Care UK Community Partnerships Limited

Larkland House

Inspection report

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Date of inspection visit: 6 and 8 January 2015
Date of publication: 30/04/2015

Ratings

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

Overall summary

We inspected the home on 6 and 8 January 2015. The inspection was unannounced.

Larkland House provides a service for up to 56 people, some of whom may have dementia, mental health needs or a physical disability. At the time of our inspection 41 people were using the service.

A manager had been recruited but had not started working at the home yet.The manager was not registered with us. 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. An acting manager was overseeing the management of the home. They were supported by the regional director, the clinical lead of the home, unit managers, registered nurses and staff.

We looked at the provider's recruitment processes. It is a legal requirement for the provider to obtain satisfactory evidence of conduct in previous employment relating to

Summary of findings

health or social care, for children or vulnerable adults.The provider had not ensured that all the necessary checks on employment history and references had been completed.

Not all of the staff were up to date with training including moving and handling, medicines management, safeguarding and mental capacity. There was a risk of people being supported by staff who may not have up to date knowledge and skills. However, staff received support to understand and carry out their roles and responsibilities from senior staff and management by daily communications and handovers. The provider worked to ensure there were sufficient staff to meet people's assessed needs

Staff were monitoring people's health and wellbeing. However this was not always effective because people were not always referred to appropriate professionals when needed.

Medicines were kept securely. People were supported appropriately to take their medicines and appropriate records were kept to make sure medicines management was safe. However, not all people received their medicine at the specified times to help them manage their conditions.

People were able to attend arranged activities in the home and outside. There was a choice of activities for people to participate in if they wished and we saw they were well attended. However, some people commented fewer activities were provided at the weekends. Not all activities were suitable to people's particular needs or their past interests or occupation.

Mealtime was a relaxed and enjoyable time for people. People were supported to choose food and to eat their meal without rushing them and staff treated people in a caring way. There was enough food and drink available for people.

Throughout our inspection we saw examples of appropriate support that helped make the home a place where people felt included and consulted. People and their relatives were encouraged to plan their own care and support. We saw staff responded to people's needs quickly and in a caring way. They were treated with dignity, privacy and respect.

People felt safe at Larkland House and were protected from abuse. Their relatives agreed this was the case. Staff knew how to identify if people were at risk of abuse and knew what to do to ensure they were protected. In the absence of the registered manager we spoke with the regional director who was knowledgeable about Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA) and had taken the right action to ensure people's rights and liberties were protected.

Systems were in place to identify, report and respond to incidents and accidents appropriately and action was taken to prevent these events from recurring. The provider assessed and monitored the quality of care. The home encouraged feedback from people and their relatives, which they used to make improvements to the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The home was not always safe. The provider's recruitment process was not always robust.

Staffing numbers were assessed by the management and the rota demonstrated that the assessed staffing levels were met. Staff, however, felt they could have more staff to be able to keep people safe and reduce the risk of potential falls and injuries, and spend quality time with people.

However, staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

Is the service effective?

Requires Improvement

The home was not always effective. Not all staff had up to date training to ensure they had the right skills and knowledge to enable them to meet people's needs effectively and safely at all times. However, staff were supported and encouraged to carry out their roles and responsibilities.

People had enough food and drinks to meet their needs. People's health care needs were assessed and staff supported people to maintain their health and wellbeing. People had regular access to health professionals but they were not always referred promptly when necessary.

Staff acted within the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were protected and supported appropriately when they needed help with making decisions.

Is the service caring?

Good

The staff were caring. Staff showed concern for people's wellbeing and ensured they were not in distress or discomfort. People were supported to make their preferences and wishes known and staff took time to listen to them.

People's privacy and dignity was respected. In general, staff responded in a caring way when people needed help or support.

Arrangements were in place to provide advocacy services for people who needed someone to speak up on their behalf.

Is the service responsive?

Requires Improvement

The home was not always responsive. Care plans did not always show the most up-to-date and important information on people's needs, care and welfare. People's individual needs were not supported at all times.

Summary of findings

The home arranged activities for people according to their wishes and interests. There was some choice of activities for people to participate in if they wished and we saw they were well attended.

The staff and senior management were approachable and dealt with any concerns in a timely manner. There were appropriate systems to address and respond to complaints. When people did complain the home thoroughly investigated their concerns and tried to put things right.

Is the service well-led?

Requires Improvement 

The home was not always well led. The provider did not submit notifications to the Care Quality Commission. The home did not keep records up to date in a consistent way.

There was a positive and open working atmosphere at Larkland House. People living at the home, staff and relatives felt the management team were approachable. There was a commitment to listening to people's views and making changes to the service in accordance with feedback received.

The provider had quality assurance systems to monitor quality of care and support. They involved people, relatives, staff and stakeholders to provide feedback so the home could make improvements. Systems were in place to review and address any incidents and accidents in order to identify any themes, trends and lessons to be learned.

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

This inspection took place on 6 and 8 January 2015 and was unannounced.

This inspection was carried out by two inspectors, an inspection manager and a specialist nurse advisor.

Before the visit to the home we looked at previous inspection reports and notifications that we had received. Services tell us about important events relating to the care they provide using a notification which the service is required to send us by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spent time observing how staff cared for people and interacted with them.

We spoke with eight people, four relatives, four care workers, three senior staff, kitchen staff, two activity co-ordinators, the deputy manager, the clinical lead and the regional director. During our inspection we observed how staff interacted with people and their relatives. We looked at how people were supported during the day. We looked at a range of records of how the home was managed. This included care records for 13 people, medicine management records, seven recruitment files, 10 support and supervision files, environmental and fire risk assessments, maintenance certificates for premises and equipment.

Following our visit we sought feedback from commissioners and health care professionals to obtain their views of the service provided to people.

Requires Improvement

Is the service safe?

Our findings

People were at risk of being cared for by unfit and inappropriate staff because the provider did not always follow company's recruitment process and selection procedures. We looked at recruitment files of staff who started work within the last 12 months. The provider checks of newly recruited staff such as employment history, conduct and fitness were not as thorough as they should have been. The checks are necessary to confirm staff's suitability to work with vulnerable adults. Five files had employment gaps ranging from one to eight years. In four files education and employment history were not clearly recorded. There was no written explanation available for any gaps. Two files had only one reference obtained from previous employment. Four files did not contain health checks to ensure staff were healthy and fit for work.

This was a breach of Regulation 21 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider assessed staffing numbers according to people's individual needs on each floor. Extra staff would be on duty if people's needs changed and they needed more support. Agency staff with previous experience in the home were usually used to maintain continuity of support and care for people. If new agency staff started, they would work alongside permanent staff. The regional manager monitored agency use, sickness and staff holidays to assess the staffing levels daily. If these were higher than normal, this was checked to find out the reasons for it and ensure it had minimal effect on staffing numbers so people could receive care and support.

Although staffing numbers were in line with the assessment, some staff felt: "A pair of extra hands would be helpful to enable them to spend quality time with people. Due to the group of people living in the home, some people were at risk of falling. Therefore some staff felt there was not enough staff to keep them safe in these situations at all times and prevent injuries. We observed call bells were responded to promptly. We did not observe anyone rushing and the support was provided at people's own pace.

We looked at the medicines management in the home. We reviewed Medication Administration Record (MAR) sheets on different floors. Some people had health conditions which meant they needed to have medicine at specific times of the day, for example, diabetes or Parkinson's disease. On one floor, two sheets were missing a signature for Parkinson's medicine. It was not clear if these two people had their medicine. On another floor, some gaps were identified where medicine administration was not signed for. This had been reviewed and it was noted, using the correct code, that the person had refused their medicine. Many MAR sheets were printed without specific times to administer medicine, stating only "morning", "lunch", "teatime" or "bedtime". Staff were signing the sheets when they had administered the medicine. However, they did not record a specific time of medicine administered. If the medicine required a certain gap of time before the next dose, the staff may give the medicine to the person too soon.

We received mixed views from people and relatives about administration of medicine. People and relatives said the administration of medicine was regular and they were informed what it was for. Some people and relatives felt sometimes staff needed prompting to give the medicine on time. People were not always informed what the medicine was for when agency staff administered it. Medicines were stored securely. The medicines prescribed to people were all in date. Some medicines were kept locked in a small fridge. The temperature was checked daily. We observed how people were supported to take their medicines. Staff were helpful and did not rush people. We looked at two covert medicine administration plans. Covert medicine adminstration is when medicine is disguised in order for the person to take it. They were appropriately completed to ensure people received their medicine in their best interest to support their health and on time. The plan included discussion to agree covert administration, how it would be administered and date of the next review.

We noticed some pull cords to activate call bells were wrapped around handles or placed out of reach. There was a risk of a person not being able to reach them to call for help if required. We reported this to the provider to address it during our inspection. Records showed the provider had maintained other aspects of premises safety, equipment servicing and maintenance well. The recent visit from the fire officer identified the fire risk assessment had to be reviewed. This had not yet been arragned however the provider assured us this would be rectified.

Requires Improvement

Is the service safe?

Risks to people's safety were appropriately assessed, managed and reviewed. Each person had a risk assessment of their abilities and support needs to keep them safe, which also took into account people's wishes to be independent. This helped staff to make sure people were protected from the risk but also enabled people to remain independent where possible and undertake the activities they liked. These assessments were different for each person as they reflected their specific risks and individual needs. Guidance and management plans were in place to help staff keep people safe, provide best support and reduce the risk of injury or incidents of aggression. Some people needed to use equipment to keep them safe, for example, a walking frame or bed rails. People had assessments completed to ensure their safety around the home.

People felt safe and supported by staff, and relatives agreed. Comments included: ''Yes, I feel safe", "Very safe, the staff are very nice" and "I would report any worries to the nurse". Arrangements were in place to ensure people were protected from abuse. Staff knew how to identify potential abuse and understood their reporting responsibilities. The provider was committed to have a safe environment for people and encouraged everyone to raise any issues or concerns so these would be addressed accordingly. Staff were able to explain how they reported any concerns or issues. This was also discussed in handovers or taken to the seniors meetings. Staff were comfortable raising concerns outside the organisation. We saw information was available around the home regarding safety and the process for reporting any concerns. However, not all staff understood what whistleblowing was and when it should be used.

People's wellbeing and safety was monitoried on a daily basis. The provider spent some time with people and staff observing daily practice ensuring any issues were picked up straight away. Staff would report any changes to the senior staff. Regular handover meetings were taking place to review each person daily and to raise any safety issues. Incident and accident reports contributed to monitoring of people's safety and helped identify any reoccurring trends or patterns. The home had appropriate procedure to respond to emergencies. There was always a senior staff member on-call who staff could contact at any time of the day to seek support and advice.

Requires Improvement

Is the service effective?

Our findings

People and relatives were positive about the way staff supported them. However, people were at risk of being supported by staff without appropriate knowledge, skills and support to carry out their roles and responsibilities because not all staff were up to date with their training.

Staff had completed induction and related training when they started work at the home. During induction new members of staff worked with more experienced staff to ensure they were safe and sufficiently skilled to carry out their roles before working independently. Some staff commented the training was good and they had additional training to understand different conditions that effected people. This included areas such as wound management, Parkinson's disease and diabetes.

Staff completed training including safeguarding adults, the Mental Capacity Act (2005) (MCA) Deprivation of Liberty Safeguards (DoLS), medicines administration and moving and handling. However, this initial training was not always maintained with refresher courses or updates. There were 69 staff members and latest training record showed not all staff had up to date training. For example, eight staff did not have moving and handling training update, 14 had no safeguarding update, 23 had no MCA update and 18 had not had an update of dementia awareness training. Not all staff administering medicines had a recent competency assessment to check their skills and knowledge in medicines management. The provider was aware of this. It was one of the improvements they were addressing.

We reviewed support and management supervision meeting records for staff. The staff had not received any supervision sessions since March 2014. Some staff had not had any supervision meetings since they started working at the home. There were no appraisal records available. The provider recognised the instability of the management had affected this part of staff support. It was also one of the action plan points to address. A new supervision calendar had been put in place to start carrying out these meetings. Staff said the senior management were always supportive and helpful. However, some staff felt these meetings would be very beneficial to all to give an opportunity to discuss matters individually and identify future professional development opportunities.

This was a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) is legislation which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Not all staff had received MCA training and some did not demonstrate an understanding of this legislation. We noted staff carried out capacity assessments where necessary but this was not consistently recorded throughout the home. However, most of the staff understood the need to assess people's mental capacity to help them make decisions. They said people's ability to make decisions could change depending on the time of the day or their mood. They understood the importance of explaining things to people and respecting their wishes. People were encouraged to make their own decisions and other people important to the individual, were involved in this process where appropriate. More complex decisions were carried out following capacity assessments and best interest discussions to ensure decisions were made in accordance with people's wishes and the requirements of the law.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their best interests or is necessary to keep them from harm. The provider reviewed and assessed people with the local authority to make sure people were not deprived of their liberty unlawfully. People's rights were recognised, respected and promoted. Staff had training to understand when and how an application to deprive someone of their liberty should be made and they had access to the relevant policies and procedures.

People's weight was monitored and recorded. People had their food and fluid intake monitored to ensure they were eating enough. However, if people did not maintain their weight, action was not always taken to address this. Two people were at risk of malnutrition. Their care plans recorded they had lost weight and required a referral to the dietician. We did not find any records to show they had been referred to dietician to ensure this was addressed. Staff we spoke with were not able to say if the referral had been made. We noted this to the provider who informed us they would take action.

Requires Improvement

Is the service effective?

People were able to see a range of healthcare professionals when they needed to. In general, staff showed good knowledge of people's needs, and were able to recognise signs of health deterioration and promptly respond to those changing needs and get help. People and relatives were kept informed about their health and any changes. During our inspection, a GP and community psychiatrist nurses visited the home to review people's health and provide support and care. We spoke with one of the GPs who regularly visited the home for a long time. They praised the staff but commented the changes in the management had caused some disruption. However, they commented things were improving.

We observed the lunch time on all three floors to see how people were interacting with staff and provided with support. Some people ate in the main dining room and others had meals in their bedrooms. There was information displayed by the entrance to the dining rooms listing the menu of the day. However, we observed two people on one of the floors had to ask staff to read the menu for them as it was not easy accessible. The dining rooms were nicely set out with tables laid. The choice of meals was varied and balanced.

People were supported to enjoy their meals. Staff were serving food and helping people eat wearing gloves which gave their meal experience a clinical feel. We noted this to the provider to check if this was accepted practice in the home. When we returned on the second day of the inspection, staff were no longer wearing gloves when supporting people to have their meals. Lunchtime was not rushed, staff were supporting people in a calm manner and everyone could eat at their own pace. One person with dementia left the table before finishing their meal. Staff offered appropriate support to encourage them to finish their meal.

The kitchen staff were also involved in ensuring people maintained good nutrition and hydration. They accommodated individual needs. Some people had fortified foods or drinks (items with enhanced calorie content) prescribed to increase their calorie intake. Kitchen and care staff knew about the foods people liked and did not like. Kitchen staff visited each person daily to find out their choice for the meal. They were aware some people could change their minds so were able to accommodate a different choice. They were also aware of any special dietary needs. Kitchen staff tried to make mealtimes interesting. They had started doing themed nights once a month, for example, Italian or Indian night. We observed meals were well presented.

Good

Is the service caring?

Our findings

People and relatives told us staff were respectful and caring. We saw that staff showed care and kindness when supporting people with their daily tasks. Staff spoke with people in a respectful way and supported them when needed. Staff knew people well and interacted in a friendly manner with them. People and relatives told us: "It is a nice place, very nice staff", "Staff are very nice" and "The staff are all very caring".

Staff showed concern for people's wellbeing, responding to their needs and ensured they were not in distress or discomfort. On one of the floors we observed staff's practice when supporting people. People and relatives felt treated with respect and dignity. We saw people who sought help were supported. For example, one person became distressed and the nurse stayed with them until they had settled. Staff responded well and offered reassurance continuously. They were able to describe how they supported people by talking to them and explaining what they were about to do to prepare them. People were supported in a respectful way preserving their dignity. People were able to move around freely or given support ensuring they felt comfortable. Mobility aids, for example walking frames, wheelchairs or special chairs, were available for those who needed them. Staff did not rush people and supported them in a caring way.

People were given choice and opportunities to make their own decisions and be as independent as possible. People's rooms were personalised. Everyone had a memory box with different items important to them by the entrance to their room, making their rooms easier to identify. People were relaxed and staff interacted with people in a positive way. Staff supported them by giving time to express their preferences and make choices. We observed where people were unable to express themselves verbally, staff were able to recognise their wishes which were respected. People said: "Very nice staff, they are here quick when I want them", "There is choice to do things but it is my choice to stay in my room" and "Staff are very caring indeed and look after me well". People and those important to them were encouraged and involved in ensuring they received the care and support they wanted. People felt consulted regarding their care planning and were involved in discussions of any changes. People's wishes to be independent and care for themselves were respected.

Staff demonstrated knowledge about the people living at the home. We heard staff patiently explaining choices to people, taking time to answer people's questions and provide the support they wanted. Staff showed caring and friendly attitudes in the way they supported people. People were given the time to eat or supported when needed. Staff checked regularly whether people needed anything. We saw people in the home responded well to the staff.

The provider told us advocacy services were available to people who use the service. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure correct procedures are followed. If someone needed an advocate to help them make decisions with any aspect of their life, the provider would seek help from supporting agencies or charities. If needed, they would contact the local authority adult social care team for advice on which agency would be most appropriate and discuss it with people and their families.

Requires Improvement

Is the service responsive?

Our findings

People's needs and wishes were recognised. Each person had a support plan which was personal to them. These plans included information on maintaining people's health and wellbeing, their daily routines and how to support them appropriately. There was a new electronic system to record information about people's care and support. Staff praised the system as it was much easier and effective to use.

People's engagement in activities, maintaining their social skills and emotional wellbeing was promoted as much as possible. People could take part in group activities or have individual time with staff. Three activity co-ordinators worked in the home and organised various activities throughout the week. Information was available around the home and people were given timetable to choose what to attend. On the day of the inspection, people were playing skittles and there was a church service in the afternoon. Both sessions were well attended. One of the activity coordinators explained they spoke to people and relatives to find out likes and dislikes, and people's life stories. Then they would organise activities accordingly. People were asked what they wanted to do which also helped get new ideas for different activities. However, some people said there was not much going on during the weekends which made them "quite long and boring". Some staff felt people on the top floor should have different activities because many of the residents were living with dementia. Many of them chose not to go downstairs where all activities were taking place. The provider acknowledged this and told us they would address it as they wanted everyone in the home to be as active as possible and enjoy their time there.

People's wishes to maintain relationships that mattered to them such as with family, community and other social links were respected and encouraged. Relatives visited the home regularly and told us they always felt. The home sent out regular newsletters to people and staff informing them about changes or updates regarding people and their care, any events, management and staffing and other important information.

People and their relatives were involved in the care planning process. People's needs had been assessed and care plans were in place. Appropriate records were kept including guidance on how to keep people healthy and information about people's personal care, skin and wound management, mobility, falls prevention and medication. People were supported to stay healthy and their care plans described the support they required to manage their day to day health needs. Information in care plans helped staff monitor and identify people at risk of poor health.

The home's care planning and monitoring system ensured people's emotional needs were identified. Plans were in place to prevent people from becoming distressed and to enhance their quality of life. The home identified when some people's mood or behaviour changed and could potentially put them or others at risk. They took prompt action by involving relevant mental health professionals such as psychiatrists and community psychiatrist nurses. Systems were in place to ensure decisions about people's care were lawful and these were kept under review.

The provider sought feedback from people, their families and professionals about the care and support. This was achieved through reviews, quality assurance surveys, and through informal conversations. In addition, the provider received feedback on the quality of support during discussions at daily handovers and from communication with other professionals. The provider encouraged an open door policy so people and relatives could express their views. This helped identify any improvements necessary so they could be addressed straight away without having a negative effect on people's lives. However, people and relatives commented they had not had a formal meeting for couple of months. They told us they had found them useful and it was a good opportunity to discuss things and meet others. The provider was aware these meetings had not been taking place but they were committed to hold them again. They said the next people and relatives meeting was arranged for the middle of February 2015. This would also include a welcome and introduction to the new manager.

The home had a complaints procedure which provided information for people about how to make a complaint. We saw forms and information were available in the reception area of the home. People and relatives told us they had no issues with approaching staff and raising any concerns or issues. The provider had a positive view of complaints and told us: "We want to deal with it before it becomes a big issue. We talk about it and do not blame each other". Complaints were addressed and investigated. They

Requires Improvement

Is the service responsive?

discussed it with staff and people how the service could improve the quality of care to all people. We saw the home received compliments from families for the care and support provided to people.

Requires Improvement

Is the service well-led?

Our findings

Everyone we spoke with during our inspection told us they were affected by the changes to the home's management in the past year. Although support and help to the staff and people was always available, they commented an established management could have made a difference. At the time of our inspection there was no registered manager in place. However, the provider told us the date when the new registered manager would start working in the home.

People and staff were positive and looking forward to the new manager starting soon. During two days of inspection, we found issues which we addressed with the regional director, acting home manager and the clinical lead. They acknowledged all of them, recognised that improvements needed to be made. They were positive this would be achieved soon, especially with the help of the new manager.

We looked around the home to observe the environment and where records were stored. The provider had a system to manage care plans and risk assessments, and other home management records. However, records were not always completed accurately or altered when necessary. The electronic copies of people's care and support were kept up to date. However, paper copies were not always updated on time. For example, when people's needs or their skills changed or some safety checks were carried out. The system of recording did not always work because accurate records were not maintained at all times. The staff were at risk using records that were not accurate and not fit for purpose. The provider kept current people's and home management records securely. Archived records were kept in a separate storage space in the home or at the main head office. The home archived records appropriately and safely to maintain confidentiality and destroyed them when appropriate.

The home's aims and objectives were to enhance the quality of life for people and ensure they receive quality care every day. The staff team worked together to make sure people and the things that were important to them were at the centre of staff's attention. The provider was following philosophy of care ensuring everyone supported the delivery of it through the charter of rights. This included providing people with choice, social life, privacy and dignity, and a suitable home environment. The goal was to create a home where people felt respected and involved. This was reflected in out observations of staff and what they told us.

We saw people and staff had good and kind relationships and communication between each other. We observed friendly interactions and respectful support provided to people. Speaking to the provider and staff we could see they were interested and motivated to make sure people were looked after well and live their lives the way they chose to.

Staff and the management were committed to listening to people's views and making changes to the service in line with the feedback received. Various staff commented the team meetings had not happened for a while now but staff and management team had daily communication. We reviewed recent meeting minutes for different departments in the home. They noted discussions about people's care and support on each floor and things to note, conduct in the home and any actions needed to address issues. The provider had maintained a homely environment and ensured there was always time for people and their relatives to come and discuss things important to them. The provider spent some time on each floor with people and staff observing interactions and support in order to identify any issues. Staff spent as much time as possible with people and listened to what they had to say. They considered people's views and were motivated to provide high quality care.

We spoke about current challenges with the regional director. The provider recognised the changes in the management affected the running of the home. The biggest challenges were to address training shortfalls, maintain regular support and supervision sessions and recruitment of staff and nurses. They were aware of the issues and were working to make improvements. People, relatives and staff were positive about the provider taking actions to address the issues. The provider was committed to continue supporting people and staff until the new manager starts. Once the manager was in place, they would support them as well so they would continue running it smoothly.

We also looked at the home's recent achievements. The provider felt the recent recruitment was successful. The home had significant refurbishment works carried out. They also mentioned the Christmas period went very well.

Requires Improvement

Is the service well-led?

People, relatives and staff spent time together and the organisation and the outcome was highly praised. The provider organised annual awards to reward staff for good work across all of their care homes. One of the staff working in Larkland House, received an award for their work and contribution to the home.

Staff were positive about the management of Larkland House and the support they received to do their jobs. They felt it was a good place to work and enjoyed their work. Staff said the senior staff were always around and available if support was needed. Staff said: "I do like it here working with people and we work as a team, we do what we can" and "The management stepped in and kept the morale up until the new manager starts". Staff said there were opportunities to discuss issues or ask advice. The provider had praised the staff and the way they knew people and cared for them. They encouraged open communications among staff making sure they felt welcomed and the door was always open to talk. They said: "People need high level of patience and support, and staff work well as a team. They are incredibly loyal".

The provider carried out audits to monitor the quality of care and support. They reviewed all reported incidents and accidents, health and safety, and people's care and support, medicine management, staffing, complaints and safeguarding. The information analysed was used to identify any trends or patterns, and learn from incidents. Any important information was communicated to the home management and staff and take any actions where necessary. Where we identified an issue during our inspection, the provider was aware of it and already in the process of making improvements. If it was new issue, they noted it and assured it would be addressed. The provider had maintained focus on ensuring that people continued to receive good care and support. They had plans to introduce some new systems used in provider's other homes to help maintain the home where people felt happy living.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The provider did not have an effective recruitment process and selection procedures to ensure that people were not placed at risk of being cared for by unfit and inappropriate staff.** Regulation 19 (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **People were at risk because staff did not always receive appropriate training to enable them to deliver care and treatment to people safely and to an appropriate standard. Regulation 18 (2) (a)**