Care UK Community Partnerships Ltd

Larkland House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an unannounced inspection of Larkland House on 16 January 2017.

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 49 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their families told us they felt safe at Larkland House. One relative told us "I know mum is safe as she if very happy here."

Staff understood their responsibilities in relation to safeguarding people. Staff received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the authorities where concerns were identified. People received their medicine as prescribed.

People benefitted from caring relationships with the staff. People and their relatives were involved in their care and people's independence was actively promoted. Relatives and staff told us people's dignity was promoted.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage these risks. Staff sought people's consent and involved them in their care where possible.

There were sufficient staff to meet people's needs. Staff rotas confirmed planned staffing levels were maintained. The service had safe recruitment procedures and conducted background checks to ensure staff were suitable to undertake their care role.

People and their families told us people had enough to eat and drink. People were given a choice of meals and their preferences were respected. Where people had specific nutritional needs, staff were aware of, and ensured these needs were met.

Relatives told us they were confident they would be listened to and action would be taken if they raised a concern. The service had systems to assess the quality of the service provided. Learning needs were identified for staff and action taken to make improvements which promoted people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager and all of the team at the home. Staff supervision and other meetings were scheduled as were annual appraisals. People, their relatives and staff told us all of the management team were approachable and there was a good level of communication within the service.

Relatives told us the team at Larkland House was very friendly, responsive and very well managed. Comments received included "Its home from home." The service sought people's views and opinions and acted on them.

The management teams' ethos was echoed by staff and embedded within the culture of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and their relatives told us people were safe. Staff knew how to identify potential abuse and raise concerns.

There were sufficient staff deployed to meet people's needs and keep them safe.

Risks to people were identified and risk assessments in place to manage the risks. Staff followed guidance relating to the management of risks.

People had their medicine as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

People had access to healthcare services and people's nutrition was well maintained.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people with dignity and respect which promoted their wellbeing.

Staff gave people the time to express their wishes and respected the decisions they made. People and their relatives were involved in their care.

The provider and staff promoted people's independence.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to moving into Larkland House to ensure their needs could be met.

Care plans were personalised and gave clear guidance for staff on how to support people. People were supported in their decision about how they wished to spend their day.

Relatives knew how to raise concerns and were confident action would be taken.

Is the service well-led?

Good

The service was well led.

There was a positive culture and the provider shared learning and looked for continuous improvement.

People, their families and staff told us there was good management and leadership in the home.

The service had systems in place to monitor the quality of service.

Staff knew how to raise concerns.

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 16 January 2017 and was unannounced. The inspection was carried out by two inspectors.

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 the information we held about the service. This included notifications about important events which the service is required to send us by law. We sought feedback from the commissioners of the service and other stakeholders.

During the inspection we spoke with one person who used the service and five relatives of people who lived at Larkland House.

We looked at 13 people's care records, medicine administration records, eight staff records and records relating to the general management of the service. We spoke with the registered manager, three care staff, three nurses, the head chef, one laundry assistant and two team leaders.

Good

Is the service safe?

Our findings

People and their relatives told us they were safe. Comments included; "Safe, neither myself or my sister have any concerns"; "There has been no situation where I have felt [name] is not safe"; "I have not seen any unkindness or abuse to anyone" and "I have no concerns about [name] safety here, [name] is very happy here".

People had equipment to enable them to move around the home safely and staff were aware of when this equipment should be used. We saw people were transferred safely, for example, from their wheel chair to a lounge chair by care staff. One staff member said; "Yes definitely safe, we have hoists to use and people have bed rails if needed and the home is secure". We saw where people had specific types of equipment in place, these were well managed. For example, one person had a machine which assisted them to cough. Their care plan indicated how to set and use the machine, also how to maintain it. Details were also recorded of how to obtain support in case of an emergency.

We saw the provider had checks in place to ensure people's safety. For example, records of the water temperature were completed in people's bedrooms along with the room temperature. This ensured people's safety was maintained to protect them from scalding and the room temperature was kept at the correct temperature.

The registered manager told us they had installed a new call bell system in the last eight months. They told us the system worked on a 'accelerator basis'. For example, if the call was not answered within a set time, the call would flag up on another floor in the building. If this was still not answered, then the system would activate the emergency alarm. On the day of our visit we saw call bells were responded to within the first phase and people were attended to when required. One person told us "My alarm is always in reach and when I press it, staff always come to help".

Staff had completed safeguarding vulnerable adults training. Staff we spoke with were able to tell us about the different types of abuse and the signs that might indicate abuse. Staff had a clear understanding of their responsibilities to report any concerns and were aware of which outside agencies they could report to as well as their own management team. Staff said, "I recognise the importance as it is the best interest of the person"; "It is very important as it is a measure to prevent harm to a person" and "If something is wrong, a safeguarding is raised. For example, if a person's behaviour has changed. I would speak to the manager, write a report, complete a risk assessment and update the person's care plan". Staff told us they were aware of the provider's whistle blowing policy Whistleblowing is where someone can anonymously raise concerns about standards of care. One staff member said "Whistleblowing, I would not hesitate to contact anyone. There is a telephone number and details at our workstations".

People's care plans contained risk assessments which included risks associated with: falls; nutrition; pain; medicines and use of bed rails. Where risks were identified care plans were in place to ensure risks were managed. For example, one person was assessed as at risk of falling from their bed. The person's care plan identified that bed rails were not appropriate as this person may become trapped. The provider therefore

put further measures in place to keep this person safe. They had lowered the bed to the floor and had mats in place to ensure the person's safety when moving around their bedroom. Details were clear in this person's care plan of how to manage their needs. This person had sustained some injury due to their mobility problems. A referral was made to the local safeguarding team. This showed the provider recognised how to keep people safe and reported concerns appropriately to the authorities.

People's risks were recorded and monitored. For example, a risk had been identified to one person's nutritional intake. Food and fluid charts were completed, this included staff checking when the person was asleep. They would check to ensure when awake, that the person received fluids and food during the day. We saw another person had a pressure sore, there were repositioning and skin integrity charts in place to manage their condition. They also had appropriate equipment, for example, a pressure relieving mattress. Risk assessments were regularly reviewed to ensure the measures in place were managing the risk effectively.

Accidents and incidents were recorded and actions to be taken were followed by staff. For example, one person had a fall. A wound care plan had been put in place which recorded the injuries sustained, the person's hospital visit and recommendations for wound care. Another example was one person who was mobile at night and was at risk of falls. The provider had introduced methods of monitoring this person's movements to keep them safe.

Arrangements for emergencies were in place. We saw people had individual personal emergency evacuation plans (PEEPS). These were stored securely next to the fire panel in the reception area. We saw a box which contained people's PEEP's, emergency equipment and a copy of the up to date fire assessment. This ensured details were available to emergency staff when needed.

The head chef told us how they ensure the kitchen was covered in case of emergency. They said they had trained staff in cooking techniques to ensure that in case of absence the kitchen would continue to function.

Relatives told us they felt there were usually enough staff to look after people safely at Larkland House. Comments included "Yes levels seem fine, there are a high number of staff that have been here for a long time"; "Staff are not rushed, they have to assist a lot of people in their rooms and that's done" and "The staff are very good, there is always enough staff". One relative raised concerns about staffing levels at the weekend. We spoke with the registered manager. They told us they were aware of the concerns and were looking at staffing levels and that they had plans to have a management overview and that they would be covering weekends between themselves and the deputy manager.

Staff told us that the agency staff used were the same staff to ensure continuity for people. One staff member told us "There is enough staff, no one is at risk". They also confirmed they felt there were enough staff to meet people's needs.

Records relating to recruitment of staff contained relevant checks that had been completed before staff worked unsupervised in the home to ensure they were of good character. These included employment references, the right to work in the UK and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. The provider also had processes in place to check all staff employed as registered nurses were registered with their professional body. This ensured they were qualified to work in the capacity of a registered nurse. The registered manager showed us how they supported registered nurses to maintain their registration.

Records showed staff had completed a job application form and we saw there were no gaps in a person's employment record. Interviews had been completed, photographic identification, evidence of the person's right to work in the UK and health checks were present in staff files.

There were effective systems to monitor the safety of the environment and equipment. Records were accurate, complete and up to date in relation to monitoring of electrical and fire systems.

Safe systems were in place to manage people's medicines. We observed the medication round with one of the nurses at Lakeland House. The nurse was diligent and approached people in a calm manner. For example, they encouraged people to take their medicines and were patient, supportive and did not rush people. We saw people's medication administration records (MAR), covert medicine (this is when the person has their medicine in their food or drink), topical medicine and 'medicine as required' records were completed appropriately. The medication trolley was stored in a locked room and was secured to a wall. The medicine room had a temperature check and a secure controlled drugs (CD) cupboard. We saw records for people who were prescribed a CD were recorded in detail. We saw daily temperature checks were undertaken of the fridge to ensure people's medication were stored at the right temperature to keep these effective. This meant the provider had robust systems in place to manage people's medicine.

People received their medicine when required. One relative told us "Mum receives good care here, medication are being reviewed regularly, receives her medication when needed and has made good progress".

Staff told us how they minimised potential infection risks to people. We saw staff use different coloured bags for management of infection control in the laundry system, for example, red bags for soiled linen. Laundry was kept separately to avoid contamination.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to meet people's needs. Staff had completed training which included; moving and handling, nutrition and diet, person centred care, pressure care, death, dying and bereavement and dementia care. The provider also offered staff training in addition to their core training. This included a national vocational qualification in care for level 3, Parkinson's disease management and pressure area care.

Staff were complimentary about the training provided and were able to request any additional training they felt would improve their skills and knowledge. They told us they had received specific training to manage people's conditions. For example, catheterisation, syringe drive and wound care. Staff members said they were studying for the care certificate (a recognised national qualification for care staff), "I have had induction training. This included moving and handling and fire safety training. We also look at other training I would be doing, including the basics about caring for people"; "I am currently being trained in medication, that's why you saw the two of us doing medication. My training is going really well, I have had a competency check in December 2016 and January 2017 and I am hopeful I will be signed off to carry out medication administration on my own by the end of January 2017" and "I have had dysphagia course, a course in making puree diets visually as well as taste appetising". Another staff member told us "I can ask for more training and they are supportive. They are good as if you want to improve yourself, they will support you".

New staff completed an induction and were supported by more experienced staff until they felt confident to work alone. One staff member told us they 'shadowed' another nurse for two weeks before working alone. However, one staff member did feel they were 'put in the deep end' at the beginning, but now they had gained the experience and confidence to work alone.

Relatives told us they felt staff had the necessary competency to care for people. Comments included, "Staff have taken really well to [name], they know how to look after her" and "I have no concerns regarding staff competency to look after people".

The provider had systems in place to monitor staff training. They used a traffic light system to identify staffs current training needs. When staff were due training a letter was sent to them to remind them of the training required. This was confirmed when we spoke with staff. The registered manager told us and we saw in their Provider Information Return, how they were working with the University of Worcester to develop dementia training in 'Fulfilling Lives'. This showed the provider explored opportunities to improve training for staff which met the needs of people at Larkland House.

We saw communication processes were in place to keep staff up to date. Handover meetings took place at 0800 and 2000 each day. We saw records of these meetings where staff were provided with updates regarding individual people's needs. For example people's continence needs, mobility, equipment needed to keep people safe, fluid intake and skin integrity of individuals.

Staff felt well supported by the management at Larkland House. Staff had regular supervision every two or

three months. They told us it was an opportunity to discuss any concerns and development needs. Comments from staff included, "They ask me how I am feeling, what improvements to improve better quality of care"; "I provide supervision for staff in my department. They ask me if I have enough time to do supervision, I will get supernumerary time if not able to complete" and "I love this job, we have staff meetings, but would appreciate more feedback and acknowledgement to say if I am doing a good job".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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.

We saw people's capacity had been assessed in their care plan. People were supported to make decisions on their day to day care. Care plans outlined whether people had capacity to make decisions on care and treatment, and where appropriate a Lasting Power of Attorney was in place which had been authorised in accordance with the MCA.

We spoke with staff about their understanding of the MCA. They told us, "The MCA is a legislation in place for people who cannot make a decision. It is there to protect people and is linked to DoLS which involves multi-disciplinary meetings and decisions"; "The MCA is there to protect people's best interests as they cannot make a decision. We have to make them on their behalf. DoLS are put in place when someone is deprived of their liberty, for example, bed rails"; "You don't assume that someone doesn't have capacity regarding a situation until it has been approved through an assessment" and "Not having capacity in an area of daily needs doesn't mean he/she will not have capacity in another area".

The management team demonstrated a clear understanding of their responsibilities in relation to MCA and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to the supervisory body where an assessment had identified the person lacked capacity to consent to the deprivation. There was a mental capacity assessment which identified the person lacked capacity to understand risks. DoLS applications had been made to the local authority and best interest decision meetings had been held with the appropriate professionals, relatives and management at Larkland House. For example, one person received their medication covertly. A mental capacity assessment had been carried out and a best interest decision meeting held which included the person's GP, health professionals and family members. DoLS applications were kept under review to ensure that people were being supported in the least restrictive way.

Staff used the providers mental capacity document to assess people's capacity, called 'living in a care home'. Family members signed the forms where relevant, including when specific decisions had been made, for example nutritional needs. We saw people's care plans included an end of life plan of care and funeral plans. It made reference to completed "Do not attempt resuscitation" (DNAR) forms which were in place for individuals. Where people did not have the capacity to make these decisions we saw professionals and staff were involved and had authorised these decisions.

People had enough to eat and drink. Comments from relatives included "The food is perfectly fine" and "My relative has pureed food and needs thickener in their drinks. Staff look after [name] very well".

We saw records which showed people's nutrition was monitored. People were regularly weighed to monitor their weight and actions were taken to address any risks. For example, fresh cream was used to supplement nutrition for people.

We observed the lunchtime experience for people. There was a good 'banter' between people and staff. Staff were very caring and knew people's individual needs. Tables were laid up with napkins, condiments and menus. The menu's had changed on the day we visited. The registered manager explained how they had asked people for their preferences and worked with them to devise the menu changes. However, on the day of our inspection the new menu had not been displayed. The registered manager told us this was an oversight and would ensure details were available for people. Overall people's experience was positive. People were given a visual choice of the food which meant the provider recognised people's potential problems in making choices. We saw the provider had a contrasting plate colour to the table cloth. This is an accepted method of supporting people with dementia as it enabled people to recognise the different colours. We observed three different dining rooms at lunchtime. We found in two out of the three dining rooms, people were left waiting for their meal. There appeared to be little organisation of staff who were serving people in the dining rooms and people in their own bedrooms. We discussed this with the registered manager, they said they would look at how people were supported at mealtimes and would ensure people were served quickly and that staff were deployed appropriately to maintain a positive experience for people.

People who required support to eat their meal were supported by staff who were patient and caring. Staff spoke to people as they assisted them to eat, they sat at the same level as the person, maintained eye contact, they explained what the food was and ensured people were not rushed when having their lunch. We saw people's choices were respected. For example, one person had the same meal each day. When other people saw this person had a choice which was not on the menu, they wanted the same meal. The chef told us, and we saw this person's choice and others was respected as the chef had recognised people may change their mind of their food choice on the day.

People were able to have their lunch in a place of their choice, for example, in their own bedroom, a lounge or the dining room. People were given a choice of two main courses. On the day of our visit these was toad in the hole or stuffed peppers. We were told people's nutrition was maintained as sandwiches were provided for people at night, including, in one case, a meal which was microwaved by the care staff.

On the day of our inspection we saw the head chef held a meeting with people at Larkland House. He explained that the new menu was on trial for a three week period and wanted people's views over this period. Each person was asked for their comments on the food. People's responses included "I am quite happy with the food thank you"; "Very nice food" and "I loved the lunch today". People provided ideas and feedback about the food. One person said they felt the cutlery was not suitable. The head chef took this person's comments on board and said they would look at ordering replacement cutlery. People also commented on the choice of wine at lunchtime. The head chef and care staff were very receptive to these comments and agreed to look at the choices of wine available for people.

We spoke with the head chef. They knew people's individual preferences, including health needs and allergies. They knew people who needed their food pureed and those who's diets needed fortifying to maintain their nutritional intake. We saw the head chef regularly checked fridge and freezer temperatures. This meant the chef recognised the need to keep the food for people at the right temperature and to keep people safe.

One relative told us that at times, their family member's preference was not always recognised. They said their relative liked to have tomato juice before their meal. This was not always recognised by staff. They felt it would be a lot better experience for their family member if staff would remember this.

People had access to health professionals when required. People's care plans showed people had been supported to see health professionals, for example their GP. Visitors told us they were kept informed of any

health concerns regarding their relative. Comments included, "Yes I am kept up to date always, I know I would be contacted"; "If unwell staff know and recognise [name] needs to stay in her room as she gets agitated. They know if [name] needs to go to hospital, no problems"; "The staff are very good, they know when [name] is on antibiotics, they ensure they have plenty to drink to mitigate against bed sores".

Good

Is the service caring?

Our findings

Relatives told us staff were caring. Comments included, "Staff are very good with [name]"; "Amazingly good staff at Larkland"; "The staff are brilliant!"; "Consistently very kind to my mother and I am always made welcome"; "Yes it's really good care"; "They make me a cup of tea and make me welcome every time I visit"; "The activities staff are always bubbly, they always stick their head around the door and say hello" and "Staff have close relationships with people, staff discuss their personal lives with people, it's like a family here".

Staff knew the people very well. One staff member told us how one person loved flowers. They said in the summer staff ensured this person had lots of pots outside their doors leading to the garden. They told us "They (the person) loves this, it encourages her to move more and get out into the garden". We saw positive interactions between people and staff. There was a jovial and relaxed atmosphere in the home and people had a banter with the staff. We saw staff were kind, respectful, very attentive and caring toward people. For example, we saw one care worker re adjusting one person's clothing to make sure they were warm and comfortable. During the chef's meeting we saw staff understood people's needs. One person could not hear very well, so the staff member went over and respectfully spoke to this person in their ear and asked for their comments. The staff member got down to the level of the person and took their time to obtain their response. People also requested a glass of sherry before their lunch on a Sunday; staff noted this and said they would arrange this.

Staff members told us, "Caring for me is not to overcomplicate things, I want to look after them"; "It's about delivering personalised care, here to meet people's individual needs"; "They thank me for the little things, this shows I am doing it right"; "I take time to build relationships with people, that is so important" and "Not very confident (when started) but gained skills and now I am confident in communication, I am confident with residents, I have good relationships with the families as they trust me".

People and their relatives were involved in their care and reviews of their care. One person told us "I am always informed about my treatment". We saw care plans were written with the involvement of the person and their relatives who mainly told us they were involved in the reviews. One relative told us they would like to go through their relatives care plan as they felt it did not truly reflect their relative's preferences. We spoke with the registered manager who said they would arrange this. We saw consent was obtained from people when using specific pieces of equipment, for example, bed rails and details of their consent was present in their care plan.

People were offered choice, for example, they could have a glass of wine with their meal and also who provided their care, female or male care staff preferences were respected. People were encouraged to bring in their pets to the home. We saw one person had a cat with them and their relative told us "It's her lifeline; it has made a huge difference to [name] life. Another person had a pet bird in their room. We saw this meant a lot to the person as they interacted with the bird. We saw one person's care plan which stated how they liked to have their breakfast in their room, how they liked this on a tray with a specific type of cutlery. We saw this person's choice was respected.

People's rooms were personalised, they were able to bring in their own furniture and belongings to ensure their room was homely. We saw people had a 'memory box' outside their bedrooms. These displayed items specific to that person, for example, one person had a horse shoe and horse racing colours displayed. This was because they were interested in horse racing. This enabled staff to strike up meaningful conversations with people.

People's dignity and privacy was mostly respected. When staff spoke about people they were respectful and they displayed genuine affection. The language used in care plans was respectful. However on the day of our inspection we saw two people had their temperature taken at lunchtime whilst sat at the dining table. This did not promote these people's dignity. We raised this with the registered manager. They told us this was not normal practice and they would raise this at the next staff meeting, both care and nursing staff. They said they would also send out memos to staff to ensure those staff who were unable to attend the meeting, were reminded how to ensure people's dignity is maintained.

Staff explained how they promoted people's dignity. They said, "Choice is important, I make sure I know their history, for example one person here was a senior nurse matron. I use this to enhance this person's care so I can understand this person's behaviour when giving them medication, I need to respect they have a knowledge of medication"; "It's about understanding that people are different, no matter who they are. Culture, beliefs, family history, and maintaining their day to day life. Everyone is not the same" and "I am aware of how to be discreet when delivering personal care, I close the door and curtains and ensure it's only care staff who are in the room to protect people's dignity".

Good

Is the service responsive?

Our findings

People were assessed prior to moving to the home and assessments were used to develop personalised care plans.

Care plans included detailed information relating to people's life histories, what and who was important to them, their likes and dislikes and there was a photograph of the person on the front of the file. The registered manager also told us how they were introducing 'life story books' for people. The information enabled staff to know about people's past and tailor people's care to meet their specific needs. People's specific needs were recorded and acted upon. For example, we saw when people chose to have their bedroom door open at night, this was respected. Care plan reviews were regular, including risks and involved people or their relatives, who were encouraged to make comments or amendments to the care plan. One relative confirmed they were given a copy of their family member's care plan to read and make comments. Where people required further support from health professionals, this was arranged. For example, one person had been referred to the speech and language therapist due to concerns raised by their family about their ability to swallow. We saw an appointment was being arranged for an assessment.

People's care needs were responded to. One person told us, "There is always quick response to my physical health needs. I was unwell last week and was immediately seen by a doctor and my medicine was reviewed". We saw one person who received one to one care from a care worker. This arrangement was in conjunction with the clinical commissioning group. However this care was only during the day. The registered manager told us how they maintained this level of care as the person was checked half hourly throughout the night to ensure they were safe and comfortable.

We saw the registered manager was responsive to suggestions on how to improve the service for people. For example, an external review had taken place and they had made a recommendation to improve the décor in the corridors for people who live with dementia. The manager was arranging to add more pictures and tactile activity boards for people.

People were supported to spend their day as they chose. They were encouraged and supported to participate in activities that interested them. We saw a singing group on the day of our inspection, people were provided with song sheets and those who could not participate were supported to join in. People enjoyed the session and we saw people who could not communicate verbally, were smiling and mouthing the words of the song. The registered manager told us people went to the local pub for lunch on a monthly basis, staff brought their dogs in and they had arranged for ponies to visit the home. This was confirmed by relatives we spoke with. We saw pictures of the Christmas party where staff had dressed up in festive costumes. People were enjoying the event along with the staff. We were told other trips took place, for example, to Bird World. The registered manager told us they hired a minibus to take people there. One relative told us how their family member was supported to follow their interest of needlepoint and on their family member's birthday the registered manager had put on a party for them with a cake. They said "It was so lovely, and very generous". One care staff member told us "I try hard to stimulate people, I ask them what would you like to do today?"

There were accurate, detailed records relating to health conditions and on-going treatment plans. For example, one person was a diabetic and we saw their records were up to date with their blood level checks. Another person was on antibiotics; their relative told us "As they are on antibiotics, the staff ensure [name] has plenty to drink which also assists with ensuring bed sores are not developed".

There was a complaints policy and procedure in place. Relatives told us if they had made a complaint and that it was well managed, they said "Mum runs a tight ship, they are very good, I have no further complaints" and "The food did not look very nice, I complained to the manager and action was taken immediately". Other relatives told us they had not made a complaint but told us they would raise any concerns with the registered manager and were confident they would be addressed promptly. One relative told us, "No complaints, [name] is kept nice and clean".

Staff told us they knew how to handle any concerns or complaints. They said "I would try and address the concern first, but if I could not, I would take it through the formal route, to the registered manager" and "If it's something I can solve myself, I would. Otherwise I would report the details to management".

Good

Is the service well-led?

Our findings

The leadership and management that we saw on the day of the inspection demonstrated an open approach and supporting culture that encouraged good care and team spirit.

Relatives' comments on the workplace culture included; "There is an open door policy here, the registered manager takes things on board, it's a welcoming home, it's a weight off my mind"; "It's very comfortable here, I don't even notice it's a home" and "Of late I have seen a lot of changes for the better".

Staff told us they were well supported by the registered manager. They said, "I can speak to the registered manager any time, she is a very good person, really very good"; "There is a good rapport with management, can go and speak to the manager anytime"; "Any issues I can go and speak to the registered manager" and "I am happy in my job, I want to progress in the care sector and the support is there".

We were told and we saw in meeting minutes that 'Employee of the Month' was going to return and nomination forms were available at the reception desk for people to nominate an employee of the month. The purpose of this was to recognise members of the staff team who have gone the extra mile and above and beyond their normal duties. We were told each member of staff who was nominated would receive a reward.

We saw the newsletter for December 2016. There were pictures of people who went out for lunch and people's birthdays were celebrated. Another newsletter for January/February 2017. This provided updates for people at Larkland House. These included forthcoming events, for example, a church service and a drama workshop for people. This meant the registered manager ensured people were kept up to date and communicated with.

Relatives told us they attended the regular resident and relatives meetings and said they were comfortable to make their views known. We saw minutes of meetings, updates were provided from the previous meeting and new topics were discussed. For example, it was reported that some agency staff did not have name badges. The registered manager contacted the agency and this was addressed. The wearing of name badges was monitored by the care team when agency staff arrived. There was an open dialogue as people felt comfortable to raise concerns, for example, cleanliness of the dining area.

Comments about the registered manager included, "Overall well managed, runs smoothly and very nice to have one manager for a settled period"; "The registered manager is good and popular with all the staff"; "The manager is good, I enjoy working here"; "registered manager listens, and takes ideas on board"; "Listens, we get along together, it's makes things a lot better" and "Friendship is good and our seniors have good relationships. Do your best and they appreciate the staff efforts".

We asked staff what was good about working at Larkland House. Staff told us they were very happy and one commented "Everything is good here, there are defined good working relationships and I am well supported". Other staff comments were "Manager is open to our comments, they listen"; "We can make

suggestions"; "Our colleagues are good and it's a good team here" and "I am very happy in my job and the interaction with management is very good".

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Systems were in place to monitor the quality of the service. Audits were carried out and included audits of: risk assessments; medicines; infection control and people's weights. These audits were reviewed by the registered manager and senior management at Care UK. If any anomalies arose, these were addressed by the registered manager. This ensured the quality was maintained and improved. We viewed the audits which had taken place of medicines and fire checks and found them to be regularly reviewed. We also saw regular daily checks were undertaken of equipment, for example, daily check of bedside rail and nurse call bells and mattresses.

People and their relatives were encouraged to feedback about the quality of the service. Relatives told us they received spot checks via telephone to ask about the quality of the service and what changes, if any, they would like to make. We also saw the results of a relatives' satisfaction survey from July 2016. It showed overall relatives were happy with the care and there were numerous positive comments, for example, 'No matter what time I visit there is always someone hoovering', 'The whole team makes it feel really nice and puts you at ease when you visit'. We also saw the latest quality check which was undertaken by Care UK. They identified a number of areas for improvement. For example, choking assessments to be reviewed monthly. We saw the registered manager had updated the plan to reflect the action they were taking.

There were regular meetings between staff and the management at the home. These recorded both the management and staff views and actions were identified and we saw these were followed up at the next meeting. For example, staff raised the question of having more staff on shift. The registered manager had discussed this with their Regional Director and they would be reviewing the current dependency tool to evaluate and check the level of care needs are met.

Accidents and incidents were recorded and identified actions taken to minimise the risk of further occurrences. There were systems in place to review these incidents and to identify any trends. Staff told us that learning from accidents and incidents were shared through staff meetings and briefings.

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records.