

Sound Homes Limited

Larkswood

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 29th and 30th December 2016 and it was unannounced.

Larkswood is a residential care home which is registered to provide accommodation for up to 18 people who require support with personal care. People had a mixture of needs some people were living with dementia and some people had mental health needs. At the time of our visit there were 16 older people living at the home and two people receiving short term care.

Larkswood is situated in Worthing in close proximity to shops and the seafront. The atmosphere was friendly and warm. Bedrooms are spread out over two floors, serviced with a lift with one bedroom on a mezzanine level. Bedrooms were personalised with people's own belongings including personal photographs. Eleven bedrooms had en-suite facilities including toilets and the remaining rooms had sinks. Communal areas included a spacious lounge area and a dining room which both provided access to the garden and patio area.

The home had a registered manager who had been in post since December 2014. 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 home was previously inspected on 19 September 2014 and then again on 3 and 4 September 2015 and we identified different breaches of Regulations during both inspections. In September 2015 we found improvements had been made and action taken by the provider to address the concerns from our inspection in September 2014. However, we identified new breaches of the Regulations in relation to managing medicines, assessing people's capacity to consent to care and treatment and assessing risks to people surrounding their nutritional needs. Recommendations were also made in relation to improving how risks were assessed on behalf of people, staff training, adaption and decoration of the home, caring approaches used, personalised activities and quality assurance systems. We found at this inspection the provider had taken action to address the breaches and concerns identified however, this was not always consistent and further development was required. As such, the service remained 'Required Improvement' overall.

The previous inspection noted significant gaps in people's medication administration records. This was in breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found actions had been taken and there were no significant gaps in people's MARs. At this inspection we found improvements had been made and this regulation was now met.

At the last inspection we found the service was not working in accordance with the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Appropriate capacity assessments were not

carried out when people could not consent to their care and treatment. This was in breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan of how this was to be addressed. At this inspection we found improvements had been made and this regulation was now met.

At the previous inspection we found when people were at risk of malnutrition there were gaps in people's daily food records which meant staff could not ensure that people's needs were being met in this area. This was in breach of Regulation 14 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements and actions had been taken by the provider to ensure daily records were completed on behalf of people who had been assessed with this need therefore this regulation was now met.

The previous inspection recommended the provider sought guidance regarding effective quality assurance systems as we identified areas which had been overlooked. At this inspection we noted the provider had implemented systems and improvements had been made. However, shortfalls remained with this system as it had not highlighted all the areas we had identified at this inspection. This was influenced by a lack understanding of current legislative guidance on how providers meet the Regulations.

People were offered choices regarding food and drink and offered snacks throughout our inspection. However, on the first day of our inspection, we observed the lunchtime experience was lacking in atmosphere and interaction with staff. The provider took immediate action and this had improved by day two of our inspection.

Our last inspection identified the adaption and design of the home did not always consider the needs of people living with dementia. This is an area which still required improvement. At this inspection we found there was a lack of visual information and helpful signage to support all people.

Concerns were highlighted during our last inspection associated with a lack of personalised activities. Whilst the registered manager had taken action and improved activities offered to people there were further improvements to be made to ensure the practice was consistent daily.

The home was mostly clean and tidy however we identified an odour caused by urinary incontinence in the entrance to one of the bedrooms which the provider had identified as an area for improvement and had plans to address this.

The last inspection identified a concern with regard to a lack of staff training in subjects such as dementia. We found at this inspection improvements had been made and all staff had completed the necessary training to enable them to fulfil their role and responsibilities. Staff were provided with supervision, appraisal and staff meeting opportunities.

People said they felt safe at the home and there were sufficient staff to meet their needs. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk from harm.

We received mixed responses at the previous inspection from people regarding whether staff used a caring approach. At this inspection we observed and people told us, they had developed meaningful and trusting relationships with people. Staff used a caring approach, knew people well and people's privacy and dignity was respected. Staff demonstrated concern for people's well-being and supported them when they were in discomfort or distress.

People had access to health care professionals when needed. People received personalised care and felt

consulted about the support they received. People were able to spend their time as they wished, relatives and friends visited daily. Care plans reflected detailed information relevant to each individual and guidance for staff on how to meet people's needs. People and their relatives spoke positively about the activities they were offered.

Staff enjoyed working at the home and found the registered manager and deputy manager approachable. People, relatives and a clinical psychologist described the management team as supportive, flexible and caring. The culture of the home was open and people and their relatives knew who to contact if they needed to raise a concern and complaint.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

There were sufficient numbers of staff and the service followed safe recruitment practices.

People's medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The home was attractively decorated however opportunities had been missed to provide a more 'dementia friendly' and service user led environment.

The lunchtime experience was not always positive. People were supported to have a balanced and nutritious diet and there was a choice of food.

Mental Capacity assessments were carried out where people did not have capacity to consent to their care and treatment.

Staff attended training, supervisions and appraisals to enable them to fulfil their role and responsibilities.

Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

Is the service caring?

Good ●

The service was caring.

People were supported by kind, friendly and respectful staff.

People's well-being was taken into consideration in the approach used by the staff team.

People were able to express their views and be actively involved in making decisions about their care.

People's privacy and dignity was respected and people were supported to exercise choice in how they spent their time.

Is the service responsive?

The service was not always responsive.

Choices were offered to people with regards to activities however records did not reflect the frequency and if people enjoyed what they had attended.

People's needs were assessed and routinely reviewed. Care plans were individualised and reflected people's preferences.

The staff team and registered manager responded quickly to complaints and issues to improve the quality of the service.

Requires Improvement ●

Is the service well-led?

The service was not always Well-Led.

Audit systems in place had improved however had failed to highlight the areas we identified during our inspection as needing further improvement and action.

The registered manager had a lack of understanding on how to meet the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke positively about the registered manager and the deputy manager and staff told us they enjoyed working at the home.

There was an open culture at the home which people, relatives and staff told us they appreciated.

Requires Improvement ●

Larkswood

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. The 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.

The inspection took place on 29 and 30 December 2016 and was unannounced.

The inspection team consisted of an inspector and an Expert by Experience, who had experience of services for older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to 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 the PIR and other information we held about the service. This included statutory notifications sent to us by the registered manager 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 used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with five people who lived at the home and two relatives. We spoke separately with two care staff, the chef and the registered manager. We observed a staff member administer medicines to people. We also spoke with a clinical psychologist who gave their permission for their comments to be included in this report. We spent time observing the care and support people received in communal areas of the home, including the lunchtime period. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care plans and associated records for four people. We reviewed other records, including the provider's internal checks and audits, accidents, incidents, medication administration records (MAR), complaints and compliments. Staff records were reviewed, which included checks on newly appointed staff and staff supervision, appraisal and training records.

This service was last inspected on 3 and 4 September 2015 where we found three breaches of the Regulations.

Is the service safe?

Our findings

At our inspection in September 2015 we found the provider was in breach of a Regulation associated with the safe administration of medicines. We had identified significant gaps within medication administration record (MAR) checks. This meant we were not able to ascertain whether people had received their medicines as prescribed. Shortly after the inspection the provider submitted an action plan of how this was being addressed which included providing additional medicines training for staff and working alongside the local pharmacy to improve practices. We checked people's MARs during this inspection and there were no significant gaps. Therefore improvements had been made to manage people's medicines safely. We observed the MAR was completed on behalf of each person by the staff member each time someone was supported to take their medicine. This evidenced that people received their medicines as prescribed. However, we observed a concern with regard to hand hygiene practices which we have discussed in the Well-Led section of this report.

Medicines were kept in a locked facility which was secured to a wall in the corridor. Medicines were stored safely and in accordance with current legislation. Medicines were mainly stored within blister packs and corresponded with a clear recording system. The recording system included a photograph of the person and information that was pertinent to them, this included any known allergies. We observed a staff member administer medicines to one person who had recently returned to the home from a period of time in hospital. The person was receiving all their care in bed. We observed the staff member administering their medicines using a caring and kind approach. The staff member spent time with the person supporting them with their tablets and drink to ensure the prescribed medicines were taken. The staff member told us, "[Named person] needed time as he found it difficult to swallow the tablets and didn't like the taste". We observed the staff member vigilantly checking the MARs and the corresponding blister packs prior to giving it to each person. The staff member only signed the MARs after they had seen the person take their medicines.

People told us they did not have any concerns about how they received their medicines. People said their medicines arrived on time and they knew why they were prescribed to them and had been told about the potential side effects. For example, one person told us one of their medicines they took made them thirsty. Guidance was provided for staff when administering "When required" (PRN) medicines. One person told us they received paracetamol and told us it was, "Something for my shoulder". The pharmacy the home used carried out an annual inspection of the system. The last one was completed in September 2016 and there were no recommendation's made. Staff spoke with confidence about how they administered medicines to people and valued the medicines administration training they had received.

A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details and what reasonable measures and steps a provider is taking to minimise the risk to people they support. At the inspection in September 2015 a recommendation was made to the provider to ensure guidance was provided for staff on how to reduce identified risks for people living at the home. The inspection had identified a lack of guidance for staff to support people who had been assessed as at risk of pressure sores and falls. We found on this inspection improvements had been made by the registered manager which

ensured risks to people were managed so they were protected from harm. Risk assessments provided information, advice and guidance to staff on how to manage and mitigate people's risks. Risk assessments covered areas such as how to support people to move safely, skin integrity, how to administer medicines safely and how to support people with the food and fluids they required. When potential risks had been highlighted the necessary guidance was provided in the person's care record. We found risk assessments were updated and reviewed monthly and captured any changes. For example, one person's risk assessment described how a person wished to remain independently mobile and used a walking aid. The document described they were only able to walk for short distances around the home before needing the support of staff. This meant staff knew when to support the person safely without compromising their independence.

People and their relatives commented that the home was kept clean and tidy and this was our experience during our inspection. However, there was an offensive odour outside one room in the corridor caused by urinary incontinence. The provider was aware of this and records confirmed the carpet had been cleaned and was due to be replaced. Shortly, after the inspection the registered manager told us this would be carried out in January 2017.

People told us they felt safe living at the home. "Safe, yes, all (staff) so nice they reassure". A relative told us, "I don't have any safety issues". Another relative said, "I do feel [named person] is safe".

During our inspection there were three care staff on duty for each shift. A chef and domestic staff supported the care staff throughout each shift. Rotas confirmed the registered manager and deputy manager worked flexibly around each shift, including weekends to ensure there were enough staff to meet people's care needs. We observed there were sufficient staff to keep people safe. People had mixed views on whether there was enough staff on duty. Some people said how the staff responded quickly to call bells and had no complaints regarding the support they received. However one person said, "They are rushing around a lot". Another person said, "Could do sometimes with one more (staff), they get a bit pushed". We fed this back to both the deputy manager and registered manager. Shortly after the inspection the deputy manager wrote to us and said, 'In regard to the 'rushing around' comment, myself and [named registered manager] will be monitoring this throughout the shifts and we will also be discussing this individually with the staff during their supervisions which we will be carrying out this month to get some feedback on the work load.' Relatives were complimentary about how staff were deployed one relative told us, "I feel it's amply staffed". Another relative told us they had, "Always found enough, always someone around on the floor".

Staff were trained in procedures for reporting any suspected abuse or concerns. The provider told us this training was included in the induction training for new staff as well as taking place every 12 months. Staff were aware of the different types of abuse which might occur such as physical, psychological and financial. Staff said they would report any concerns to their line manager and knew they could access safeguarding procedures in the home. Staff were aware they could report any safeguarding concerns to the local authority safeguarding team. The service had policies and procedures regarding the safeguarding of adults.

We looked at the staff recruitment procedures which contained all the required information. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. There was a record of staff being interviewed to assess their suitability for the post. Each staff member completed a 'probationary' period when they started work when their abilities and suitability to continue their employment were formally assessed.

Checks were made by suitably qualified persons of equipment such as the passenger lift, gas heating, electrical wiring, hoists, fire safety equipment and alarms and electrical appliances. Each person had a

personal evacuation plan so staff knew what to do to support people to evacuate the premises. Radiators had covers on them to prevent any possible burns to people. Call points were installed in each person's room so they could summon help from members of the staff team.

Environmental risk assessments had been completed and there were plans in place in the event of an emergency, such as a fire. Accidents and incidents were reported appropriately. Documents showed the action that had been taken afterwards by the staff team and the registered manager to help minimise the risk of future incidents or injury to people.

Is the service effective?

Our findings

At the inspection in September 2015 we found the provider was in breach of a Regulation associated with the Mental Capacity Act 2005 (MCA) as applications were being made to deprive people of their liberty called Deprivation of Liberty Safeguards (DoLS) without assessing whether people had the capacity to agree to where they lived. Where assessments of capacity had been carried out they were incomplete. The provider submitted an action plan of how this was being addressed but we did not receive this. At this inspection we found action had been taken by the provider and this regulation was now met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At this inspection we found the provider had taken action to ensure the capacity of people was assessed where needed and prior to any DoLS application. Where people did not have capacity to consent to their care and treatment appropriate arrangements were made for decisions to be made on behalf of people called 'best interests' decisions. At the time of our inspection one DoLS application had been made to the local authority which had yet to be approved. At the time of our inspection nobody was subjected to a DoLS.

Staff were trained in the MCA and were aware of the principles of the legislation. Care plans and care plan reviews showed people were consulted about their care and that their views were incorporated into how they received their care. Staff were observed asking people what they wanted to do and how they wanted to be helped.

At the inspection in September 2015 we found the provider was in breach of a Regulation associated with care provided to people who had been assessed with nutritional needs and at risk of malnutrition. We found gaps in people's daily food records which meant staff could not ensure that people's needs were being met in this area. The provider submitted an action plan which told us how this was being addressed. At this inspection we found action had been taken by the provider and this regulation was now met.

Dietary needs and nutritional requirements had been assessed and recorded. Weight charts were seen and had been completed appropriately on a monthly basis. The Malnutrition Universal Screening Tool (MUST) tool was used to promote best practice and identified if a person was malnourished or at risk of becoming malnourished. People who were at risk were weighed on a monthly basis and referrals or advice was sought where people were identified as being at risk. People identified as being at risk of malnutrition had observational charts which recorded what they ate and how much they ate. We reviewed two people's observational charts and saw they were consistently completed. In addition, three nutritional audits had been carried out by the registered manager in 2016 to ensure people's needs were consistently met.

At the last inspection we identified the adaption and design of the home did not always consider the needs of people living with dementia. Although people's individual rooms were personalised and decorated to suit people's preferences, there were no pictorial signs on bathrooms, toilets and some bedrooms to help people living with dementia to orientate themselves. The provider had not made improvements in this area. Opportunities had been missed to adapt the environment specifically to meet the individual needs of older people living with dementia. For example, people's bedrooms and the corridors were similarly decorated. Pictorial reminiscence signs on bedroom doors and the use of different colours and styles could aid and orient people as they moved around the building. However these had not been used. There was no visual information displayed anywhere in the home or regarding the day, date and year or what menu choices were available which may be of support to all people living in the home. Although we did not observe people being negatively impacted by the design and layout of the building, this was an area requiring further development to cater for the needs of people living with dementia and people with mental health needs to help relieve associated anxieties. Shortly after the inspection the registered manager sent us an action plan which included the contact they had made with the in reach dementia specialist team.

Due to the lack of action taken since September 2015 in this area, we recommend the provider seek specialist advice on how to improve the environment to meet the needs of people living with dementia and people with mental health needs.

People could choose whether they wanted to eat in the dining room or their own rooms. We were told and our observations confirmed between four and six people came down for lunch daily, more would join in with parties and special occasions. One person said eating in the dining room was, "Enjoyable". We observed lunch being served to people on both days of our inspection. The dining room lunchtime experience varied dramatically over the two days. During day one of our inspection we noted tables were not laid ready for those using the dining room and there was a lack of interaction between staff and people. People were able to eat independently and food was brought in by staff but they then continued to carry food on trays to people's rooms. People ate in silence and the lunchtime period was devoid of any atmosphere. One person discussed their dining room experience with us and said, "The other people don't talk I try and think of something to say".

We fed this back to the deputy manager and registered manager who told us they were disappointed as the practice would normally have involved laid tables, music in the background and the support of one staff member. By the second day of our inspection tables were laid, the deputy manager ate her lunch with people and other staff chatted to people throughout. Shortly after our inspection the deputy manager wrote to us to tell us the action they had taken, 'We had an informal chat with all the day staff regarding the meal time experience for the residents and we aim to have one member of staff with them during their meals. Whether this is sitting and drinking a coffee/tea or eating their lunch with them. We have also informed them that light music should be played during the meal times in order to create more of an atmosphere for the residents'.

People told us there was sufficient to eat and drink and they liked the choices they were offered at meal times. One person said the food was, "Very good". Another person told us how they were offered choice and said, "It's lovely. Like today its chicken curry or salad, the cook comes around and asks me". A third person told us, "I am a vegetarian like today I had cheese on toast instead of the curry". A fourth person told us, "The food is very good and we get a choice". However, one person told us, "Yesterday was disappointing before that it was better" implying they usually enjoyed their meals.

At our previous inspection there was a recommendation made to the provider associated with the training of staff. At the last inspection we identified some people were living with dementia however the staff team

had not been provided with opportunities for dementia training. At this inspection we found the provider had made improvements and taken action to provide all staff with dementia training throughout 2016. Therefore this was no longer a concern.

We asked people if they felt staff received adequate training and the responses were all, "Yes". One relative told us, "Absolutely. Not one member of staff could improve they all care".

People received support from staff that had been taken through a thorough induction process and attended training which enabled them to carry out their care worker role. The induction consisted of a combination of shadowing shifts and the reading of relevant care records and home policies and procedures. Newer staff were supported by the registered manager and the deputy manager using observations to assess their competency before performing their tasks independently within areas such as supporting people at mealtimes.

The mandatory training schedule also covered topic areas such as moving and handling, fire training, first aid, infection control and safeguarding. The registered manager accessed face to face sessions; workbook based and on line training for all the staff team and retained evidence of training attended within their staff files. Refresher training was provided to ensure staff routinely updated their knowledge on particular subjects. Staff told us that training was on going and they were able to approach the registered manager if they felt they had an additional training need. One staff member said, "It's good to be up to date and as knowledgeable as possible".

Seven staff out of 17 had completed the Care Certificate (Skills for Care). The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. It provides an opportunity for providers to provide knowledge and assess the competencies of their staff. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. In addition, seven staff had completed various levels of National Vocational Qualifications (NVQ) or more recently Health and Social Care Diplomas (HSCD). These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Supervisions, appraisals and staff meeting opportunities were provided to the staff team throughout 2016. A system of supervision and appraisal is important in monitoring staff skills and knowledge. Items discussed were agreed and carried through to the next meeting. Staff also told us they did not have to wait for planned meetings as the registered manager was approachable and applied an 'open-door policy'. Due to a period of the registered manager's absence in October 2016 supervisions for some staff were over due. However, the staff we spoke with felt adequately supported by the management team. One staff member said, "You can talk about anything". Shortly after the inspection the registered manager told us supervision meetings had been booked for January 2017.

People told us and records confirmed people living at the home had routine access to health care professionals. This included chiropodists, dentists, opticians, district nurses and GP's. Staff told us they would tell the deputy manager or registered manager if a person had any health issues immediately and they would then contact a GP. One relative told us, "Oh yes the opticians, my [named person] has new glasses". Another relative told us, "They (staff) consulted a GP when they needed to and a podiatrist". A staff member told us, "If they (people) need medical services it is arranged. We take them or their families do".

Is the service caring?

Our findings

At our previous inspection in September 2015 concerns were raised by two people regarding staff not always respecting their privacy and dignity. At this inspection people spoke positively about the care they received and told us staff were respectful. One person said, "They always knock on my door" and another person said, "They are patient enough". A third person said, "All are very good can't grumble with any of them". A fourth person told us, ""Yes they help me put my socks on, help me get my nightdress off no one nasty or too rushed". Relatives also complimented the caring approaches used by the staff team. One relative told us, "It's a nice relaxed family feel", and said they observed staff, "Knocking on doors before they go checking on residents and visitors". Staff told us and our observations confirmed, one person did not like people entering their room therefore staff knocked on the door and waited for the person to answer at the door. We spoke with a clinical psychologist who was visiting a person during our inspection they told us, "They genuinely care about people that are here".

We observed numerous occasions of positive support provided by staff to people. Staff bent down to address people at their own eye level and maintained good eye contact. Staff spoke with people calmly and warmly and checked to see if they had everything they needed. We observed how staff interacted with people during a visiting hairdresser session which they seemed to enjoy. Staff complimented people on their hair and when they had finished checked to see where they wanted to go next in the home, for example to another communal room or their own room. We noted how one member of staff, gave a person a vase filled with flowers as the owner no longer wanted them. We overheard the staff member say, "I knew you would like them as they are one of your favourites". The person was clearly excited about the offer and enjoyed the interaction with the staff member. We also heard people discussing a new staff member, one person said, "[Named staff member] very nice isn't he?"

Staff told us how much they enjoyed their role supporting and caring for people at the home. One staff member said they enjoyed, "Making sure the residents are happy and content and they have everything they need", and added, "We are their voices". Another staff member told us, "I like to talk to residents, check that they are happy". The chef shared photographs with us of different birthday cakes they had baked for each person who lived in the home. All the cakes baked represented the person's preferences. For example, one person was a Brighton and Hove Albion football team follower so one cake was in the shape of their football top. Another person used to be a Postman so their birthday cake was in the shape of a post box. During our inspection one person was about to have their 90th birthday party. The person had chosen a red racing car cake and I observed the cook share the end product with their family member. The relative expressed delight regarding the cake especially as their family member had recently been of poor health.

The home encouraged people to express their views and they were actively involved in making decisions about their care. People were provided with opportunities to talk to staff including their key workers, the deputy manager and the registered manager about how they felt on a daily basis. A keyworker is a staff member who helps a person achieve their goals, helps create opportunities such as activities and may advocate on behalf of the person with their care plan. The home had organised two resident meetings in 2016. The registered manager told us they had cancelled the second one as people chose not to attend. We

discussed this with both the registered manager and deputy manager who told us they would be using a different approach such as more one to one meetings in 2017 as the group meetings didn't seem to benefit the current resident group.

People were encouraged to be as independent as possible by the staff. One person told us staff, "Congratulate me when I do the stairs". Staff described how they encouraged people to take part in their own personal care, enabled them to make choices and decisions about what they wore each day, how they wanted to spend their day, what time they wanted to get up and what time they wanted to go to bed. One staff member said, "They are encouraged as much as they are able". Another staff member described some people as being reluctant to walk and said, "I talk them through doing it slowly. They feel good afterwards".

Is the service responsive?

Our findings

At the previous inspection in September 2015 we recommended the provider ensured the programme of activities offered to people were planned with people's preferences in mind. At this inspection we noted actions had been taken by the registered manager to improve how the home assessed what people enjoyed to take part in and the activities offered. This included an activity choice document completed by staff on behalf of people. This was a tick box form which included questions such as what kind of music people enjoyed or whether they liked taking part in arts and crafts. Care plans also reflected what people enjoyed doing as a social activity. The home had captured what people had told the staff about how they preferred to spend their day and how staff should support them with this.

An activities board remained empty throughout our inspection so it was unclear what activities were being offered and when. This was also noted at our last inspection. This meant people living at the home who may experience difficulties in retaining information were without a visual reminder. We observed limited activities offered by staff for people to join in with throughout our inspection as staff were attending to personal care duties. For example, on the second day of our inspection a movie was put on in the lounge area and we saw a staff member reading a newspaper to another person. We checked the activities diary which the registered manager told us was completed by staff after an activity had taken place. Some days in the activities diary were full with a visit from an external entertainers such as a keep fit instructor, a music session and entries about 1:1 sessions staff had facilitated with people. However, throughout the activities diary there were periods left blank. For example, the 26, 27, 28 November 2016 were blank until an entry was made on the 29 November 2016 in the afternoon where one person had played a board game. It was the same on the 9, 10, 11 December 2016 which had no entries. Throughout 2016 there were periods of time with no entries.

Staff told us some people, due to their anxiety, preferred to stay indoors and in their rooms. This meant people had choice over where they spent their time. We observed staff attending to personal care duties and going in and out of people's rooms. However, activity records failed to capture what activities or stimulation had been offered daily to people to avoid social isolation who chose to spend time in their rooms. The registered manager showed us a photograph album of people attending organised events throughout the year. The album was attractively designed and represented key events which had taken place each month of the year. One photograph showed a person about to take a sip from his alcoholic pint of choice in a pub garden. Another photograph showed how people had been supported by staff to vote at the EU referendum. However, there were no visual displays of any photographs on walls, in communal areas around the home or on the activities notice board. We noted this as missed opportunities for the home to share these moments and promote further conversations and interaction between people who lived together and their visitors.

We received mixed responses from people and their relatives regarding the activities offered by the home. People spoke enthusiastically about trips out in the summer to the shops, people's birthday parties and a summer fete and trips to the pub. The home hired a mini bus throughout the year and the registered manager told us they take as many people out in it as possible. Other people shared how much they

enjoyed spending time in their bedrooms. One person said, "I like watching horse racing". They added, "The lady who does exercises on a Tuesday lovely young girl comes with an accordion". One person told us, "I've tried but I am no good at ball games". One relative told us, "There is always something going on. Loads of times I've walked in and they are doing something. They have taken [named person] out quite a few times". However, another relative told us the home could improve by offering, "More activities".

We discussed our findings with the registered manager who agreed they needed to expand on the records they kept to ensure they were monitoring what was being offered daily and routinely to people and recording which activities people had enjoyed. They told us they were going to add a section to their activities document to record what people had enjoyed. Whilst we recognised the work the registered manager and staff team had undertaken regarding activities due to the mixed feedback from relatives, our observations and the records we checked identified this area required further development to meet the needs of all people living at the home.

Each person had a care record which included a care plan, risk assessments and other information relevant to the person they had been written about. Care plans were personalised, reviewed monthly and included information provided at the point of assessment to present day needs. The care plans provided staff with detailed guidance on how to manage people's physical and/or emotional needs, their goals and their aspirations. This included guidance on areas such as communication needs, continence needs and mobility needs. For example, one person's care plan provided read, '[Named person] likes tea, water and squash but would be able to let you know if they wants anything different'. Another person's care plan read, 'The [named person] prefers to eat their meals in the dining room'. Both care plans were last reviewed in December 2016. Staff told us they found care plans easy to read and follow and effective working tools. One staff member told us, "When it's written you can read about people very helpful". Another staff member said, "They are detailed, really nice to know their past histories, their likes, their interests, their past, yes the care plan does that". The same member of staff told us, "They (people) are able to read their care plans. Changes are explained to the resident. I sit with people and go through their care plan with them".

During our inspection we found the care plans in place were effective working tool's to guide staff to enable them to respond to people's changing needs. However, we also found two examples of information relevant to two different people living at the home which had not been included in their care records. For example, one person had experienced a choking incident in October 2016. The registered manager told us, and a letter from a consultant confirmed, the home had taken action and the person had been assessed by health professionals after the incident. As a result of the incident there were no associated issues found relating to on-going issues with swallowing. However, this information had not been transferred into the care plan or, if required, an associated risk assessment. We also observed at lunch time one person drank most of the contents of a jug of juice and continued to drink excessively whilst we were talking to them in their room. The registered manager told us they and the staff were aware the person drank, "A lot" due to the medicines they took in relation to their mental health needs and the person and the staff team received continued support from the relevant health and social care professionals. We spoke to the person who had capacity and was aware of this side effect of the medicines they took and told us, "I think it makes you thirsty". We discussed our findings with the registered manager who responded immediately. During our inspection they told us they planned to add both pieces of information into each person's care record. This meant all staff, including new staff would have access to updated information and agreed ways of supporting them both. We have written about the importance of keeping complete, accurate and updated records in the Well-Led section of this inspection report.

Daily records were also completed about people by staff during and at the end of their shift. This included information on how the person had presented throughout the day and any other health monitoring checks.

Daily records showed people received support in line with their individual care plan. They were referred to when staff handed over information to other staff when changing shifts to ensure any changes were communicated.

Complaints were looked into and responded to in a good time. There was an accessible complaints policy in place available for both people living at the home and their relatives. There was a clear log of all complaints and the actions taken by the registered manager and the staff team. There were no formal complaints open at the time of our inspection. People and their relatives told us they had no complaints. However, during the first day of our inspection a person complained to us about being kept awake the previous night. She had already shared her issue with the registered manager. By day two of our inspection the complaint had been logged in the home's complaints file. One staff member told us, "The residents all know [named registered manager] and the [named deputy manager]. They all know if there is a complaint they can go to them".

Is the service well-led?

Our findings

At our previous inspection in September 2015 we recommended the provider refers to reputable guidance and good practice for implementing quality assurance systems into the home. During this inspection we noted actions had been taken by the registered manager to drive improvements to measure the quality of the care provided to people. Audits were carried out on such areas as accidents, incidents, nutrition, staff training and other health and safety reports which routinely measured the quality of care provided to people. The registered manager also completed 'monthly management reports' and we sampled those completed. They contained checks and discussions about, 'General health and well-being of residents' and noted any key areas of change within each particular month. It also checked whether any person within the home had a wound being attended to by a district nurse and/or pressure sore monitoring.

However, some areas which were identified at the last inspection as needing improvement remained so at this inspection. Audits had failed to highlight gaps in two people's care records as discussed in the Responsive section of this inspection report. Audits had also failed to monitor activity records and the lack of action surrounding developing a more 'dementia friendly' environment. Both these areas had been highlighted during our previous inspection in September 2015.

During this inspection the breach associated with managing medicines safely had been met. However, there was a distinct lack of hand hygiene used by an experienced member of staff who we observed administering medicines to five different people. This included a lack of hand washing before and after administering a prescribed eye cream to one person. Staff supervision, medicine and infection control audits throughout 2016 had failed to highlight this as an area of risk. The lack of structure and checks made on how staff were administering medicines to people meant the quality of care provided to people may have been compromised.

Whilst most records relating to people were kept securely within the home the file which contained all people's MARs was kept on the top of the medicine trolley. Due to the confidential sensitive information it contained about people living at the home we spoke to the registered manager about this. She told us it was usually kept locked away. However, we noted it remained unlocked in the same position throughout most of our inspection.

At the beginning of our inspection the registered manager told us they did not have a copy of the 'Guidance for providers on meeting the regulations' that provides guidance to care providers and registered managers about how CQC inspects and the fundamental standards of quality and safety. This lack of understanding of legislative guidance by the registered manager seemed to influence the areas identified at the previous inspection in 2015 and this inspection in December 2016 and as requiring further improvements.

We were told by both staff and the registered manager the provider was supportive and very easy to discuss any concerns with relating to the care provided to people. We were also told the provider visited the home on a weekly basis to talk with people and staff. However, during our inspection audits we read did not reflect the action taken by the provider since the last inspection to improve the quality of care provided to

people.

The above evidence shows a failure to monitor and improve the quality and safety of the service for people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We discussed all our findings and observations with the registered manager throughout our inspection. They took immediate action and spoke with the staff member concerned regarding medicine administration and told us they would be carrying out additional competency assessments on each staff member throughout January 2017. The registered manager downloaded a copy of the guidance of how to meet the regulations during our inspection. They also sent us an action plan shortly after our inspection providing details of the advice they were seeking for a more 'dementia friendly' environment. The action plan also included how they would continue to improve on the way they managed activities routinely offered to people and the associated records.

The registered manager openly shared her biggest challenge as a registered manager was, "Paperwork", but also commented, "I have worked hard". However, she also agreed some areas required further improvement.

People and relatives expressed positive views of the home and the care that staff provided. The culture of the home was an open one and people were listened to by the staff and the registered manager. During the course of the inspection, laughter and pleasant exchanges were observed between staff and people. This showed trusting and relaxed relationships had been developed. One person said, "It's warm and pleasant you do what you like". A relative told us, "I got my relationship back with my [named person]. I don't worry anymore; they have completely put my mind at rest". Another relative said, "I can trust the people here". A third relative shared their opinion of the registered manager and said, "She's lovely she knows what's going on...everyone seems fond of her".

Views from people and relatives on the care they received were currently gathered through informal discussions with care staff and the registered manager when reviewing care plans. Relatives were encouraged to visit the home when they wanted to see their relatives and told us they remained involved with their family members care and were kept updated with any relevant information from the home. The registered manager proudly shared compliments received from relatives of people thanking them for their care and support. A relative also contacted the Commission shortly after our inspection and told us how happy they were with the care provided to their family member. The provider had not formalised feedback from people or relatives therefore an overview of people's written views was limited, however, during our inspection the feedback was positive.

We observed the registered manager was 'hands on' and caring in her practice. She told us the home had regular contact with the provider and they felt able to discuss any concerns they had with the running of the service. Staff also told us the provider regularly visited the home and they too would feel comfortable discussing any concerns they had with them. She explained one of her biggest achievements since managing the home was, "The rapport that I have with the residents". The registered manager also told us she appreciated the staff and valued the working relationship she had with them. She also told us how they enjoyed building relationships with the local health and social care authority. A clinical psychologist told us, "I think it's pretty impressive what they (staff team) do. They do manage very well". Shortfalls had been identified during our inspection however we found the registered manager open to the discussions held and keen to improve the care delivered to people.

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 17 HSCA RA Regulations 2014 Good governance There were ineffective systems or processes to assess, monitor and improve the quality and safety of the services provided. The provider had not maintained complete and contemporaneous records in respect of each service user. Regulation 17 (1) (2) (a) (b) (c)