

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 effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out a comprehensive inspection of Larkswood on 12 and 13 March 2018. The inspection was unannounced.

Larkswood is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Larkswood is registered to provide personal care for up to 18 older people. At the time of the inspection there were 17 people living at the service.

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

We last inspected the service in December 2016. At that inspection, we asked the provider to take action to make improvements as we found systems to assess, monitor and improve the quality and safety of the service were ineffective. We also identified the adaption and design of the home did not always consider the needs of people living with dementia and there was a lack of personalised activities. These areas of practice required improvement. At this inspection we checked to see if the provider had taken actions to address these issues.

Quality assurance and information governance systems were in place, however these remained in need of improvement. The service had not been able to consistently identify or act on quality and safety issues. There was no on-going development plan in place to help ensure the service could continuously learn and improve the quality of care it was delivering.

The provider had made changes to the home environment to consider the needs of people with dementia. This helped people with dementia to be at ease in the service and remain as independent as possible. There was now a range of personalised activities that people had helped choose on offer every day.

Medicines were not always being managed safely. Recording and guidance for administering medicines and ordering, storing and disposal of medicines were areas of practice that all required improvement to ensure people were not being placed at risk of avoidable harm.

The registered manager had not always complied with their obligations to submit relevant statutory notifications or display the service's Care Quality Commission (CQC) performance assessment rating.

There was a 'Consent to Care and Treatment Policy' in place. Staff received MCA training and could explain

the consent and decision making requirements of this legislation. Staff had a good awareness of people's capacity and gave us examples of how they put this into practice when supporting various people.

However, formal assessments of people's mental capacity to be able to make decisions about different activities had not always been carried out. It was not always documented that people, or a relevant person acting in their best interests, had been involved and consented to their care. This requires improvement to help make sure people have the right support to make their own decisions.

An assessment of people's physical, psychological and social needs was carried out with the person and other relevant people before they started using the service. People's differences were respected during the assessment process and there was no discrimination relating to their support needs or decisions. The assessment process required improvement to make sure there was enough detail about the support they needed, why this was and what their preferred support outcomes were.

People had been involved in planning their care and had the opportunity to regularly review this. Staff talked to people, relatives and other staff to be able to know about them and how they liked to be supported. Care plans required more detail about people's likes and dislikes, backgrounds and personal history to help staff know to meet people's needs in a personalised way.

Everyone we spoke with said they felt safe. People had risk assessments in place and were supported to identify and manage any potential hazards to their well-being. There were systems and processes to keep people safe from abuse. Staff received safeguarding training and knew how to recognise and report any signs of abuse, including discriminatory abuse, to help stop or prevent this.

The service had enough staff working during each day and night to meet people's needs. There was a call bell system in operation that people could use at any time to alert staff they required support. People said staff answered calls promptly. There were safe recruitment practices. The service was clean and free from odours. Staff received infection control and food hygiene training and followed best practice guidance in these areas.

Deprivation of Liberty Safeguards (DoLS) had been applied for people that required them using the correct processes. Conditions on authorisations to deprive a person of their liberty were being met appropriately.

Staff had regular training, updates and supervisions and had the right skills, knowledge and experience to deliver effective support to people. People received timely support with their medical and health care needs. The service also shared information and worked with other agencies to support people with on-going health needs. People had enough to eat and drink and had support with any nutritional or complex food and drink needs.

People told us that staff were caring. One person said, "They are always kind and helpful". Another person said, "The staff are very nice and I get on well with all of them". Staff said they thought being caring was one of their main responsibilities. One staff said, "Our main priority is caring. You have to be very kind and take people's feelings into consideration".

People were involved in making decisions about their care and encouraged to be as independent as possible. Staff listened to people and communicated with them in ways they understood. The service took steps to remove barriers to understanding for people with protected characteristics under the Equality Act 2010. People's privacy and dignity was respected. People's confidentiality was kept and information about them was managed in line with the principles of the Data Protection Act.

People had support to develop and carry on with their established social interactions and relationships to avoid becoming isolated. There was a complaints policy in place and people told us they felt confident if they complained they would be listened to and staff would help them resolve their problem.

People had sensitive and empathetic support with planning, managing and making decisions about their end of life care, including their religious or spiritual wishes. Staff worked with relevant health and social care services to ensure people had as comfortable and dignified a death as possible.

People spoke highly of the manager and said they thought the atmosphere and culture of the service was good. Staff told us the registered manager was good at communicating with them and they felt they could speak with them openly. One staff said, "The manager is always free to talk to if anything is wrong". Staff well-being and equality, diversity and human rights (EDHR) were respected. However, the service required improvement to introduce formal policies to uphold staff EDHR rights in the workplace.

There was a clear set of values that staff were expected to put into practice when supporting people. Supervisions, appraisals and disciplinary processes were used as ways to support staff to understand how to do this in a constructive manner. People and staff were involved in developing the service. The service also shared information and worked in partnership with the local authority and health and social care professionals to help gain input and advice about how improve people's care.

Full information about the Care Quality Commission's regulatory response to more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicines were not always being managed safely or properly.

There were systems and process to keep people safe from abuse, including discriminatory abuse.

Risks to people were managed safely.

The service had enough suitable staff to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's assessments lacked detail about the support they needed, why this was and what their preferred support outcomes were.

Formal assessments of people's mental capacity had not always been carried out.

The service was also not always able to evidence people had consented to their care and treatment.

People had support to meet their healthcare and food and drink support needs.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with kindness and compassion.

People were involved in their care and encouraged to be as independent as possible.

Staff listened to and communicated with people in ways they understood.

People's privacy, dignity and confidentiality were respected.

Good ●

Is the service responsive?

The service was responsive.

Staff knew how to meet people's needs in a personalised way.

People were involved in planning and reviewing their care.

Complaints were managed appropriately and people felt confident to raise concerns if necessary.

People had support to sensitively plan, manage and receive effective end of life care.

Good 

Is the service well-led?

The service was not always well-led.

Systems to assess, monitor and improve the quality and safety of the service were not always effective.

Statutory notifications had not always been submitted.

There was a positive and inclusive team culture.

Staff and people were involved in developing the service.

The service shared information openly and worked in partnership with other agencies.

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 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 12 and 13 of March 2018 and was unannounced.

The inspection team consisted of an inspector and an expert by experience on 12 March and an inspector on 13 March. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events the provider is required to tell us about by law. This is necessary so that, where needed, the Care Quality Commission (CQC) can take follow up action.

During the inspection, we met with people living at the service. We spoke with 8 people living at the service, 1 visiting friend and two relatives. We spoke with two staff members, the chef, the registered manager and registered provider.

We reviewed care records for four people and 'pathway tracked' three of them to understand how their care was being delivered in line with this.

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 also observed the support that people

received in the communal areas including lounges and dining areas of the service.

We reviewed six staff training, supervision and recruitment records, medicines records, risk assessments, and accidents and incident records. We also reviewed complaints and compliments documents, quality audits, policies and procedures, staff rotas and other records related to the management of the service.

Is the service safe?

Our findings

Everyone we spoke with said they felt safe. One person told us, "I feel completely safe here, the people make me feel that way. Everything is pretty well organised, there's always someone to help me. I know I can speak to any of the staff if I needed to and if I needed help I'd ask". Their relatives and friends said they thought the service was safe. We found that while the service was operating safely in most areas of practice, medicines were not always being managed safely and this required improvement.

People told us they did not have any concerns about their medicines and thought they were getting the right medicines at the right times. People had been assessed appropriately for the level of support they needed to take their medicines safely. Staff received medicines training and had regular observations of their practice. There were systems in place to manage ordering, transporting, storing, administration and disposing of medicines properly. However, we found that these systems were not always safe.

People were prescribed medicines on a 'when required' (PRN) basis if they needed them. Guidance was not always in place to describe the requirements for offering and administering PRN. People received PRN medicines without guidance and the reason for giving PRN was not always recorded. People had been prescribed topical creams, but body maps were not always in place to direct staff where to administer these. This meant it was not known if people had received their PRN medicines and topical creams as intended.

Staff recorded quantities of medicines received into the service and ordered and disposed of medicines via a local pharmacy service. However, stocks of medicines were not always checked against current lists of prescribed medicines. Expired medicines and medicines that were no longer prescribed for people were being kept alongside current stocks. Staff had not always recorded dates of when liquid medicines were opened. This increased the risk people would receive medicines that were not effective or safe to use.

Medication Administration Records (MARs) were in place. MARs included information about people and details about how the medicines they needed should be taken or used and how often. MARs were then signed to record that people received their medicines. However, staff had not always signed MARs. This meant it was not known if people had received their medicines as intended. MARs contained several coded entries of 'other', to indicate medicines had not been given. Staff had not recorded a reason explaining this code. This meant it was not known why people had not had their medicines or if staff had helped them seek medical advice about missing them.

Medicines were stored in a trolley, a fridge and a communal medicine cabinet. Temperatures were recorded to evidence that medicines had remained in a safe range. The medicine trolley was kept locked and secured to a wall. However, not all medicines were stored safely and securely. The fridge was not locked and the room the fridge was stored in was not kept secure at all times. This increased the risk of theft and misuse of the medicines contained within the fridge. A communal medicine cabinet was locked but was not secured to a wall. The communal cabinet contained items of jewellery and a wallet as well as medicines. This increased the risks of cross-infection and theft and misuse of the medicines stored within it.

The failures to ensure medicines were managed, recorded, stored, disposed of and administered safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had risk assessments in place that identified any potential hazards to their well-being. Some risk assessments contained more guidance about how to manage risks safely than others. However, staff knew about risks to people and could explain how they supported people to manage them. Staff had regular and detailed updates during handovers or following discussions with relatives and health professionals about how to manage any risks.

Staff completed daily notes and specific forms and reported any accident and incidents to the registered manager. These reports were reviewed and actions were taken to keep people safe. For example, people reported as experiencing falls had their support needs reviewed. Extra support and equipment such as sensor mats to alert staff they were moving and required assistance to do this safely had been arranged. Actions and learning following accidents and incidents were discussed during handovers and meetings. This helped staff know the right support needed to keep people safe and to look at how to reduce the risk of incidents happening again.

There were systems and processes to keep people safe from abuse. Staff received safeguarding training and knew how to recognise and report any signs of abuse to help stop or prevent this. The registered manager worked in partnership with relevant partnership agencies in response to any safeguarding concerns to agree a plan to keep people safe.

There was a 'Respect for Human Rights Policy' in place that committed the service to not discriminating against people's protected characteristics, set out in the Equality Act 2010. Equality and diversity training was included as part of all staff's induction. Staff were aware of the importance of ensuring people did not experience any form of discriminatory abuse and were committed to acting to prevent this if concerned this might be occurring.

People told us the service had enough staff working during each day and night. The rota allocated sufficient staff and staff delegated tasks at the start of each shift to make sure they met people's needs. There was a call bell system in operation that people could use at any time to alert staff they required support. People said staff answered calls promptly. One person said, "If I press my bell someone comes very quickly. I've never had to wait long, never more than a few minutes, day or night".

The service had recently been recruiting more staff and existing staff had taken on extra shifts to cover gaps in the rota during this period. The registered manager confirmed they had made staff aware of the Working Time Regulations (WTR) and ensured no staff worked hours in excess of the WTR directives, to reduce the risk of human error occurring due to fatigue or overwork.

There were safe recruitment practices. All staff had undertaken a satisfactory Disclosure and Barring Service (DBS) check before being formally offered a job. DBS checks help employers make safe recruitment decisions and help prevent unsuitable staff from working in a care setting. Staff also had to provide a satisfactory application form, two references and pass an interview before starting work. Staff then had to successfully complete further assessments, training and observations during a competency based induction and probation period before being offered a permanent position.

Staff received infection control and food hygiene training. Plastic gloves and aprons were available and used by staff when supporting people with their personal care. Hazardous waste was managed appropriately. Staff supported people with preparing and handling food safely. The service had recently received a 5 star

food hygiene rating following a Food Standards Agency inspection.

The service employed separate cleaning staff who worked each day and was clean. Any maintenance issues were reported by staff and action was taken to address them. Health and safety and fire checks of the communal areas and people's rooms took place regularly. People had personal emergency evacuation plans (PEEP), the physical environment had been assessed for fire risks and there were regular evacuation drills and fire alarm system checks.

Is the service effective?

Our findings

Most people said they thought the service was effective. One person said, "I think the place is run very efficiently". One person said they did not feel their needs were always met and their care and support choices were not always respected or understood. We found people's assessments did not always identify how people could achieve effective outcomes. The service was also not always able to evidence people had consented to their care and treatment. These are areas of practice that require improvement.

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

There was a 'Consent to Care and Treatment Policy' in place. Staff received MCA training and could explain the consent and decision making requirements of this legislation. Staff had a good awareness of people's capacity and gave us examples of how they put this into practice when supporting various people.

However, formal assessments of people's mental capacity to be able to make decisions about different activities had not always been carried out. It was not always documented that people, or a relevant person acting in their best interests, had been involved and consented to their care. For the people who did not have these documents in place, this increased the risk they might not be receiving the right support to make their own decisions, in line with the principles of the MCA. This is an area of practice we have identified as requiring improvement.

People can only be deprived of their liberty so that they can receive care and treatment when this is in line with their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had followed the correct process for assessing and submitting applications for DoLS for people who required them. We checked to see whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

The registered manager completed an assessment of people's physical, psychological and social needs before they started using the service. If appropriate, family members and health and social care professionals were also consulted. People's differences were respected during the assessment process and there was no discrimination relating to their support needs or decisions.

However, some people's assessments did not include details about the specifics of the support they needed and why this was. Assessments also lacked detail about how best practice guidance informed the support people needed, or what people wanted from their support. This increased the risk that people would not achieve their preferred support outcomes.

For example, a person had been assessed with requiring a certain type of support with eating and drinking. The person's assessment did not identify that this need was directly linked to their specific form of disability. The person told us they felt that staff did not fully understand this link. As a result they were not getting the outcome they wanted from their support in this area. We have identified this as an area of practice that requires improvement.

In our previous inspection we identified the adaptation and design of the home did not always consider the needs of people living with dementia. The provider had since installed signs at decision points, such as junctions in corridors or on doors, to help people navigate their way around. This helped people with dementia to be at ease in the service and remain as independent as possible. The service environment met the current dementia needs of people living there and the registered manager was committed to making further adaptations if this became necessary.

There were communal living and dining areas in the service. People could socialise with each other or visitors in these areas, or could spend time in their own rooms if they wanted to be alone. People's rooms were personalised and contained their individual items, decorations and belongings. People had access to a garden if they wanted to be outside. There was a lift and entrances and exits to the building had ramps for people who used a wheelchair or found walking up steps difficult.

In our previous inspection it was reported that the lunchtime experience lacked atmosphere and staff were not interacting with people. We observed lunch on both days of this inspection and found staff engaged with people to make sure their eating and drinking needs were met, the atmosphere was positive and there was plenty of social interaction between people and staff.

People told us the quality of the food was good. The service menu changed regularly and meal choices were based on feedback from people about what they liked to eat. People could request alternative dishes if they did not like what was on the menu that day. People told us they had enough to eat and drink. Hot and cold drinks and snacks were offered throughout the day to make sure people did not get hungry or thirsty between meals.

People's nutritional and fluid needs were assessed and staff knew of people's specific needs in these areas. For example, the Chef used alternative ingredients and followed specific portion sizes for people with diabetes. In the past, people had been referred to specialist healthcare services such as dieticians or speech and language therapists. This input helped staff to know the best way to manage people's more complex eating and drinking needs.

People told us they thought staff had the right skills, knowledge and experience to deliver effective support. One person said, "They are very good and, I think, experienced at what they do. I came here from another home which was dreadful and closed down so I have something to compare to." Staff received an induction that met the Care Certificate standards. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.

Once an induction had been completed, staff had regular training and updates to be able to have the right skills and knowledge to be able to meet people's needs. Training was either delivered in person or completed via on-line courses. Staff could ask for additional training if they felt they needed more knowledge in any areas of their role. Alongside training opportunities, staff received regular supervisions and appraisals. This helped them to review and reflect on their practice to make sure they were consistently delivering effective support.

People were supported with their medical and health care needs. Staff monitored people's health and supported people to get medical advice if needed. People had support to access and attend health care appointments. This helped make sure they understood the information and explanations about their treatment. Staff arranged regular visits from district nurses, GPs and specialist health professionals so people received timely support with their healthcare needs.

The service shared information and worked with other agencies to support people with on-going health needs. They were members of a multi-disciplinary health and social care initiative that offered advice and support about how to help manage people's pre-existing health conditions. If concerned about a person's health, staff could raise an alert via a 24 hour on call telephone system, and receive immediate support from the partnership healthcare professionals. This helped all agencies involved to learn how to improve people's day to day health and well-being and avoid the need for people requiring hospitalisation.

Is the service caring?

Our findings

People told us that staff were caring. One person said, "They are always kind and helpful". Another person said, "The staff are very nice and I get on well with all of them". Staff said they thought being caring was one of their main responsibilities. One staff said, "Our main priority is caring. You have to be very kind and take people's feelings into consideration".

People told us they felt involved in making decisions about their care. One person said, "I make my own decisions. My body is letting me down but my mind is still sharp enough. My shower days vary as and when I feel like it. I just give them the nod and they do it all for me." Staff told us they took time to sit and listen to people. This was important so they could always be sure they acknowledged people's views and take the appropriate action.

People told us knowing they were being listened to made them feel included and confident to express what they thought about their support. One person gave us an example of this, "Initially when I moved in I had another mattress on my bed and it wasn't the most comfortable. I asked if there was anything they could do and within a few hours the mattress was changed and it's much, much better".

People told us staff were compassionate and this made them feel like they mattered. One person told us, "At nights if I can't sleep they'll bring me a cup of tea. They always remember that I take white with one sugar". Another person said, "They talk and listen to me and are very kind". We saw that staff spoke with people in a friendly way, smiling and making jokes and carrying out any requests for support in a cheerful manner.

Staff told us, "It can be busy but there is always time to sit and chat with people to see how they are". Having time to spend with people in this way allowed staff to get to know people as individuals and helped them recognise when people wanted or needed support. A person confirmed staff supported them in an empathetic way and this was making their recovery from illness easier, "They are very gentle and patient with me and know when I need peace. I feel I am improving but it's going to take time. I go to bed and get up when I please. Nobody tells me I must get up or go".

Staff spoke to people clearly and using non-complicated language, making sure they were maintaining eye level contact. This helped make sure people understood what was being said and let them know they were being listened to. The service took steps to remove barriers to understanding for people with protected characteristics under the Equality Act 2010. For example, for a person who was registered blind, their care plan detailed accessible techniques for staff to employ when communicating with them.

People's privacy and dignity was respected. A person said, "They always knock my door before coming in and will tell me what they want. If, for instance, they're coming in to give me a shower they will say to me, 'Is it okay to do your shower now [name]?' and then will talk me through what they're doing. They ask if the water is the right temperature and if I'm comfortable". Staff told us it was important to always respect people's privacy and support them in a dignified manner, "Like you would your own family".

People were encouraged to be as independent as they wanted to be. One person said, "They encourage me to choose my own clothes". Another person said, "I do think I'm encouraged to be independent but at my age I think that's mostly behind me. I need to be helped these days and they do it with good grace". Staff told us they always promoted people's independence when they were supporting them. People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves.

Staff understood the importance of maintaining people's confidentiality and what their responsibilities were to do this. The service had a confidentiality and data protection policy in place. This policy outlined how people's personal information should be collected, shared and stored, in line with the principles of the Data Protection Act. Alongside this, people were issued with service user handbooks that explained how their personal information was managed.

Is the service responsive?

Our findings

People told us they thought their support was person centred and met their needs. One person said, "All is running as it should be, they know what I like and take exceptional care of me". Another person said, "Certainly for now everything meets my needs". We found that although people's needs were being met, care plans did not always reflect how to meet people's needs in a personalised way. We identified this as an area of improvement.

In our previous inspection we identified that there was a lack of consistent personalised activity support available for people. The service now offered a variety of daily activities. The activities on offer changed regularly and people helped choose the timetable. One person said, "There's always something going on in the afternoons. There's a physiotherapist who comes in and does exercises and I like to go to that". People were encouraged to maintain their cultural interests and relationships. One person said, "I'm Roman Catholic and the Father from the local Church has been in a couple of times to see me".

People, or those with the authority to act on their behalf, had been involved with planning their care. One person said, "There is a care plan that was discussed with my social worker." Another person said, "My care was discussed with me". This helped make sure staff knew people's individual needs and took into account what people could and couldn't do when they supported them. This allowed people's choices to be respected as much as possible.

Reviews of people's care took place regularly. Some people engaged with the review process more than others out of choice, but everyone knew they had a care plan and could see it as often as they wanted. Alongside this formal review process, the registered manager and staff used daily notes and verbal handovers to communicate with each other about people's most recent levels of support needs. This allowed staff to be able to put any necessary support in place straight away, if someone's needs had changed.

Care plans were in place for people. These covered in broad detail how to provide care to meet people's physical, mental, emotional and social needs. People's support preferences, including their likes and dislikes, had not always been formally recorded. Care plans lacked information about people's life history, relationship networks and other personal information. Although at this inspection we saw that people's needs were being met in a person-centred and responsive way, this increased the risk that staff could be misinformed or not receive information and would not understand how to offer person centred support to people.

However, staff told us they knew people well and knew how they liked to be supported. Staff told us as well as the detail in the plans they were able to gain person centred information from other sources such as speaking to people, their relatives and other staff. We discussed this with the registered manager who acknowledged that plans would benefit from more detail to further support staff to know how to meet people's needs in a personalised and meaningful way. We have elaborated in more detail in the Well-Led domain about how some aspects of the service, including care plans, required more effective monitoring to

ensure they would meet people's needs.

The service supported the communication needs of people with a disability or sensory loss. For example, one person was registered blind. Staff had liaised with specialist agencies such as the Royal National Institute for the Blind to help source communication and information aids for the person. These included a large keypad telephone, large text mobile and a talking clock. Information about the service was made available for them in large font and staff could read other correspondence to them if required. This allowed the person to remain in control as much as possible when communicating with people and receiving information about their support.

People had support to develop and carry on with their established social relationships. Visitors were encouraged and could come and see people at any time. People were encouraged to go out in the community to meet with friends and family. If people at the home were thought to be at risk of becoming isolated, staff made sure they were able to maintain meaningful and relevant social interactions. For example, one person told us when the lift had broken down she could not get downstairs until it was fixed. Staff had spent extra time with them every day and arranged for her favourite activities, such as keep fit and visiting musicians, to take place in especially in her room.

People told us they felt confident if they complained they would be listened to and staff would help them resolve their problem. One person said, "Yes, I know how to make a complaint and would if I had to but I've had nothing to complain about." Most people we spoke with had not had to complain about anything. One person who had made a complaint said the issue had been acknowledged and resolved straight away. The registered manager told us they looked to see what they could improve on if they did receive any complaints. There was a complaints policy and records showed any formal complaints had been responded to appropriately.

There was an End of Life Care and Advanced Care plan policy in place. These policies helped to make sure people had the right support with planning, managing and making decisions about their end of life care. People's care plans recorded how they wanted to be supported when approaching their end of life, including their religious or spiritual wishes. Staff approached this area of care with respect and empathy, giving people as much reassurance as they could. One person told us, "My care was discussed with me and the subject of end of life was raised very sensitively".

If necessary, staff worked with relevant health and social care services to manage people's end of life symptoms effectively. This included making sure people had access to the right support, medicines and equipment so they could be as comfortable as possible before they died. The registered manager considered staff's emotional well-being after supporting people through the end of life process. They made sure they discussed the impact on staff if when people had passed away, to allow them time to process their own feelings in a supportive environment.

Is the service well-led?

Our findings

People spoke highly of the manager and said they thought the atmosphere and culture of the service was good. One person said, "The manager is very good. She manages the home well. I see her when I go to eat and she pops up regularly and asks if everything is ok. The staff all seem happy, I never hear them moaning anyway". Despite this positive feedback, we found the service was not always well-led and required improvement in several areas of practice.

At the previous inspection we identified systems to assess, monitor and improve the quality and safety of the service were ineffective. There was a lack of awareness and understanding by the provider of the current legislative guidance on how providers should meet the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and at this inspection we checked to see if these had been made.

Quality assurance and information governance systems were in place. Information about the quality of people's support from sources such as daily care notes, medicine records, health and safety checks and accident and incident forms was audited monthly by the registered manager. They then completed a report that identified any risks or issues and any actions that needed to be taken in response. This report was shared with the registered provider for further review and support to help make sure the service was delivering high quality care.

However, there were several months where audits had not been completed. When they had been carried out, audits did not always identify potential and actual quality and safety risks and issues. For example, issues identified during this inspection regarding medicines, people's assessments, care plans and lack of recorded consent to care and treatment had not been recognised. As a result, these issues and risks had continued.

Audits did not always record the actions required to address any quality issues, how they had been prioritised and when they should be completed by. The registered manager told us they kept informal plans and ensured any actions were prioritised and carried out in a timely manner. However, the lack of a formal development plan increased the risk that the service would continue not to be able to identify or act on quality and safety issues. There was also a risk that without accurate or consistent governance information, the service not be able to continuously learn and proactively improve the quality of care it was delivering.

The continued failure to ensure that systems to assess, monitor and improve the quality and safety were operating effectively is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17: Good Governance.

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

For example, it is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on their website, where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the previous CQC inspection rating was displayed conspicuously in the home but had not been displayed on the service website. The provider and registered manager took immediate action to rectify this when it was brought to their attention, but had not been aware of the full extent of the requirements to display this rating.

The failure to display the service's rating of its performance is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 20A: Requirement as to display of performance assessments.

Care homes and other health and social care services are required to notify the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check the action the service took and if necessary request additional information regarding about the event itself. However, several incidents had occurred that the registered manager had not notified the CQC about as required. This was due to their not being aware of their obligation to do so.

The failure to submit statutory incident notifications is a breach of the Care Quality Commission (Registration) Regulations 2008 Regulation 18: Notification of other incidents.

The registered manager told us they liked to create a positive and open culture where staff felt supported. They told us that, "My door is always open", and they made sure they were always approachable. Staff told us the registered manager was good at communicating with them and they felt they could speak with them openly. One staff said, "The manager is always free to talk to if anything is wrong".

The registered manager told us they valued staff well-being and promoted inclusion and respect for staff equality rights. For example, they had arranged for adjustments to be made to the staff uniform to accommodate a staff member's religious beliefs. Staff told us the team culture was good and everyone's differences were respected. However, the service did not have policies that formally offered protection for staff's equality and diversity rights in the workplace. This area is an area of practice requiring improvement.

The Registered manager had a clear set of values that staff were expected to put into practice when supporting people. These included placing people first, respecting their choices and being kind and caring. Supervisions, appraisals and disciplinary processes were used as ways to support staff to understand how to do this. Staff told us these processes were constructive and helped them to understand their accountabilities and responsibilities. One staff said, "If I am doing anything wrong, the manager will say and ask about it and discuss how they can help me".

The registered manager encouraged staff involvement in helping to develop the service via team meetings and individual supervisions. Staff told us their input was listened to and had been used to help make changes to improve people's care. People and relatives were sent questionnaires to ask for their views on how what was and was not working at the service and what staff could do to make their support better. The service also shared information and worked in partnership with the local authority and health and social care professionals to help gain input and advice about how improve people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents 18 (1) (2) (4) [(4A) (4B) failure to submit statutory other incident notifications.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12 (1) (2) (g) Failures to ensure medicines were managed, recorded, stored, disposed of and administered safely.

The enforcement action we took:

CQC have issued a formal warning notice to the provider, Sound Homes Limited telling them that they must improve in the following areas: Regulation 12: Safe care and treatment (1) (2) (g).

The service was failing to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. CQC will return for an unannounced inspection in due course to check whether the required improvements have been made.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (1) (a) (b) (f) Failure to ensure that systems to assess, monitor and improve the quality and safety were operating effectively.

The enforcement action we took:

CQC have issued a formal warning notice to the provider, Sound Homes Limited telling them that they must improve in the following areas: Regulation 17: Good Governance. 17 (1) (a) (b) (f).

The service was failing to ensure systems to assess monitor and improve quality and safety were operating effectively. CQC will return for an unannounced inspection in due course to check whether the required improvements have been made.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments 20A (1) (2) (a) (b) (7) (a) (b) (c) failure to display the service's rating of its performance.

The enforcement action we took:

We have served fixed penalty notice on Sound Homes Limited for failing to comply with the Care Quality Commissions (Registration) Regulations 2009 at Larkwood, Worthing on 16 July 2018. Fines totalling £100

have been paid as an alternative to prosecution.