortified diet in order to support them to maintain a healthy weight. People were placed on a 'nutrition watch' that assisted staff to ensure that regular snacks and drinks were provided and to carry out weekly weight checks.

Larkhill Hall supports people who are living with dementia. During this inspection we found that the manager had taken steps to ensure that the environment was considered dementia friendly; such as appropriate lighting, colour schemes, floor coverings and clear signage. We saw that bedroom doors were painted in different colours and contained a photograph to help people identify their rooms. Corridors were wide and well-lit to aid visibility and accessibility. During a tour of the home, the manager showed us display cabinets that contained memory items from people's past. The manager told us that from conversations they had with people living in the home they were able to gather information about people's past and purchased items that they could access, this helped to prompt conversations between staff and people living in the home; the manager referred to the corridors in the home as 'memory walks'.

Is the service caring?

Our findings

People spoke positively about the quality of care being provided by staff and managers at Larkhill Hall. Comments included "Yes, very nice.", "Get on well with all [Staff] and [Staff] get on with me. [Staff] say "'don't worry about whatever, we will sort it out'"., "Very kind.", "Staff are friendly, and [People] are well looked after.", "Staff are very good and very kind." and "[Staff] are lovely people. You're treated as if [staff] are your relatives"

Visitors told us, "As visitors [Staff] make us a cup of tea or a coffee. Make you welcome, [Staff] are very friendly, [Staff] don't ignore you.", "The staff are very caring, I've watched them. [Staff] give residents a lot of attention.", "At first, [Relative] was saying, 'Take me home, take me home', (not the home's fault) but they happy here now.", "[Relative] feels like it's home, it's great the way [Staff] joke with [RELATIVE]." and "Staff are very caring and accommodating. [Staff] seem to know people well and families; [Staff] know everyone's names."

People told us they felt they were actively involved in the decisions about their care, support and treatment as far as possible and encouraged to maintain independence. For example "Yes, I am involved in the decisions about my care.", "Yes, I have a bath when I want. [Staff] watch me get in and out of the bath myself to make sure that I don't fall. [Staff] are very respectful." and "I have shower when I want, [Staff] are there if I need them." Another person told us that they like to clean their own room; they said "I don't have cleaner in. I'm cleaning mad. I clean my bathroom and bedroom. I've got my own hoover (handheld). [Staff] hoover as well." The person also had their own small fridge which had been fitted into the built in wardrobe. We spoke to two people in their bedrooms who told us it was their choice to go in their rooms after lunch. Both people were mobile and active around the home; staff respected their wishes and left them to make their own choices. Another resident enjoyed being out in the garden on a daily basis. As part of a poem competition held by the registered provider, they won vouchers; the manager supported them with the purchase of gardening tools so that they could carry out gardening tasks as this was important to them.

Throughout the inspection we observed staff to be kind, compassionate and patient with people. The interactions between staff and people living in the home were positive. For example we saw a person who was nursing a doll on their lap. A staff member asked permission to gently stroke the doll and then proceeded to talk to the person. Whilst the staff member was sat talking with the person a cleaner switched the hoover on then immediately switched it off. They then approached and apologised to the person for disturbing them. During the inspection, staff were often observed approaching people to ask if they were okay.

During lunch, we observed staff to be calm, unrushed and respectful; staff were continuously interacting with people and ensuring their needs were met. The interaction appeared effective as people were seen to engage well with staff and enjoyed the conversations they were having.

People living in the home told us staff treated them with dignity and respect; comments included "[Staff]

always knock on my door." and "My bedroom door's open but [staff] still knock." During the inspection we often observed staff (including domestic staff) knocking on people's doors before entering. On the first day of the inspection one person was seen to require support with their personal care; staff dealt with the situation in a calm respectful manner so as not to make other people aware of what they were doing. They ensured that their dignity was maintained at all times.

Larkhill Hall had a detailed policy regarding equality, diversity, human rights (EDHR). Staff we spoke with were able to explain how EDHR wishes were managed and how information is gathered. One staff member told us that they got people living in the home together for 'derby day' and celebrated the event with blue and red cakes and decorations; this showed the home's ability to respect people's individual characteristics.

During a tour of the home we saw that the notice board provided details for advocacy services for people to access should they need them. The information was clear and easy to follow.

Staff and management ensured that confidentiality was protected at all times; Paper care files are stored in locked cabinets when not in use. As the home is currently moving from paper to electronic files, old paper files were in the process of being moved to a separate room within the home. The manager told us that this room would remain locked at all times and only the manager and maintenance manager would have access. The PCS care files were accessible by staff and management; all staff were supplied with secure passwords to access the files. The systems in place ensured that information was protected and confidentiality is maintained.

Is the service responsive?

Our findings

People that were spoken to were positive about how responsive staff were to their needs. Comments included "[staff] are on the spot for anyone if [PEOPLE] need anything.", "Everything I've ever asked for [STAFF] have never refused me. [STAFF] can't do enough for you.", "Just open that door (to go out of bedroom), and [STAFF] will say, 'Are you alright?'" "Yes, day and night, [STAFF] come straight away sometimes [STAFF] have to see to someone else first, but [STAFF] let you know", "We don't want for anything, if we do, we mention it to the [STAFF] and they sort it out." and "If I need anything [STAFF] are always there."

Larkhill Hall ensured that people received personalised care that met their needs. We saw from both paper care files and the new electronic files that care records had been completed with the involvement of the person and their relatives and were reviewed regularly. Each file contained support plans and assessments that were individual to the person's needs. The information contained in the files helped staff to provide care that reflected their individual needs. For example one care file detailed a person who can become anxious and low in mood. The support plan provided detailed guidance for staff to monitor and address any concerns. Another example was a person who had swallowing difficulties; the care plan provided clear guidance for staff to monitor their on-going health and signs to look for should the person experience any swallowing difficulties.

The new electronic care files (Person Centred Software - PCS) were easy to follow and provided daily prompts and tasks for staff in order to ensure that appropriate care and support was provided. Staff on duty were provided with mobile phones that gave them access to information about people living in the home; such as risk assessments, care plans, and daily logs. Each person's electronic record contained a 'planned care day' section that provided prompts and watch flags in order for staff to know what support people needed and when. For example one person had a watch flag for nutrition and fluid; the flag prompted staff when snacks and drinks were required in order for them to support the person to maintain a healthy weight. Another person who had recently had a fall had been placed on a temporary watch flag for staff to regularly monitor the person's health following the fall; this flag had been put in place for 24 hours and once staff were confident that there were no health/medical concerns the flag was removed. The care manager showed us other flags that were in place for people in the home such as hourly checks, weight charts and flags to alert staff to people who had not had any staff interaction for an hour or more.

We observed staff to be responsive to people's needs in a variety of ways. Examples included helping them with their drinks, snacks and meals; assisting them in going to the toilet and talking calmly and patiently to people who lived with dementia.

Larkhill Hall did not employ their own activities coordinator, however during the inspection we saw evidence that a wide range activities were provided on a regular basis. We observed an activity coordinator from an external company providing 'movement songs' for the benefit of people living in the home. We were told by the manager that they came into the home every two weeks and rotated between the floors, so each floor would see them every six weeks. They sang songs, upbeat and slow and engaged very well with

people as a group and individually as they went around the whole room. They used balloons, streamers and tambourines to engage people with the activity. We saw people and staff dancing; people appeared to be enthused and entertained.

The manager told us that the registered provider had recently employed a lifestyles manager to work across three of the services owned by the registered provider; the lifestyles manager would support each service with activities. There were activity notice boards on all three floors with very similar content that detailed daily activities and posters of upcoming events for the month; such as a singer on three different days, a singer and piano, exotic animals - pet therapy, Valentine's Day vocalist and pianist, singer – 60's music.

People spoke positively about the activities provided. Comments included "I like to have sing-songs.", "I go out in the garden everyday morning and afternoon if the weather's ok. I plant flowers in the garden. Staff bring me out tea and biscuits.", "They have movies on. Go upstairs when someone comes in to sing or whatever." and "Mixing with people is doing [Relative] good, their daughter came to a fish and chip supper and took a video of [Relative] singing."

The manager told us that the new PCS system allowed them to gather information regarding people's likes and dislikes, hobbies and interests and would create suggestions for activities; this would assist the service in providing more person centred, individual activities in the future. The Person Centred Software also meant that staff could match people living in the home based on personal information that was provided; this would help with socialising people with similar personalities and interests.

As part of the inspection we checked the registered provider's complaints policy, records of complaints and spoke with people about any concerns or complaints they may have. There was a detailed complaints policy that clearly indicated how people and their relatives could make a complaint and who to contact if they wished to do so. We saw from complaints records that the manager dealt with complaints in an appropriate and timely manner. Where people were not happy with the outcome of the complaint, the manager made attempts to address this.

People we spoke with told us that they had not made any complaints but would feel confident doing so if needed. One person told us "If I had any complaints I'd say but I don't have any." When asked if they knew how to make a complaint one person said "oooh definitely but I haven't had to." Visitors told us they felt confident making a complaint if they needed to. Whilst most people had discussed minor issues with staff and the manager, they had not felt the need to make a formal complaint as issues were usually addressed straight away. One visiting relative told us "There is a suggestions box in reception if we ever need to make a suggestion or raise any issues but I usually just speak direct to the manager."

Larkhill Hall had recently implemented 'resident of the day'; this meant that each day a resident was chosen and staff from all areas of the service such as care staff, kitchen staff and housekeeping, visited the resident and contacted relevant family members to obtain their views on the care being provided. The areas looked at for 'resident of the day' were quality of care, food choices, cleanliness of the home and their room and any additional concerns that people may have.

The care manager told us that the new PCS system would eventually contain a 'Relative's Gateway'; this would allow for relatives to be able to access people's care files and place feedback and comments on them for the manager to view. This would assist with relatives who are only able to visit during the evening and ensure that feedback can be provided at all times. The manager told us they hope to have this in place by the end of February 2018.

Whilst Larkhill Hall did not have any people being supported with 'End-of-Life care', we saw evidence that staff had received appropriate training in order to meet the wishes of people at the end stages of their lives. The new PCS care files provided a separate section for End-of-Life care; allowing for people and their relatives to express their views and wishes.

Is the service well-led?

Our findings

During the last inspection the service was rated requires improvement with a breach of Regulation 17; good governance. During this inspection we checked to see if necessary improvements had been made in accordance with the provider's action plan. We found that some improvements had been made.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection was displayed within the home and on the provider's website in accordance with CQC guidance.

The manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Larkhill Hall.

At the time of our inspection there was no 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. The manager had applied with CQC to be registered. We verified this on our records.

We found that the manager had made significant improvements since the last inspection. Whilst some issues were identified during this inspection we felt the provider was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; good governance.

Larkhill Hall has an extensive management team which included the manager, care manager and two deputy managers. We also saw evidence of the manager being regularly supported by the regional director and quality support manager; both the regional director and quality support manager were present on both days of the inspection.

Staff spoke positively about the manager with comments like "The dynamics have changed. We have had a couple of different managers. [Manager] is brilliant, a much better listener, more approachable and proactive on the units." and "The manager's door is always open. Even if [manager] is very busy, if we need to talk, [manager] closes the door and listens to us." Staff also gave very positive feedback about the care manager and told us they had confidence in deputies and seniors.

People living in the home spoke positively about the manager with comments like "Managed well, [Managers] don't forget anything. Look after us all completely. Very understanding. Things are well handled. No big problems [manager] tackles anything.", "I haven't seen anything that I disagree with.", "[Manager] is great" and "[Manager] is very approachable. If that door's (bedroom door) open [Manager] will knock and ask if I'm alright."

People provided positive comments about the atmosphere at Larkhill Hall. For example "Alright, friendly.", "Good atmosphere, no trouble with anyone", "Happy atmosphere.", "Very friendly.", "Alright, quiet. Nothing bothers me", "It's a nice comfortable place, it's great here." and "Very good, it's a super place, people are happy here."

People visiting Larkhill Hall also provided positive feedback about the manager and described them as very approachable and visible. People told us that the manager had an open door policy and felt they could approach them with any concerns they had and believed they would be addressed straight away.

When touring the home with the manager, we found they had a clear vision for the service and explained their aims to us. The manager described changes they had made and showed us things that had been introduced, for example to create 'memory lanes' for people. These included display cabinets containing items from people's past that would encourage/prompt conversations between staff and people living in the home. The manager told us they had tried to engage staff in their vision, for example through unpacking items for the 'memory lanes' together.

We found the manager had implemented an 'employee of the month' scheme to recognise staff who had demonstrated good standards of care and support with people living in the home.

The manager had conducted a staff survey in December 2017. The survey report stated that 10 surveys had been issued. Staff responses were positive in the main; however, the return rate appeared low with only eight being completed. We found from two out of the eight surveys returned that staff felt the manager had not discussed their future plans for the home. We discussed with the manager the importance of having a shared vision amongst the team, so that everyone works in the same direction to provide people with better care. When we spoke to other managerial staff, the shared vision seemed to be clearer at this level than with other members of staff.

We found evidence of quality assurance audits such as medication, mattress condition, health and safety, and audits relating to weight loss and pressure sores. We saw in the records that the manager regularly reviewed the information gathered and actions were implemented when issues were identified.

We found that measures were in place to identify actions that needed to be completed. For example, in the medicines rooms we found daily and weekly task schedules. However, as these had not always been completed fully some things had been missed. An example of this was checking the medicines signature sheet, which was on the task schedule, but had not been completed. This meant that the tool had not ensured that the appropriate action towards safe management of medicines had been taken and the signature sheet was incomplete.

We discussed with the manager and regional director how delegating tasks may assist in managing the service more effectively. We suggested the provider should review their approach to quality assurance to drive improvements within the service. The regional director informed us that they were currently supporting the manager in this area and assured us that these issues would be improved upon in the future.

We found that the home used tools to identify why things had gone wrong. This is often called a 'root cause analysis'. This process can help the home to identify what can be done to stop the same thing happening again in the future. For example, analysis had been completed for the medicines errors. An action plan had been implemented as a result of the error.

The manager told us they implemented 'night surgeries' that offered opportunities to family members to

meet with the manager to provide any views or feedback about the service. We also found that the 'Relatives Gateway' that was due to be rolled out early this year showed consideration by the home of how to involve families more going forward; this showed evidence of the registered provider's desire to remain innovative and constantly striving to improve the service.

We saw evidence throughout the inspection of the service working effectively with other agencies and organisations, such as GP's, district nurses, occupational therapists, speech and language therapists, community mental health teams and social workers. Working effectively with other agencies and organisations ensures that people's needs are met and health and well-being maintained appropriately.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. Risks to people regarding the environment and equipment were not always assessed and minimised effectively.