Care Quality Commission

Care UK Community Partnerships Ltd

Larkland House

Inspection report

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Ratings

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

Overall summary

This inspection took place on the 14th and 15th October 2015 and was unannounced on the first day.

Larkland House provides care and nursing for up to 55 people some of whom may have dementia, mental health needs or a physical disability. At the time of our inspection there were 30 people living at the service.

At the time of the inspection Larkland House did not have a registered manager. A registered manager is a person who has registered with The Care Quality Commission (CQC) 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. Before our visit we confirmed the recently appointed manager had applied to the CQC for registration. Shortly after the inspection visit we were informed their application had been successful and that the registration process was being finalised and a certificate issued.

In the most recent inspection of Larkland House in January 2015 we rated the service overall as; "Requires Improvement". We found breaches of the Health and

Summary of findings

Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of staff recruitment and staff training. We asked the provider to inform us of the action they would take to address these. The provider submitted an action plan dated 12 May 2015 which set out the action already taken or to be taken. The action plan indicated the necessary action would be completed by the end of June 2015. This inspection provided an opportunity to assess whether the action plan had been successful.

We found people were now protected, as the provider had put in place effective staff recruitment and recruitment monitoring procedures to ensure all new staff were suitable to provide care and support to people. They had also taken steps to ensure all staff had the necessary training support to enable them to provide effective and safe care and support to people.

The current rating following this inspection reflects the fact that we found the service was in a process of transition since the manager took up their post in April 2015. This had been recognised by the newly appointed manager and a senior manager for the provider. There were plans in hand for a reconfiguration of the service to enable staff to better meet the needs of people in the service. These changes had been discussed with people who lived in Larkland House, their relatives and staff.

In view of the short amount of time the manager has had to embed the improvements which have been recognised, an overall rating of 'requires improvement' is appropriate. The body of the report includes evidence of how the service has improved in the recent past. A future inspection will be able to judge if those improvements have been sustained.

We received mixed assessments of the standard of care experienced by people. However, the majority of people who lived in Larkland House and their relatives we spoke with thought the service was improving and were positive about the changes that had been made to the service and the standard of care they received or observed.

There had been a recent and significant medicines administration error which was under investigation at the time of this inspection. The service had and was co-operating with the investigation. The medicines policy and procedure of the service, including administration and recording, had been subject to a recent review by the Clinical Commissioning Group. This inspection included two CQC pharmacy inspectors who also carried out a thorough review of medicines administration and recording practice. We found medicines practice was now more robust and the records we looked at were accurate.

We found people were being cared for by staff who now benefitted from more regular staff training and supervision than had been the case previously. Because of a number of staff changes and the use of agency staff, it was not always possible for people to receive care from staff who knew and understood their history, likes and dislikes well. The manager indicated that wherever possible they used the same agency staff to help with this. When we spoke with regular agency workers, they had a good working knowledge of the people they supported. They said care plans and handover meetings provided them with information which helped them provide appropriate care for people.

The interactions we saw during our visits were positive and people told us they felt safe. Staff were able to tell us how they would recognise if people were not safe or if they had been subject to any form of abuse and the action they would take to protect them and report this.

The majority of people who lived in Larkland House and those relatives who spoke with us said they thought health and social care needs were being met effectively. A relative confirmed; "Knock-out, I can leave my (relative) and not worry. I recommend this home to everybody…can't find fault." Another person reported how when their relative came to Larkland House they were bed-bound, but that now "They can walk with a frame".

People told us staff listened to what they said and the views they expressed. There were relatives' and residents' meetings from time to time where people could say what they thought about various areas of the home's operation. For example, we saw minutes of a relatives' meeting in May and July 2015.

The majority of the eight people's relatives we spoke with told us they thought the newly appointed manager was effective. One person had a very different view. We saw minutes of meetings between relatives and the manager held in May, July and September 2015. These provided an opportunity for the manager to listen to people's views

Summary of findings

and to share information with relatives. The minutes recorded; "Relatives were happy with the new staff and proposed changes and gave positive comments about how Larkland House is now improving."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

There had recently been a significant failure in medicines administration and whilst action had now been taken to address this, insufficient time had elapsed to show that medicines administration was of a consistently safe standard.

Recruitment of staff had been improved and now ensured people were adequately protected from the employment of unsuitable people.

Staff were able to recognise abuse if they saw it and knew what to do to protect people from abuse and report it

Requires improvement

Is the service effective?
The service was not consistently effective.

Whilst staff supervision and support through training had improved over recent months, there had not been sufficient time to judge if this improvement could be sustained.

People were supported to maintain a healthy and nutritious diet; however they did not always feel they could influence the choice of food.

Staff were able to prevent people being deprived of their liberty unlawfully.

Requires improvement

Is the service caring?
The service was caring.

People were well-cared for by staff who knew how to meet their needs appropriately and in line with their individual wishes.

People were treated with respect and staff maintained people's dignity

People were provided with appropriate and sensitive care at the end of their lives.

Good

Is the service responsive?
The service was responsive.

People's care needs were assessed and kept under review.

People were involved in decisions about their care.

People had access to the community health services they required.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People were increasingly positive about the way the service was led, with one or two exceptions.

The provider took steps to monitor quality and performance, including by meeting with people who used the service and their relatives.

Staff were supported by the provider and manager to contribute to discussions and decisions about the service and how it operated.

Larkland 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 inspection took place on the 14th and 15th October 2015 and was unannounced on the first day. The inspection team consisted of two inspectors and two Care Quality Commission (CQC) pharmacy inspectors on the first day and two inspectors on the second day.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific significant events the service is legally required to send to us. These included a recent significant safeguarding notification made to CQC, which was the subject of a local authority safeguarding concern meeting we attended following our inspection visit.

In addition we requested feedback on the service from five community health services, local authority commissioning, and safeguarding or quality assurance teams with experience of the service. Some of this important information was received before our inspection visit and some was received following the visit.

Before our visit we also received a total of four contacts from people who wanted to share their experience and views about the service. These included concerns about the adequacy of staffing numbers, the language capabilities of some members of staff for whom English was not their first language and the safety of some people who lived in the home.

We looked at 12 care records of people who received a care service, 13 medicines records and checked medicines storage and stock records. We spoke with staff involved in the governance and administration of medicines. We also spoke with two recently recruited members of staff about their recruitment and induction and looked at the associated records. We reviewed staff training and supervision records, residents and staff meeting minutes and some selected policies and procedures.

During the inspection we spoke in total with 12 members of staff, seven people who received care and eight relatives of people who received care. We also carried out a total of four observations, at lunch times on different units over the two days to help us make a judgement about the interaction of people and staff and how people's support was provided at those key times.

Requires improvement

Is the service safe?

Our findings

The rating of requires improvement reflects the fact there had not yet been sufficient time to asses if the improvements noted had been sustained over time. It was also the case that current safeguarding investigations had not yet been completed and the date for completion of agreed action plans had not yet been reached.

Before, during and after the two day inspection visit we received conflicting views about the safety of the service. For example, we received very different views about the same person's care and safety from two relatives, one very positive and one much less so. Another person had very significant issues with the safety of the service as they assessed it. This concern was the subject of a safeguarding referral to the local authority and a complaint to the provider.

The majority of people, who we spoke with, told us they felt either themselves or their relatives were safe. "I am very happy with Larkland and the care they provide" and "staff are lovely and caring" were two typical comments. The overall message from people who used the service, most relatives and staff was that the service was improving.

We had received notifications from the service and information from two relatives about issues referred under the safeguarding policies and procedures of the service to the local authority. This showed these policies and procedures were now being followed.

There had recently been a significant medicines error which was being dealt with as under the local authority safeguarding procedure, led by the police and the local authority. As a result of these concerns being notified to CQC, this inspection included, on the first day, input from two CQC pharmacy inspectors, who looked in detail at medicines policies, procedures and practice.

Larkland House received pharmacist support from the community pharmacy and Clinical Commissioning Group (CCG). The CCG Pharmacist had recently reviewed all residents' medicines and was liaising with the home and relevant health professionals to consider the findings of the review.

The review had acknowledged recent improvements with some previous concerns being addressed. There were some outstanding issues which had not yet been fully addressed and the changes already made had yet to be sustained over time. The service was continuing to work with the CCG to maintain improvements going forward.

During this inspection we found there were processes in place to ensure that people received their medicines as prescribed. We saw medicines were given on time and the medicine administration records (MAR) charts were completed to show what medicines people had received. Sometimes handwritten additions were made to MAR charts but the care home medicine policy was not always followed to ensure that the changes were signed by two people.

People's medicines were available, in date and suitable for use. They were stored securely and at the correct temperatures. Some medicated creams were stored in resident's rooms which meant staff could not be sure they were always used safely as prescribed. We raised this with the home's management and by the end of the inspection all medicated creams had been put in the medicine trollies. We also found two cartons of a prescribed thickener were kept in one person's room. This was again rectified during the course of our inspection.

Protocols for the administration of people's 'as required' medicines were in place next to the MAR charts; they informed staff when and how to administer the medicine safely. Care plans showed staff where to administer topical medicines and there were administration records showing when and who had applied creams and ointments.

Medicines that require additional controls because of their potential for abuse (controlled drugs) were stored appropriately within the treatment rooms. When a controlled drug was issued from the stock the records that we saw had the signature of the person administering the medicine and a witness signature. Stock checks were completed once or twice a day at shift handover.

Potential risks to people's safety were identified in their care plans. This included, for example, risks to them from falls or from damage to their skin as a result of pressure. Control measures were put in place to eliminate or manage risks where that was possible. There were for example, falls risk assessments which identified the number of staff and equipment required to move the person safely. Pressure relieving equipment was identified and put in place to protect vulnerable skin. However, one of the safeguarding

Requires improvement

Is the service safe?

referrals which was underway during our inspection related to an incident of poor moving and handling practice. As part of the action plan arising from that incident, we saw the local authority safeguarding team had required the manager to investigate the incident and to review all staff training to ensure their moving and handling practice was up to date. This would protect people in future from, for example, being harmed through poor staff practice as care was being provided.

Although people told us the staff worked very hard and could seem under pressure at times, particularly at night, they said there were sufficient staff most of the time. They told us they preferred familiar staff to new staff and permanent staff rather than agency. One person told us that compared to the permanent staff, agency staff; "Can sometimes be a bit rough."

We saw that staffing levels had been discussed at a series of relative's meetings held recently. Overall people felt staffing numbers were about adequate. The only other comment recorded was the need to better co-ordinate staff breaks, to avoid there being insufficient cover at those times.

In their PIR, the provider informed us that in the seven days prior to its completion on the 1st October 2015, agency staff use was 415 hours or approximately 11 whole time equivalent staff members over a week. We looked at staff allocation and shift planning records. We also compared actual staff handover information against rotas. We found in the majority of cases staff numbers agreed with those planned. The manager and deputy manager told us that problems arose mostly when, at short notice, permanent or agency staff went sick or did not arrive. Whilst they tried to access replacements, this was not always possible at short notice. Senior staff would help in those circumstances. Individual staff we spoke with told us there was a better sense of teamwork now and they tried to help each other if staff levels were less than planned.

When we carried out observations over four lunchtime sessions, we observed staff seemed to have time to provide the support people needed in a reasonably calm and unhurried way.

During our visit we monitored call bell response times and found they were answered promptly.

People were complimentary about the physical environment, which they thought was safe and well-maintained. We saw regular maintenance schedules were in place for equipment to ensure it remained safe to use. There was a system in place for the reporting and recording of incidents and accidents. The provider had plans in place to maintain people's health, safety and welfare in the event of a major incident affecting the safe operation of the service. We saw people's care plan risk assessments included those for the emergency evacuation of the building, which had been reviewed regularly and updated.

In January 2015 we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of staff recruitment and staff training. We asked the provider to inform us of the action they would take to address these. The provider submitted an action plan dated 12 May 2015 which set out the action already taken or to be taken. The action plan indicated the necessary action would be completed by the end of June 2015. We found at this inspection that people were now protected from the employment of unsuitable people to provide their care and support. We found there were effective staff recruitment processes in place and that the necessary checks prior to people being employed were carried out and recorded. They had also taken steps to ensure all staff had the necessary training support to enable them to provide effective and safe care and support to people.

People were protected from the risks associated with acquired infections. We saw staff had received training in infection control and followed good infection control practice during our inspection. This included, for example, wearing appropriate protective clothing when providing care.

When we spoke with staff and looked at training records for staff we found staff had received safeguarding adults training both during their induction and through updates thereafter. Where update training had been identified as overdue, further update sessions were planned which we were able to confirm from the training records seen and in conversation with the manager and deputy manager.

Staff were able to explain what might constitute abuse, how they might recognise it and what they would do if they saw or suspected it. There were safeguarding information

Requires improvement

Is the service safe?

and contact details readily available for staff and others to refer to. This meant people were protected because staff were able to recognise abuse if they saw it and knew what to do and how to report it appropriately.

Requires improvement

Is the service effective?

Our findings

The rating of requires improvement reflects the fact there had not yet been sufficient time to asses if the improvements noted in staff supervision and training, including for staff who administer medicines, have been sustained over time. This was reflected in comments by the manager at a staff meeting in September 2015 where they said the service had; "Been through the mill, but we are now turning a corner."

The majority of people who lived in Larkland House and those relatives who spoke with us said they thought health and social care needs were being met effectively. A relative confirmed; "Knock-out, I can leave my (relative) and not worry. I recommend this home to everybody. . .can't find fault." Another person reported how when their relative came to Larkland House they were bed-bound, but that now "They can walk with a frame". One other person told us how within a month of moving into the home their relative had gained weight and instead of sitting; "slumped in a chair" they now went into the dining room for their meals.

People said they had got to know the longer serving permanent and agency staff and those staff knew them and had a good understanding of their needs and how they liked them met. One relative said two particular agency staff at week-ends were both; "Superb". People said the relationship with staff was more difficult when there were frequent changes in staff or agency staff were used who were not familiar with them.

Care plans included evidence of assessments carried out before admission. These identified individuals' care needs and the equipment required to help staff meet them. This meant people's needs could be effectively met from the outset.

We were aware from conversations with a relative, the manager and the relevant commissioning team that the service had given notice to one person because they assessed they could no longer meet their needs appropriately or safely. We were told the family and commissioning team were actively seeking to move the person to a more suitable service. At the time of this visit the person was receiving one to one support at Larkland House.

People now received care from staff who had the necessary support and training required for them to meet people's needs effectively and safely. This followed a period when staff training and supervision had not been as regular as it was intended to be. We looked at training records and talked with staff about their training to confirm this. "Really good training" was one member of staff's assessment. We spoke with some newly appointed staff, who confirmed the details of their induction. This was documented and meant new staff knew what was expected of them from the outset and gave them the knowledge, skills and support required to carry out their role. For example, domestic staff received training in infection control and in the use and storage of chemical cleaning products which could be hazardous to people's health.

Appropriate staff received regular training on medicines administration. Staff told us they had attended medicines training in the past 12 months. Although medicines policies and procedures were in place to support staff to administer medicines safely, there had been one occasion prior to the inspection visit where staff had not followed them. Appropriate action had been taken to report this appropriately and to ensure the staff concerned could not administer medicines again, unless and until assessed as safe to do so.

People received care from staff who now felt well-supported. Staff told us there had been a period in the recent past, when supervisions fell behind, however they were now taking place and being planned more frequently. We saw supervision records which confirmed this. Staff told us there was a mixture of formal and informal supervision. In their PIR the provider confirmed annual appraisals had not been undertaken in the previous 12 months. They were however planned to take place during the current year.

We received mixed assessments of the food. Some people and/or their relatives were very positive about the quality of the food. "The food is good" and "The food is incredible" were two comments. Other people said the food was "not good" and "no variety". People confirmed they had choices at each meal and that it was possible to change your choice at the time in most cases. We observed lunch on both days of our inspection. We saw staff helped people to eat and drink where that was necessary. We heard choices being discussed with people in an open way. This confirmed people were able to make changes to their original choice if they had changed their minds.

Requires improvement

Is the service effective?

What one person told us was that whilst there was undoubtedly choice from those things on the menu, they didn't have much say in what appeared on the menu. We spoke with the chef who told us there was an activity called; "Meet the Chef", where people could tell them what they liked and disliked. They had been asked for more mince and mashed potato for example, and this was put more often on the menu cycle. There were always alternatives available if people did not like what was on the menu. The chef said they would think about how to record more fully how people could influence the menu choices. The home had been awarded five stars by the local authority environmental health service.

Care plans highlighted any specific nutritional needs or concerns and staff were aware of these. In those care plans we looked at we found food and fluid charts were maintained where required.

We spoke with a member of the maintenance staff. They showed us a chart by the nurse's station where staff could draw their attention to any premises maintenance issues. For example, one room's pressure mattress was reported as not functioning correctly and this had been attended to. They also did a daily walk-round of the service to identify anything that required attention. This meant people benefitted from well-maintained premises and equipment.

The staff we spoke with had a good understanding of the implications for them and the service of the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make specific decisions at a given time. When people are assessed as not having the capacity to make a decision themselves, a decision is taken by relevant professionals and people who know the person concerned. This decision must be in the 'best interest' of the person and must be recorded.

The Care Quality Commission (CQC) monitors the operation of the DoLS as they apply to care services. DoLS provides a process by which a person can be lawfully deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after them safely.

In the year 2014/15 there had been four DoLS referrals made. At the time of the PIR being completed there were nine people with a DoLS in place. At the time of our inspection there were eight applications outstanding. We also saw records were kept where applications for DoLS had not been agreed. This was the case with two applications made in May and June. We were told the applications made were very detailed and contained the required detail.

Good

Is the service caring?

Our findings

Although we received some negative assessments of the standard of care they received or observed, the majority of people we spoke with were quite positive. "I am very satisfied with my care and as far as I am concerned they treat me with respect – but I can't speak for anyone else". One relative said they had looked at a number of homes before choosing Larkland House for their relative; "This home ticked all the boxes."

Because of a number of staff changes and the use of agency staff, it was not always possible for people to receive care from staff that knew and understood their history, likes and dislikes well. The manager indicated that wherever possible they used the same agency staff to help with this. When we spoke with regular agency workers, they had a good working knowledge of the people they supported. They said care plans and handover meetings provided them with information which helped them provide appropriate care for people.

People and their relatives told us they felt as involved with care planning as they wanted or needed to be. They indicated they had far more informal conversations about the details of their care than formal reviews, although they confirmed these did take place. They told us they were able to look at their care records if they wanted to and a number of care plans we saw included some evidence to support this.

We carried out a series of observation in different parts of the home over the two days of our visit.

Interactions we observed between staff and people living in the home were polite, respectful and friendly. There was a generally relaxed atmosphere throughout the home and even though staff were busy, we saw they were able to 'chat' informally to people in lounges and dining areas. Staff used people's preferred name which helped create a relaxed and informal atmosphere within the home. When we observed care staff assisting people with their meals, people's dignity was upheld and where help was required it was done discretely.

In their PIR the service reported that five staff had undertaken palliative and end of life care training. This included training for nurses in the use of morphine pumps for the relief of pain. They also reported that of 30 people then resident at Larkland House, 27 had advanced care plans which set out their preferences for care at the end of their lives. This enabled good practice and support to be provided for staff as they cared for people at the end stages of their life in an informed and appropriate way in line with those people's wishes.

People's spiritual needs were addressed through contacts with caring and religious organisations within the community.

People told us staff listened to what they said and the views they expressed. There were relatives' and residents' meetings from time to time where people could say what they thought about various areas of the home's operation. For example, we saw minutes of a relatives' meeting in May and July 2015.

The manager confirmed that contact details for two advocacy services were available for those people who might want support to express their views.

Good

Is the service responsive?

Our findings

People received care and treatment which was in line with their individual needs and preferred routines. People confirmed they felt able to vary their daily routines, for example in the morning by determining for themselves when they got up and when and where they had breakfast. When we observed mealtimes in communal areas we saw people were offered choices. We were told and people confirmed that it was possible to change their minds about what they had previously chosen to eat if they subsequently wanted an alternative. One person told us; "You only have to ask."

One person did say that whilst they could choose from the alternative meals on the menu, it was less clear to them how they could influence how alternatives got on the menu in the first place. When we spoke with the chef about this they said they would look into ways of recording how people could influence the menu. The chef did a floor check each day in order to get people's views on the meals. This was an opportunity for people to influence the menu and food choices. They told us additional mince and mashed potato dishes had been included on the menu cycle following requests from people to have more of them.

We looked at people's care plans. We found they included assessments of their needs prior to moving into Larkland House. They included details of the support people required with, for example, their mobility, medicines and any specific health conditions, for example, dementia or hearing or sight impairment. They included details of their medical history together with details of their preferences in respect of daily routines and care, including their end of life wishes. In most cases, where it had been possible to obtain it, they included some information about people's life history. This meant care and support could be tailored to the individual, taking into account their current wishes and with an understanding of their life history and what and who were important to them.

Staff were kept updated on people's changing needs at daily shift handovers. Staff also had access to care plans which included reviews of people's care. This meant the information was not static but took account of changes in people's health and care needs over time. For example, there were records of people's weight taken regularly. Where either a gain or a loss was significant, referral to the appropriate specialist healthcare service were made. This enabled, for example, food supplements to be prescribed to address weight loss.

Next to the medicines administration records (MAR charts) there was information that described how residents liked to receive their medicines. We saw staff tailored the administration of medicines to the resident's preferences. Some residents were receiving medicines covertly; best interest decisions were in place and there was information in the care plan so that staff knew how to administer the medicines.

We were told by staff that all current medicines, a transfer letter and a copy of the MAR chart were sent with a resident if they transferred to a different care setting. This means that residents should continue to receive the right medicines in the new care location.

People had access to community health services, for example dental, optician and GP services. Details of these were included in people's care plans.

We spoke with the activities staff and looked at some of the activities which had taken place or were planned. We saw a series of recent weeks' activities which included games, sport and external entertainers. There had been trips out of the home and more of these were planned. We saw records of relatives' meetings where the activities were positively commented upon. The activities and care staff also carried out one to one sessions with people in their own rooms where they did not want or were unable to attend group sessions.

The service had a complaints policy and procedure in place. Details of how to make a compliant were available in the service. In their PIR the service reported receiving 15 compliments in the previous 12 months and 2 formal complaints, both of which had been resolved. In the case of one of the safeguarding referrals recently made, the service was co-operating with the relative who raised the safeguarding concern and with the local authority safeguarding team.

Good

Is the service well-led?

Our findings

The majority of the 12 staff we spoke with said the new manager was approachable and supportive of them. One person was less positive as they felt under pressure to say things were better than they were. They did however accept the new manager was addressing things which needed improvement. For example, staff confirmed supervision was now taking place or was planned more regularly and training updates were being provided and monitored much more effectively.

The majority of the eight people's relatives we spoke with told us they thought the newly appointed manager was effective. One person had a very different view. We saw minutes of meetings between relatives and the manager held in May, July and September 2015. These provided an opportunity for the manager to listen to people's views and to share information with relatives. The minutes recorded; "Relatives were happy with the new staff and proposed changes and gave positive comments about how Larkland House is now improving."

In their PIR, the service set out the actions they planned to take over the next 12 months to improve the service, including in making it safer and more effective. We found that some of these improvements were already in place, however there had not yet been time to make all the changes planned. These included a significant change to the provision of care within the home, which could involve people moving from one part of the home to another. The meetings held with relatives and people who lived in Larkland House made it clear this would only be done if they agreed and that ; "If for any reason a resident did not want to move…they will be able to stay where they are and still receive the same care."

The provider carried out audits of the service in order to evaluate and monitor quality and performance. Action plans were put in place to address any areas which were assessed as requiring improvement.

We saw minutes of staff meetings held, including one on the 23 September 2015. This was used as an opportunity to thank staff for their; "Hard work over the past six months." It was also used to explain how the home's layout was to be changed, with different floors for nursing, dementia and residential care provision. There was also information provided about the proposed increased role of senior, appropriately trained, non-nursing staff in the administration of medicines.

Staff said they were aware of the provider's whistle-blowing policy and would not hesitate to raise any concerns they had. The staff meeting minutes we saw included an invitation to staff to speak with both the manager and the provider at any time if they had concerns about any aspect of the service.

People's safety and well-being were being protected because the newly appointed manager had ensured the necessary audits on various areas of the home's operation were completed. In their PIR, the manager stated they received support from the regional director and also unannounced

visits from the provider's clinical governance team, in order to monitor standards of performance against key measures.

The service was subject, at the time of our inspection, to increased scrutiny by the local authority safeguarding and commissioning team. The service told us they were co-operating with their partner agencies, including community healthcare services. In recognition of the need to provide an opportunity for the service to improve performance over time, there had been a voluntary hold put on admissions by the provider. We were told the local authority had subsequently also temporarily put restrictions on admission to the service.

There was a system in place for the reporting and recording of incidents and accidents. The CQC had, since the appointment of the new manager, been appropriately informed of any reportable incidents as required under the Health and Social Care Act 2008. This showed the provider was aware of and met their responsibility to report information in line with the requirements of their registration with the CQC.

There were systems in place to monitor the maintenance of equipment, including call bells and fire alarms. This helped protect people's safety and well-being and ensured safety or maintenance issues could be promptly identified and addressed.