Sound Homes Limited

Larkswood

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Larkswood is a residential care home providing accommodation and personal care to up to 18 people. The service provides support to people with a range of care needs such as frailty of old age and dementia. At the time of our inspection there were 15 people using the service.

People's experience of using this service and what we found
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, the provider had taken steps to enhance people's safety by placing sensor mats next to people's beds at night-time, without seeking their permission. The provider assured us that the relevant permission would be sought after the inspection.

Staff were not wearing masks in line with government guidance at the time of the inspection.

Some statutory notifications that the manager or provider was required to send to CQC in line with regulatory requirements had not been submitted.

Staffing levels were sufficient to meet people's needs. One person said, "I always think they could do with a couple more staff if we are all ringing our bells and they are running around, but I only have to wait 5 minutes. If staff have time they will sit and chat". People received their prescribed medicines as required. People's risks had been identified and assessed as needed.

People's views about the home were gathered through residents' meetings; the management team knew everyone well. One person said, "The food is nice here. We're spoilt with tea and biscuits, tea and cake, you won't go hungry here. I know who the owner is and the managers. They can't do enough for you really". A range of audits had been implemented to monitor and measure the service overall and were used to drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (report published 29 August 2019).

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Larkswood on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Larkswood

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by one inspector.

Service and service type
Larkswood is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Larkswood is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post since September and had submitted an application to register. We are currently assessing this application.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 7 November 2022 to help plan the inspection and inform our judgements. We also looked at notifications we received from the provider over the past 12 months. We used all this information to plan our inspection.

During the inspection
We spoke with 7 people and 2 relatives about their experience of the service. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We also spoke with the manager, the deputy manager, a care assistant, and a healthcare professional who was visiting the home at the time of our inspection.

We reviewed a range of records including 4 care plans and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had taken steps to keep people safe at night. Every person living at the home had a sensor mat placed next to their bed. We were told that the use of these mats alerted staff when a person left their bed during the night, so support could be provided.
- Sensor mats restrict people's freedom of movement, and consent for these to be used unreservedly should have been obtained from people before being put into use.
- We discussed this issue with the nominated individual and the manager who provided assurance that people's agreement in the use of sensor mats would be sought appropriately after the inspection.
- Risks to people were identified, assessed and managed appropriately. We reviewed risk assessments documented in care plans relating to people's mobility, falls, and risks associated with specific health conditions. Assessments tools such as Waterlow were used to identify people's risk of skin breakdown, using a points system to calculate the risk.
- Advice had been sought from healthcare professionals where required. For example, one person had sustained a number of falls recently. They were referred to the medical practice nurse and a physiotherapist who confirmed all necessary steps had been taken by the home to mitigate the risk of further falls.

Staffing and recruitment

- Recruitment systems were generally robust to ensure new staff were recruited safely. However, two staff had left their employment at the home and gone to work at other services. With a change of management, these staff had decided to return to work at Larkswood. The majority of checks had been completed to ensure they were safe to work in a care setting. However, a new Disclosure and Barring Service (DBS) check had not been completed for either staff member. This is an area in need of improvement. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We asked the manager why new DBS checks had not been applied for. They explained that, since the staff had previously worked at home, and they knew them, they were assured of their suitability and good character. However, new DBS checks should have been obtained to cover the interim period when these staff were working elsewhere.
- There were sufficient numbers of trained staff on duty to meet people's needs. One person said, "I do feel there are enough staff and they have time to chat with me". A relative told us, "If Mum rings the bell, they are always there. It's a very hard job for staff to do. Staff can't sit with Mum all day, but I'm sure they do their very best".
- The manager explained the difficulties of recruiting new staff. Sometimes potential new staff attended for interview, were offered a position, then failed to show up on the day they were due to start work. Some staff

who had previously left the home had returned to work there. The manager said, "There is a structured staff rota in place, so everyone knows when and what day they are working". We reviewed the latest staff rotas which confirmed staffing levels were safe.

Preventing and controlling infection
● We were not assured that the provider was using PPE effectively and safely. Staff did not wear disposable masks and were under the impression these were no longer required. During the inspection, they were reminded that masks needed to be worn in line with the government guidance which was applicable at the time the home was inspected. Disposable aprons and gloves were worn when personal care was provided to people.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes
People received their relatives and friends to visit without restriction. Previously visitors had not worn disposable face masks when being admitted to the home. They were reminded to do so on the day of the inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse or harm.
● One person said, "The staff make me feel safe and they are very good and caring". A relative told us, "I do feel Mum is safe living here. The manager will let me know straight away if anything happens. I have no worries about Mum whatsoever".
● Staff had completed safeguarding training on-line. One staff member explained the action they would take if they suspected a person had come to harm; they would report any concerns to the management

team. The manager understood the need to notify CQC of any incidents of abuse or alleged abuse, as well as reporting any concerns to the relevant safeguarding authority.

Using medicines safely

● Medicines were managed safely.

● We observed people being given their medicines at lunchtime. Medicines were stored securely in cupboards in people's bedrooms. When each medicine was administered, the staff member completed an electronic medication administration chart. The staff member sanitised their hands between administering each person their medicines.

● The management team undertook spot checks when staff administered medicines to check these were done safely and in line with latest guidance.

● Medicines to be given as required (PRN) were offered to people. The recommended time interval for administering these medicines was recorded.

● One person had their medicines administered covertly, that is without their knowledge, and the appropriate best interests decision had been documented as required.

Learning lessons when things go wrong

● Lessons were learned when things went wrong.

● The manager told us of an incident where a person was discharged from hospital back to the home, and accepted by staff who had not consulted the manager or deputy manager beforehand. The person returned to the home but was still quite unwell. The manager sought the advice of the care home matron to understand what support this person now required.

● Staff were reminded not to accept people being discharged from hospital without being clear what their latest care and support needs were. This would enable the appropriate resources needed to be arranged in advance.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was in the process of registering with CQC.
- The manager had not fully understood when to notify CQC of incidents, including deaths and serious injuries.
- The previous manager had not always notified CQC when a person died, either at the home or in hospital. When one person had sustained a serious injury, this had not been notified to CQC as required.
- We discussed the lack of notifications with the new manager.
- After the inspection, the new manager sent us notifications retrospectively relating to a death and a serious injury.
- The government guidance relating to the wearing of disposable face masks had not been followed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People received personalised care that met their needs.
- One person said they enjoyed having lunch in the dining room, but preferred to eat supper in their bedroom. They told us they enjoyed going out with their relatives, and about singers and guitarists who visited the home occasionally to entertain people.
- A relative commented, "She was in hospital and not able to go home. The hospital found this home. If she hadn't liked it, we would have changed it. They're very, very good; if they weren't, she wouldn't be here".
- The manager explained their understanding of duty of candour and said, "It's about being open, honest and transparent, if anything goes wrong".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to be involved in all aspects of the service, and their specific needs were catered for. For example, one person did not have English as their first language. Staff had developed signs to communicate with them and brought in an interpreter when a specific situation needed to be discussed. This person had access to their first language on their laptop so they could keep up with current events, books and films.

● Communication had improved since the last inspection. One person said, "It's good here, the food is good and the care is good. No complaints at all. I know who the owner is and who the manager is. They come and chat with me a few times a week. Once a month we have residents' meetings and we talk about what we like to eat, that sort of thing". A relative told us, "Anything I need to know, they will ring me. I was asked for my feedback recently. Overall the staff are good and look after her. There are regular carers, not a high staff turnover. They all know our names and we know theirs. I've never had to complain, but if I did, I would go to [named manager]. The owner's number is by the front door and I've met her a couple of times".
● Staff felt supported by the management team. One staff member said, "I very much feel supported, a lot more with this manager than the previous one. This manager is a lot more understanding and very approachable. I think communication between staff could do with improvement because information gets missed during handovers. We introduced a communication book, but there are times when information gets a little bit lost. I have mentioned it to [named manager]. We just need to keep note on what has been said to us and make sure we put it in the communications book as well".

Continuous learning and improving care
● A robust system of audits monitored and measured the service and were used to drive improvements.
● One Deprivation of Liberty Safeguards (DoLS) authorisation had lapsed. The new manager had identified this and immediately applied to the local authority for renewal of this DoLS.
● We reviewed a range of audits relating to the environment of the home, laundry and housekeeping, infection prevention and control, meal times, maintenance, accidents and incidents, and workplace observations of staff. We were informed that a stock check of medicines was undertaken every 28 days, however, there was no formal audit as this was not recorded or documented. The manager agreed it would be useful to record these audits in the future.

Working in partnership with others
● The home worked with a variety of health and social care professionals. The majority of new admissions to the home were referrals from local authorities or through hospital discharge teams.
● The home was a member of various on-line groups, such as a managers' forum, where ideas could be exchanged and shared.