Care Quality Commission

Sound Homes Limited

Larkswood

Inspection report

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Date of inspection visit: 3 and 4 September 2015
Date of publication: 14/12/2015

Ratings

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

Overall summary

Larkswood is a residential care home which provides accommodation for up to 18 older people who require support with person care, some of who were living with dementia. At the time of our visit there were 15 people living at the home. The inspection was unannounced and took place on 3 and 4 September 2015.

The service had a registered manager. 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 we identified breaches of the Regulations in relation to involving people in decisions about their care, care planning and delivery, accuracy of records and overall quality monitoring of the service. We found that improvements had been made and action taken by the provider to address the concerns from our previous inspection. However we identified new concerns and breaches of Regulations at this inspection.

At this inspection we found that the provider had taken action to improve how they involved people and there

Summary of findings

were now residents' and relatives' meetings where people were involved in decisions about the service. People and their relatives were invited to take part in reviews of the care people received.

We found that the provider had taken action to improve the quality of people's care plans and risk assessments were now in place for people and were reviewed regularly. However we identified new concerns following reviews which identified changes to the support people needed. Care plans were not always updated to reflect these changes.

The previous inspection noted that there were no planned activities or external visits from entertainers. From this inspection we saw that monthly and weekly activities were planned which people enjoyed and looked forward to. However these were not consistently recorded to evidence they took place and there was limited evidence that planned activities took people's individual likes and dislikes into account.

The previous inspection noted concerns about staffing levels as the registered manager was one of the two carer's on duty. At the time of this inspection the provider had taken action to improve this and staffing levels had been increased. However we identified a new concern related to the training offered to staff and lack of specific dementia training. The training offered was not up dated to ensure that people's needs were met specifically relating to supporting people with dementia.

At the time of the previous inspection there was no effective system in place to regularly assess and monitor the quality of the service that people received or to identify and manage risks to health, safety and welfare. The provider now had a quality monitoring system in place which checked areas including accidents and maintenance. This system did not cover areas in which we identified issues at this inspection relating to lawful consent and person-centred care. We have recommended that the provider consider developing this further to ensure a robust monitoring system.

The previous inspection identified that people were not protected from risks of unsafe or inappropriate care and treatment because care records were not always available or accurate. We saw that the provider had taken steps to address these concerns and training records were now in place and staff meetings and resident and relative minutes were available to review.

At the time of this inspection medicine administration records did not always show whether people had received their medicines or not as staff had not made a record of this. Arrangements were in place for the safe ordering and disposal of medicines. Consent to care and treatment was not always sought in line with legislation and guidance. Where people did not have capacity to consent formal processes were not always followed to protect their rights.

People were supported to maintain good health and had access to health professionals. Staff had regular contact with people's GP surgery and other health care professionals.

When people were at risk of malnutrition we found gaps in people's daily food records which meant that staff could not ensure that people's needs were met.

People and relatives gave mixed views about staff providing a caring and respectful approach. We also observed variations in staff approach in this regard.

People and their relatives knew who to contact if they needed to raise a concern or make a complaint.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the 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 service was not always safe

The management of medicines was not consistently safe as there were significant gaps in the recording of the administration of medicines.

Systems were now in place to identify risks and were reviewed monthly or sooner if needed however changes were not always reflected in peoples care records.

There were sufficient numbers of staff to keep people safe and meet their needs.

Staff had received safeguarding and whistleblowing training and knew how to recognise and report abuse.

Is the service effective?

Requires improvement

The service was not always effective.

Staff had not received the training they needed to support people effectively as their needs changed.

People's rights were not always protected as the requirements of the Deprivation of Liberty Safeguards (DoLS) were not always been met.

Care records were not consistently completed which meant that people's nutritional needs were not always appropriate assessed.

People were supported to maintain good health and had access to health professionals when needed.

Is the service caring?

Requires improvement

The service was always caring.

People were not consistently treated with respect and dignity

The home had started to involve people or the people who mattered to them in decisions about their care.

Is the service responsive?

Requires improvement

The service was not always responsive

There was a complaints policy in place and people and relatives felt able to raise concerns.

Systems were in place to people's needs to be assessed and reviewed regularly.

Summary of findings

Although there were activities available for people, these had not always been planned in a person-centered way and not consistently recorded to evidence this.

Is the service well-led?

The service was not always well led

Quality assurance systems were not always effective in measuring and evaluating the quality of the service provided.

There was an open door policy and staff felt listened to by management.

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. 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.

We visited the home on 3 and 4 September 2015. The visit was unannounced.

On the first day of our inspection one inspector and an expert by experience undertook the inspection, and on the second day the inspection was undertaken by the inspector.

Some people were living with dementia and were unable to tell us about their experiences, so we observed care and support in communal areas and spoke with people and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time looking at records including care records for eight people, records for three staff, medicines administration record (MAR) sheets, staff rotas, the staff training plan, quality assurance audits and other records relating to the management of the service.

Before the inspection, we checked the information that we held about the home and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed safeguarding information we received from people who visited the home and the West Sussex Safeguarding Team. We used all this information to decide which areas to focus on during inspection.

During the inspection we spoke with eight people who lived at the home, five relatives, four care assistants, one chef and the registered manager. We also spoke with one health care professional who agreed to us including their comments in our report.

Requires improvement

Is the service safe?

Our findings

People told us they did not have any concerns about their medicines as they received them on time and the supplies of medicines did not run out. One person told us, "They've been very good, I've not had to worry about anything, they've got in all the equipment and oxygen cylinders for me". However we saw that medicines were not always administered safely. We reviewed Medication Administration Records (MAR) charts from the previous month and found there were a number of gaps within the records. We checked people's medicines and saw that they had been given them as prescribed. However, recording gaps could mean that medicines were not administered consistently or as prescribed and could cause confusion in administering people's medicines. Some people were living with dementia and were not able to say whether they had received their medicines or not. The registered manager told us that she was aware of this issue and had spoken with staff during supervision about the importance of recording. Staff told us they had annual medicines training provided by the local pharmacy. We spoke with staff about gaps in medicines recording and they told us "we don't want to miss or double dose someone so if there is a gap we phone the person who gave the medication and leave a note on the MAR. Nine times out of ten they will just have forgot to record it". Staff confirmed that they were confident in administering medicines and understood the importance of this role. The registered manager completed an observation of staff to ensure they were competent in the administration of medicines but we found this had not identified where staff were failing to follow the correct recording procedures.

Systems were not in place to ensure people received their medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection there were no covert medicines being administered.

The registered manager told us that the thermometer used to check the temperature of the medicines trolley had broken a few days previous to the inspection and that a new one had been ordered. We checked records and saw that the temperature had been regularly checked prior to the thermometer breaking and the registered manager was aware of the importance of ensuring the temperature was recorded. Where refrigeration was required, temperatures had been logged and fell within guidelines that ensured effectiveness of the medicines was maintained. Medicines were locked away as appropriate and disposed of safely.

The 19 September 2014 inspection identified that the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. Systems were now in place to identify risks and were reviewed monthly or sooner if needed. However changes were not always reflected in people's care records. We reviewed people's care plans and saw there had been an increase in one person's Waterlow Score. Waterlow assessments measure and evaluate the risk of people developing pressure sores. The person's care had been reviewed and the person now had a pressure relieving mattress. While this information had been noted in the review document the care plan had not been updated to reflect this change. At times there was limited guidance available for staff on how to reduce the risk for people. We saw one person's falls risk assessment which had been assessed and scored but there was no further guidance for staff on how to reduce this risk. This which could lead to risks to people not being well managed and people receiving inconsistent care. **While the provider has taken action to identify and assess the risk to people we recommend that further development is needed to ensure that guidance is provided for staff on how to reduce identified risk.**

People told us that they felt safe and free from harm. We spoke with one person about how able they felt to raise a concern if they felt unsafe and they told us, "I'd have no worries about telling someone". Relatives told us they felt their family members were safe. One person told us, "I am totally confident that they can look after her". People were protected by staff who knew how to recognise the signs of possible abuse. The registered manager was able to tell us about the safeguarding and whistleblowing policies and felt confident staff would discuss any concerns with her. Staff were able to able to identify a range of types of abuse such as emotional or physical and felt that reported signs of suspected abuse would be taken seriously. We checked training records and saw that staff had completed safeguarding training in June 2015. They also knew who to

Requires improvement

Is the service safe?

contact externally should they feel their concerns had not been dealt with appropriately. Staff told us "I would speak to (manager) if I had concerns, if I had concerns about (manager) I would speak with the owner or CQC".

People told us of staff responsiveness, "I only have to ring and they're there" and relatives told us, "Mostly it's the same staff when I visit". We spoke with one relative and were told, "My mum needs to use the call bell, she doesn't like to use the call bell but they are always encouraging her to use it". However we spoke with one person who told us, "Sometimes I have to wait for an hour" and recounted a specific incident where they had fallen. We addressed this with the registered manager and reviewed the accident report which identified that the person had fallen and staff had heard her calling for help and responded promptly. The person's care plan had been reviewed and they were now being monitored more regularly.

The registered manager told us each person had an individual dependency score which was kept in their care records and this was used to monitor the care that people needed. The registered manager spoke with us about people's fluctuating needs and how this impacted on staffing levels. If additional staff were needed, existing staff were offered extra shifts. At the previous inspection we identified concerns about staffing levels as the acting manager was one of the two carers on duty while also being responsible for managing phone calls, speaking to visitors and running the home. At this inspection we found that the provider had taken action to improve and this requirement was now met. There were sufficient numbers of staff on duty to keep people safe and meet their needs. We reviewed the rota and the numbers of staff on duty matched the numbers recorded on the rota. Staff told us they felt there were enough staff on duty. We observed that people were not left waiting for assistance and people were responded to in a timely way. The registered manager told us that they felt they now had more time to focus on the management responsibilities.

People were supported by suitable staff. Safe staff recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Disclosure and Barring Service checks (DBS) were undertaken. DBS checks identify if potential staff are not suitable to work with people in a care setting. Two references were obtained from current and previous employers.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of people who lack mental capacity to make particular decisions for themselves. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions on their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

The home's DoLS and MCA policy states, "The care home should apply to the local authority for authorisation of deprivation of liberty if a person who lacks capacity is about to be admitted to the care home and the care home believes the person risks being deprived of their liberty already in the care home and is being cared for or treated in a way which deprives them of their liberty". We saw that when a DoLS authorisation had been requested a capacity assessment had not been completed. As there was no capacity assessment in place the reason the application was deemed necessary was not clear. We discussed the (MCA) and (DoLS) with the registered manager who showed some understanding of their roles and responsibilities. Staff did not have a clear understanding of MCA and DoLS principles and told us, "Mental Capacity training. None of us have had training around that". We checked training records and saw that there was no date for planned Mental Capacity Act training to ensure staff knowledge was up to date in this area.

The provider had not followed the principles of the Mental Capacity Act 2005 or the Mental Capacity Act 2005 Code of Practice for assessing those who were unable to give consent due to lack of capacity. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. However some people identified as being at risk of malnutrition had gaps in their observational charts where staff were supposed to record what they ate and how much they ate. We reviewed three people's observational charts and saw that they were not consistently completed. The gaps related to various meals throughout the day. Over the three day observation we saw that one day the person's mid-morning and bedtime snack had not be recorded. The following day what they ate and the amount they ate for breakfast had not been recorded for breakfast. The gaps in the charts meant that staff could not be sure that people's nutritional needs were being met and know when action needed to be taken to meet these needs.

Although we observed some examples where staff supported people to eat during the lunch time meal, we saw that after serving the meal staff did not stay in the dining area which meant that they were not able to observe and offer the support required to people. We saw one person having difficulty getting their food onto their fork and the person appeared to be getting frustrated.

The provider could not be sure that people's nutritional needs were being met where they were assessed as being at risk of malnutrition or requiring support to eat. This is a breach of Regulation 14 of the health and Social Care Act 2008 (regulated Activities) Regulations 2014.

People told us the food was good and they had enough to eat. For example, one person said, "We get fresh fruit, it's always on offer in the lounge there, and we have things like salad and yes we have fresh vegetables as well". Another person said, "You can have what you like at breakfast, I have toast and I can have a cooked breakfast twice a week too". The chef told us they had no budget restrictions which allowed them to offer more choice to people. People told us, "The food's great and the chef came and asked me what I liked to eat". A relative told us their relative had only been eating small amounts recently and the chef had spoken with them about what foods they liked saying, "The chef's been trying to tempt her into eating a little bit more". From the records reviewed we saw that one person was prescribed supplementary drinks which they did not like, advice was then taken from the GP and the chef now made them into a jelly which the person did enjoy.

Requires improvement

Is the service effective?

We observed the lunchtime experience and saw that people had a choice of where they ate their meal. Some people chose to have their meal in the dining room, others in the lounge and some people ate their lunch in their rooms. When people chose to have their meal in the room and needed assistance from staff we saw this was done at the appropriate pace and staff sat beside them and chatted and asked when they would like more food. We observed the lunchtime experience in the main dining room and saw staff served the meals, prompted with use of cutlery and offered to cut food for people before leaving the dining room. During the meal soft music which encouraged people to reminisce was playing in the background and people had access to condiments such as salad cream. Staff offered people a choice of cold drinks and some residents chose to have a glass of sherry. Meals were hot and looked appetising. People's hydration needs were met. We observed people's water jugs in bedrooms being filled up, a choice of water and squash drinks were available in the lounge alongside a bowl of fresh fruit and people were offered tea and coffee throughout the day.

People told us they felt staff were confident and skilled at their job. Comments included, "It's lovely here, they all know what they're doing," "You always get plenty of help when you need it," "They seem well trained to me and up to speed". The registered manager told us, "This year we've done safeguarding, moving and handling, nutrition and health and safety. Some training is face to face and some is distance learning". Some people at the home had lived there for over ten years and as their health needs changed the training was not provided to ensure that staff felt confident in supporting people. A relative told us "I'm not confident that staff have a good understanding of dementia". We were told by staff, "I think we need that now, there's a few residents with dementia. I think we need to know a bit more about it". Staff told us that they had asked the registered manged for training on dementia and she had agreed to arrange this. The registered manager told us that they were booking dementia training for next year although did not have any confirmed dates. Despite this we observed staff supporting people living with dementia in a positive way which met their needs.

We recommend that the provider give further consideration to the training staff require to ensure that they are able to meet the changing needs of people.

The registered manager told us some staff had completed the National Vocational Qualification (NVQ) and that they had been encouraging staff to take part in the NVQ or Diploma in Health and Social Care but not all staff had chosen to do this. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

New staff undertook a comprehensive induction programme which included essential training and shadowing of experienced care staff. Staff had completed the provider's induction checklist which involved familiarisation with the layout of the building, policies and procedures and the call bell system. The registered manager told us, "Staff supervision I try to do every 3 months, they know they don't have to wait for supervisions". Staff confirmed that they had regularly supervisions and told us that they found this helpful as they discussed individual people and how best to support them and any other issues relating to their role. We were also told by staff, "I've had a couple of chats about my progress, about anything I need support with, there's been minutes from the staff meetings but not from the chats or anything that I need to work on".

People were supported to maintain good health and had access to health professionals. Staff had regular contact with people's GP surgery and other health care professionals. People told us they felt they got the health care that they needed. Comments included, "I'm having drops put in my ears and then I'll be going back to have them syringed," and "I had the doctor, I think it was last winter when I got bronchitis," and, "You only have to tell them it hurts and they're there straight away". A family member told us, "They're good at getting help when they need it". People also told us, "The chiropodist comes in every six weeks and I have my hair done every couple of weeks". We spoke with a relative who told us, "If (named person) was in a bad place she'd [the manager] get in touch with me and the doctor. She always gets people to come in and see him".

The adaptation and design of the home did not always consider the needs of people living with dementia. Although people's individual rooms were personalised and

Requires improvement

Is the service effective?

decorated to suit people's preferences, there were no pictorial signs on bathrooms, toilets and bedrooms to help people living with dementia to orientate themselves. This is an area requiring improvement.

Requires improvement

Is the service caring?

Our findings

There was an inconsistent response from people when we asked them about dignity and respect. One person told us, "They never come barging in or hammering on your door, nothing like that". However one person told us, "I prefer my door closed. It's not pleasant having your meal and people can see you walking by. I have asked lots of times, I've even asked (manager) for a notice to be put on my door on both sides asking for it to be closed but it's not happened". We checked this person's care records and saw that it was noted in the person's care plan that they preferred their door to be closed. One person also spoke with us about a particular occasion they felt they were not treated with respect and dignity. During our observation at lunchtime we saw that staff did not always speak with people before putting protective covers on to maintain cleanliness during mealtimes.

The above demonstrates that there was variation in staff practice and the views of people in relation to providing a caring approach. We recommend the provider consider people's views and our observations to achieve a consistently caring approach.

Throughout our inspection we observed people's hair was brushed, that they were wearing glasses, hearing aids were in place and watches were set at the correct time. We observed staff maintained people's privacy. We saw and heard staff knocked before entering people's bedrooms. We saw staff knelt down when talking to people so that they were at the same eye level. People told us, "I think this is the best home in Worthing," and "The staff are brilliant, really fantastic," and "The whole place is lovely much better than where I was before," and "They're ever so nice and always stop to help you". Relatives told us, "They seem caring towards everyone," and "Mum trusts them or she wouldn't allow them to do things" .

Staff knew which people needed equipment to support their independence and ensured this was provided when they needed it. We observed one member of staff gently support and encourage a person to walk from the lounge to their bedroom, saying, "Well done, you're doing really well, keep going". Staff took time to make sure people understood what had been said or asked by making eye contact and repeating questions if needed. People also told us, "If I get out of breath they're ever so good at helping me to relax". We saw staff offer a person their medicines by explaining, "I've got your calcium tablet here for you, can you manage to chew it. Thank you darling that's lovely". The person clearly enjoyed this interaction with the staff member and was smiling. We saw that staff were gentle and friendly when they spoke with people and were quick to respond to requests in a kind and pleasant manner. We saw staff singing songs which would help people to reminisce while they supported people in the lounge. People enjoyed this and would join in singing with the staff member. However we also observed one person being spoken with in a disrespectful manner when they told staff that they had been given tea rather than their preferred drink of coffee; the staff member dismissed this by saying, "I don't think so".

Some people told us they did not feel they had control over their personal care and daily routines and told us, "I think I just fit into their routine." Another person told us, "You wonder sometimes is this place run for the patients or for the staff. You just have to grin and bear it, I know they have their jobs to do". Another person told us "They wake me up far too early, that's my only complaint really and sometimes they come in wake me then turn the light out and go again and I don't know what's happening". Relatives we spoke with had a different view and told us their family member had choices about their personal care and daily routines. A relative told us "some nights he wants to go to bed early, they ask when he wants to go to bed". We reviewed people's care plans and saw that information on people's life history and preferences such as how they liked to receive their personal care and what time they liked to get out of bed was limited. The registered manager told us that they were in the process of gathering this information from people and their relatives. However some care records contained information on people preferences such as which newspaper the person liked to receive on certain weekdays and the weekends.

Throughout the inspection we saw that staff offered people choices regarding how their time was spent. We saw people were offered a choice of whether they wanted to go into the lounge or spend time in their room. One relative told us, "She likes to spend time by herself and they respect that". We spoke with people about their involvement in the care that they received and were told "(manager) came and sat with me and asked me lots of questions". We checked care records and saw the section for representatives of the person's views could be recorded, but this was blank and

Requires improvement

Is the service caring?

therefore could not evidence their involvement. A relative told us, "I had a meeting with (manager) and went through what mum likes to do". Another relative told us "I'm certainly involved, they're very keen to involve me, we have formal review meeting and they are keen for as many family members to be involved as possible".

Requires improvement

Is the service responsive?

Our findings

The previous inspection had identified issues around involving the person or other appropriate people in decisions about care. The registered manager told us she had written to people's relatives or people that mattered to them and asked them to come in for a meeting to review people's care plans. This had happened for some people and they were waiting on contact from other relatives. Relatives told us, "I had a meeting with (manager) and went through what mum likes to do", and, "I'm certainly involved, they're very keen to involve me". We spoke with family members about the reviewing of care plans and were told, "We have a formal review meeting and they are keen for as many family members to be involved as possible". They told us that they had started to collect people's life history and used the "Knowing Me" document." Staff told us "We pick up snippets as we talk to them, I need a way of formalising it. Some relatives are keen to talk about it others aren't as much". At this inspection we found that the provider had taken action to improve and this requirement was now met.

Care records showed people's needs had been assessed before they moved to the home. The pre-admission needs assessment had been used to develop the care plan which gave information on how to support the person. We saw that care plans had been developed and included information on people's key relationships, mobility, nutrition and communication needs. They also contained information on people's social and physical needs. People's care files contained a section detailing communication with healthcare professionals such as the GP. However care records did not always contain sufficient information about significant health issues that people had such as dementia. We identified one care plan did not have sufficient information on how to manage someone's identified behaviour needs. Despite this, staff expressed an understanding of managing this and offering a calm approach to the person. We observed staff with this person and saw that they were kind, encouraging and allowed the person they time they needed to respond to questions. The review records showed that when there was a change in this person's behaviour, the nurse had been contacted for advice. When this person had difficulty taking their medicines staff contacted the doctor and changes were made to how they received their medicines. At this inspection we found that the provider had taken action to improve and care and treatment was now planned and delivered in a way that ensured people's safety and welfare and this requirement was now met.

At the previous inspection it was noted that there were no activities organised in the home in which people could participate and people's social and emotional needs were not being met. The provider had taken steps to address this issue and activities were now in place. However we identified new concerns with the person-centered approach to planning activities and how these were recorded.

The registered manager told us that there was no activities co-ordinator and therefore care staff arranged activities for people. Staff told us that they were trying to improve the activities offered to people. A member of staff said, "I know it's something (the registered manager) is looking into. There's always games in the cupboard," and, "It's something we're building on". The activities diary showed there were entertainers booked once a month, exercise classes once a week and a massage therapist visited every other week. A cake decorating session had recently been arranged by staff. There was an activities noticeboard in the hallway outside of the lounge on both days of our inspection, but this board contained no information on the day's activities.

We checked the activities diary and saw that over the last thirty six days there were sixteen days were no entries had been made. Over the thirty five day period the activity records showed one activity for a person who spent most of their time in bed. There was a record which said a member of staff had read the newspaper to them. We spoke with staff about this person and were told that they had been offered 1-1 activities in their room; however this had not been recorded to evidence this. One person told us that their religion and attending church was important to them and they went with their son. We checked the records and found evidence of one visit to church in the last six months. We spoke with this person's relative and were told that they took their mum to church regularly. We noted that this had not been recorded in the person's activity records to evidence this. Although the provider had taken action to improve the activities to meet people's social needs, the records related to this did not always evidence this consistently.

Requires improvement

Is the service responsive?

A person told us "I'm an ardent musician and I've played violin for 68 years." We did not see anything in the person's care plan or in the planned activities which reflected this person's interests. One person told us that their religion was important to them and we saw that they had access to scriptures on the table in their room. One person told us "I don't go into the lounge, there's no point, they all just fall asleep but I'd like some to talk to like you". One the first day of our inspection we saw the massage therapist visited and offered people a foot or hand massage. We saw five people took part in this activity and told us they had enjoyed this and found it relaxing. The therapist also spoke with people about their pets and music instruments which they enjoyed. On the second day of our inspection we observed an afternoon exercise class with the external exercise teacher, six people took part in and appeared to be enjoying. Music was playing and people were encouraged to take part at their level. People told us that this took place each week and they looked forward to it. People also told us that there had recently been a trip to a local pub arranged which they had enjoyed. A relative told us "They will ask him if there's something going on. They took the men out on a trip to the pub, he enjoyed it".

We spoke with staff about activities outside of the home and were told that this was something they volunteered to do in their own time. Staff told us they enjoyed supporting people to take part in activities and felt proud of the improvement in the activities available for people. We were told "If I have time in the afternoon I will do 1-1 activities, snacks and ladder puzzles, listen to music, reminisce or read the paper to people".

We recommend that the provider ensures that the programme of activities are planned with people's interests and preferences in mind and that they are consistently recorded to evidence this.

It was identified at the previous inspection that there was no complaints policy in place. The provider now had a policy and procedure in place for dealing with concerns or complaints. People and their relatives knew who to contact if they need to raise a concern or make a complaint. A relative told us they knew how to make a complaint but had never had to complain as issues were dealt with quickly, adding, "You can talk to (manager) if you've got any complaints but I've never had any". A health care professional told us they have had no reason to complain but felt confident any issues would be addressed by the manager. We spoke with another relative about the registered manager and they told us "I find she's quite good, she addresses things that I raise". However they also told us that their relative was not always listened and respond to in the same manner, saying, "If he raises it it's not necessarily taken on board. He doesn't want to complain as he's worried it will produce a bad feeling". The registered manager told us, "I would like people to feel comfortable in their surroundings and confident that things will be taken on board. I want to work with them as the focus, it's the same for the family members".

People's views were sought through residents' and relatives' meetings, which the registered manager said had recently been introduced. Relatives told us the meetings were helpful, adding "At residents' meetings we talk about what meals people like, we had a presentation on dental care". People told us their relatives were free to visit at any time and were made to feel welcome. A family member told us, "They're very friendly, the grandchildren come to visit, and they make family feel comfortable".

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Requires improvement

Is the service well-led?

Our findings

The previous inspection on 19 September 2014 identified that there was no system in place to regularly assess and monitoring the quality of the service being provided. The registered manager had started to develop a range of quality assurance audits to help ensure quality standards were maintained and legislation complied with. The process consisted of audits in areas covering infection control and accidents. A monthly manager's report was completed which checked areas such as the general health of people, safeguarding concerns raised, staffing and maintenance. However the monitoring processes currently in place did not identify concerns we found at this inspection including consent, records, staff training, person-centered care planning and inconsistencies in the caring approach of staff. A medicines audit was completed by the local pharmacy. The pharmacy medicines audit in February 2015 identified gaps in the MAR charts. The registered manager told us they were aware of the gaps in recording of medicines and this was being addressed through supervision and ongoing training. However this had not fully resolved the issue as we identified significant gaps in the recording of medicines administration at the time of our inspection.

A monthly accident audit was developed following the previous inspection and was now in place and detailed the name of the person, time and date of accident, injuries sustained, who and what was involved and the action taken to reduce the reoccurrence. This system for monitoring accidents and incidents meant that the manager could now identified trends and concerns and make any necessary improvements to the home.

Although the provider had taken action to introduce quality monitoring processes, this was an area that required further development. **We recommend the provider refers to reputable guidance and good practice in implementing an effective quality assurance system.**

People told us they thought the home was well led and staff told us there was an open culture within the home. For example one person said, "(manager) is very understanding and compassionate, she has an open door policy". Another person told us, "It's a nice atmosphere here". Relatives told us that there was there was consistent staff group at the home. People told us they knew the registered manager, that she was approachable and they would feel comfortable speaking with her about any concerns that they had. Comments about the registered manager included the following, "The manageress, she's A1," and, "She's very open, couldn't have a better lady". The registered manager was able to describe the home's safeguarding policy and told us they would contact West Sussex Safeguarding team with any concerns and staff were aware of the whistleblowing policy and knew how to raise a complaint or concern anonymously. Relatives found it reassuring that the manager had an understanding and experience of supporting people with dementia. A relative commented, "(manager) has a dementia background which is really reassuring".

Staff felt supported by the registered manager and other staff members. One member of staff told us, "the home, I love it. The girls are brilliant, we all work as a team". A newer member of staff told us, "They're all quite helpful, they give you tips on how they do things and ways that work". Staff told us they the deputy manager was available at the weekends and was "very approachable and understanding". Staff knew they could contact the manager or the deputy manager if there was an urgent concern outside of their working hours. For example one staff member said, "If there was something urgent we could call her. I've not done it but she wouldn't have an issue". Staff did not always have a shared understanding of the challenges they faced. The registered manager told us that the most challenging part of their role, "I feel that the residents are well cared for but the paperwork is challenging. I know paperwork is important". Staff told us that the most challenging part of their role knowing how best to support people with dementia.

We spoke with the registered manager about people and family views on the home and their involvement in changes in the service. They told us that they have resident and relatives where changes within the home are discussed and people are asked for feedback. The registered manager told us about an example where discussion was had around how best to support people to stay as independent as possible when moving around the home. A relative suggested that a stairlift may be helpful. Discussion was had been the registered manager and the provider, this was ordered and was in the place on the day of our inspection.

The registered manager told us that they have regular contact with the provider and they felt able to discuss any concerns they had with the running of the service. Staff also

Requires improvement

Is the service well-led?

told us that the provider regularly visits the home and they would feel comfortable approaching them to discuss any concerns. The registered manager told us that they have support from other managers in the local area. We spoke with the registered manager about issues identified at the time of the previous inspection and they told us, "We are making steps forward. There are still things we can improve, if we move too fast there's resistance, people have to come with us. Staff have been supportive when new things have been introduced".

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	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Care and treatment had not been provided with the consent of the relevant person because the registered person had not acted in accordance with the Mental Capacity Act 2005. Regulation 11(1)(2)(3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not ensured the proper and safe management of medicines. Regulation 12 (2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs People's needs were not assessed to include risks relating to people's nutritional needs. Regulation 14(1)