Embrace (South West) Limited

Lake and Orchard Care Centre

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

The inspection took place on 17 and 18 January 2017 and was unannounced.

Lake and Orchard Care Centre offers accommodation for up to 99 older people living with dementia and/or with a physical disability requiring nursing or rehabilitation services. The centre is divided into two units named Lake and Orchard. There were 64 people resident on the day of our inspection: 42 people in Orchard and 22 in Lake.

We last inspected this service on 9 and 10 November 2015 and found a breach of regulation in relation to the management of medicines. We asked the provider to take action to make improvements and this action had been completed.

At this inspection we identified that risks to people's health and safety had not always been identified and managed, there were not enough staff working at the service, the environment did not meet people's needs and the systems in place for monitoring the service were not consistently effective. You can see what action we told the provider to take at the back of the full version of the report.

The perimeter fence was not secure on day one of the inspection but this was made safe the same day.

Risks to people's health had not always been identified which could have resulted in harm.

There was a registered manager employed at this service at the time of the inspection. They have since made an application to have their registration removed and no longer work at the service. 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 service had employed a second manager for the Orchard unit. This person had started work at the service following their induction several weeks prior to the inspection. The registered manager was not available for this inspection and so the manager of Orchard and the regional manager made themselves available throughout the two days.

The risk of infection was minimised for people who used the service because staff were using appropriate measures to monitor and clean the service.

Safe recruitment procedures were in place to ensure suitable staff were employed to work with people at the service. There were not sufficient staff to meet people's needs. The registered provider has already reviewed this and was making changes to meet the needs of people at those times.

Accidents and incidents were recorded, analysed and trends identified.

Medicines were managed safely.

The service had only minimal signage in place to encourage people to find their way around. Although some people's bedroom doors were personalised the service had more to do in order to make the service fully dementia friendly.
Staff knew the people they cared for and were well trained. They worked within the principles of the Mental Capacity Act 2005. Deprivation of Liberty Safeguard (DoLS) authorisations had to be resubmitted in order to ensure that people were not being detained without authorisation.

People's nutritional needs were met.

The service was caring. From our observations during the day, we saw that staff knew people well and saw that staff approached and spoke with people kindly and with respect. Staff lacked expertise and confidence when caring for one person because of their very complex needs. Staff were supported by the community mental health team and the care coordinator from the local authority was aware of this person.

People received compassionate care at the end of their life.

Care plans were person centred and were regularly reviewed. Activities were provided. A new activity person was joining the team which would allow more time to be spent providing activities for people and reduce the risk of social isolation.

There was a complaints policy and procedure and people knew how to make complaints.

There was a quality assurance system in place, which used audits in each area of the service so that there was a consistent approach to improvement. Some areas had not been identified. The manager made plans to deal with each issue as soon as we highlighted them.

Staff were happy in their work and were positive about the support they received from management.

The service worked with health and social care professionals to improve the outcomes for people at the service. They had links to other organisations for support and networking.

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

This service was not consistently safe

Risks to people's health and safety had been assessed but not all risks had been identified or addressed which meant that people's safety was not always maintained.

Staffng was inconsistent across the service.

Staff had been trained in safeguarding people and could describe types of abuse and how they would respond if they witnessed any incidents or had concerns.

Medicines were managed safely.

Is the service effective?

Requires Improvement

This service was not consistently effective.

Whilst staff were well trained in the provision of care they lacked confidence when dealing with more complex aspects of people's care.

Staff were working within the principles of the MCA.

People's nutritional needs were met at the service.

Is the service caring?

Good

This service was caring.

Staff were caring and people were comfortable in their presence.

Advocacy services were available for people. Where necessary an independent mental capacity advocate had been appointed.

People received compassionate care at the end of their life. Their wishes were noted and respected.

Is the service responsive?

Good

This service was responsive.

Care plans were person centred, containing information which was relevant to each person and they were reviewed regularly.

There were activities taking place at the service. Another full time person had been employed to provide activities so that more people would benefit from improved social and spiritual support.

People knew how to raise concerns. The service had a complaints policy and procedure in place.

Is the service well-led?

Requires Improvement

This service was not always well led.

There was a registered manager employed at this service and a second manager had been employed who had made an application to be registered with CQC.

There was a quality assurance system in place and whilst improvements had been made the system had not always identified areas for concern. These had now been highlighted and immediate action had been taken.

Notifications to CQC were been made in a timely manner.

Lake and Orchard Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 18 January 2017 and was unannounced.

The inspection team was made up of two adult social care inspectors, a pharmacist inspector, a specialist advisor who was a specialist in dementia and two experts by experience who had experience of older people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection CQC had attended meetings with North Yorkshire County Council (NYCC) because of the high number of safeguarding alerts that had been received. Safeguarding alerts are made when there are concerns about a person's safety and the local authority take the lead in investigating those concerns. In addition the quality and contracting team from NYCC had provided an update to CQC following their own assessment of the service. We looked at the notifications we had received from the provider in relation to the service. Notifications are legally required documents telling us about events which affect people living at the service or the way in which the service is run. Although there had been some issues with notifications in 2016 which had been discussed with the previous manager these had now been rectified and notifications were being received in a timely way. Before the inspection, the registered provider completed a provider Information return (PIR). This is a form that asks the provider to give information about the service, what the service does well and what improvements they plan to make. This information helped us plan the inspection.

During the inspection we spoke with five people who used the service, ten relatives and two friends. We used

the Short Observational Framework for Inspection (SOFI) which helped us to understand the experience of people who could not talk with us. We observed two groups of five people and one individual using SOFI. We spoke with five visiting professionals and interviewed ten staff. We also had conversations over the two days with a further nine staff. We tracked eight people's care including their care plans and risk assessments, observed staff practices and reviewed five staff recruitment records. We checked the training that staff had carried out including competency checks.

We inspected 20 medicine administration records (MARs) and observed how medicines were managed. We also observed a lunchtime period in two dining rooms; one in Lake and one in Orchard. We analysed staff rotas for the previous five weeks, audits that had been completed, accident and incident reports and other documents which related to the running of this service.

Following the inspection we requested an up to date copy of the statement of purpose and other documents which were sent to us by the registered manager.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 9 and 10 November 2015 we found that improvements were needed to improve medicines records and documentation. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we checked to see what improvements had been made and found that medicines had been managed safely.

Medicines were stored securely in a locked treatment room and access was restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs. These are medicines that require extra checks and special storage arrangements because of their potential for misuse. They were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs in accordance with the registered provider' policy

Room temperatures, where medicines were stored, were recorded daily, and these were within recommended limits. However, we found some fridge temperatures had been recorded which were outside of the recommended range. Storing medicines outside of the recommended temperature may reduce their effectiveness but in this case had no adverse effect.

Medicine administration records (MARs) contained photographs of people which reduced the risk of medicines being given to the wrong person. All of the records we checked clearly stated if the person had any allergies. This reduced the chance of someone receiving a medicine they were allergic to. There was some information available which related to the way in which people preferred to take their medicines. If this was available for everyone it would be of assistance to new or inexperienced staff when people were unable to communicate verbally.

We checked the stock balance of medicines and found they were correct and observed people being given their medicines. We found there was information to guide staff how to safely administer 'when required' medicines. Body maps and topical MARs were in use and these detailed where creams should be applied.

Improvements to medicines audits (checks) had been made since our last visit. These included external audits carried out by the supplying pharmacy. Issues had been identified and acted upon and improvements made.

Staff had received medicines management training and their competencies were assessed regularly to make sure they had the necessary skills.

People who used the service and their relatives considered themselves to be safe. One person said, "People look after me here,I feel safe." Another person told us, "Yes I feel safe. [Name of staff] looks after me and makes me feel safe." A relative said, "She has 24 hour care here and is looked after. I sleep at night knowing she is looked after" Another relative said, "I think she is safe." We spoke with a visiting healthcare professional who told us they felt that people who used the service were safe.

Staff understood the meaning of safeguarding and said they would report any incidents of concern to a manager. They were confident that any issues would be acted upon immediately. When we attended a meeting about this service with North Yorkshire County Council (NYCC) they told us that there had been 37 safeguarding alerts received since January 2016. The main themes of the safeguarding alerts were poor communication, staff practice and security and safety issues. The registered manager had notified CQC about the alerts appropriately. Staff from the local authority gave positive feedback about the improvements made by the service and identified, that although there were a number of issues still being investigated the majority of the alerts had been dealt with, the issues and concerns dealt with and the cases closed.

Robust recruitment practices were followed, to make sure new staff were suitable to work in a care service. These included application forms, interviews and reference checks. The registered provider carried out background checks of prospective employees with the disclosure and barring service (DBS). These checks help employers make safer recruitment decisions by checking whether or not a person has a criminal record or has been barred from working with particular groups of people. This helped to protect people from the risk of abuse or neglect.

There were insufficient staff working at the service. On Lake unit we observed two incidents which highlighted the need for more staff during busy periods. One member of staff struggled to maintain observation of an area because their colleague was busy with visiting professionals and someone's behaviour caused some concern. This meant that people were left without supervision. On another occasion, there were people in their rooms, the dining room, the lounge and moving around the corridors. One member of staff was undertaking the medicine round, but they frequently had to interrupt this to provide help and support to people. This included an interruption of 15 minutes to provide support to a person who was trying to walk around, but was very unsteady on their feet. This delayed other people receiving their medication although they did receive them safely.

The lack of adequate staffing put people at risk, because staff were not always able to provide the level of support people needed. In addition a post for an activities co-ordinator had just been filled, but the person had not yet started work and so there was only one person providing activities across what was a very large service. This reduced the amount of stimulation and personalised support people received, which did not support their wellbeing and resulted in some people becoming distressed and anxious on Lake unit. Since the inspection visit the registered provider has told us that they are monitoring the staffing levels more closely, and providing additional support when needed and the newly employed activities co-ordinator had now joined the team.

We observed three people were nursed in Orchard unit, but there were no staff present in the area. This meant people were not being kept under supervision, which their care needs required. We identified from accident records that people accommodated in this part of the service had frequent falls in their bedrooms. For example, 23 falls were recorded across the service in November 2016 and 14 of these were falls in people's rooms. Staff had to access bedrooms on the upper floor in Orchard unit through two doors which were kept secure by means of coded door locks. This could potentially cause delay in case of an emergency as staff were not present in this area of the service. It also meant that people living in this part of the service could not access their rooms without staff support to do so.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Staffing

We found that the systems and processes in place to manage risks were not always effective. For example, we saw that the perimeter fence was not secured meaning people were at potential risk of harm. We

checked around the perimeter and found three gates within the perimeter fence were open and/or unlocked. These led on to a busy main road and onto a driveway next to a lake. We informed the registered provider immediately who made arrangements for them all to be secured. The area was made safe before we left on the first day of inspection. The provider's own checks had not identified that the gates were open.

Risks had not always been identified. One person had an allergy requiring an epinephrine auto injector (EpiPen). An EpiPen is an injection which can reverse a life threatening allergic reaction. There was no risk assessment for this person's allergy and no guidance. Staff had received training in the use of the EpiPen. An updated risk assessment was put in place following the inspection and a copy of that information was sent to the inspector.

We saw a food thickener belonging to one person was stored in an unlocked cupboard. This product is designed to thicken foods and fluids for people who have difficulty in swallowing. A recent NHS England alert identified it as a product that could be a choking hazard and so should be stored appropriately when not in use to ensure that there was no accidental ingestion by people.

In one person's room we observed a tactile board on the wall next to the bed which was fitted with metal items such as locks and bolts. Staff explained this had belonged to a previous occupant who had an interest in such items, but they were no longer used by the current occupant. The current occupant had been placed at risk of injury because of the position of the board and the metal items which had sharp edges. When we pointed this out to the manager they arranged for its immediate removal.

The registered provider employed two maintenance staff who carried out health and safety checks around the premises, for example fire safety checks. There were contingency arrangements in place for emergencies, such as what to do and who to contact in the event of a flood, fire or staff absence. There were also personal evacuation plans in place with details of how to support each person to leave the building in the event of an emergency. However, when asked, we found staff were unsure of the exact number of people living in the service on both days we visited. This included a member of staff who was a 'fire warden' at the service. This was important because any confusion in an emergency could cause delay and place people using the service, staff and members of the emergency services at potential risk.

This meant that people living at the service were at risk of harm which could have been avoided if the registered provider had taken the action required of them to mitigate these risks.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.Safe care and treatment

Accidents and incidents were recorded, analysed and trends identified.

Servicing and maintenance checks of the premises had been completed in house and by external contractors in a timely manner. These were recorded. Fire safety checks had been completed. Window restrictors were in place and checked monthly along with monthly checks of other areas such as bed safety rails and wheel chairs. Checks of mains services and lifting equipment had taken place within the last 12 months. There was an emergency plan in place which guided staff in what to do in the event of an unexpected event such as loss of electricity or flooding.

The premises were clean and tidy, which minimised the risk of infection and created a pleasant environment. We observed the housekeepers cleaning the service throughout our visit. One of the housekeepers explained their daily routine and told us, "I want to be sure that when families come they are

not looking at pads and gloves and they are tidied away." It was evident from our discussions with the houseeeper that they took a keen interest and pride in their work. They followed a cleaning schedule and undertook hygiene checks which they carried out regularly. The housekeeper told us they supported the nurses and the care staff by making sure that everything was clean and personal protective equipment (PPE) such as gloves and aprons were available when needed. One relative told us, "[Name],domestic is wonderful and [Name], the other domestic is 100%. They really keep on top of things."

Requires Improvement

Is the service effective?

Our findings

People we spoke with said they were happy with the staff at Lake and Orchard Care Centre and their needs were being met. One person said, "The staff are really nice." A relative told us, "[name of person's] care has been pretty consistent since she had has been at the home" and another said, "He is well supported here." However, one person told us they did not believe their relative's needs were met. Our observations showed us that staff lacked confidence in managing this person's complex needs.

Staff had completed training to ensure they could meet people's needs, but we observed that staff were not meeting the needs of one person effectively. The person had some behaviours which were difficult for staff to manage and which challenged them. We spoke to the manager about this and they told us that a multi-disciplinary meeting involving professionals and members of the person's family had been arranged to discuss their care. Since the inspection, this person's family have raised concerns. These concerns are being investigated by the local authority safeguarding team

Training records provided evidence that staff had undertaken training which included moving people, first aid, fire safety, safeguarding vulnerable adults, health and safety, dementia awareness, infection prevention and control and the Mental Capacity Act (MCA) 2005. We saw that the registered provider expected staff to complete the Care Certificate. This is a nationally recognised standard which sets out learning outcomes, competences and standards of care that are expected from staff. One member of staff said, "I have completed every bit of training offered; infection control, moving and handling, Control of Substances Hazardous to Health (COSHH), Deprivation of Liberty Safeguards (DoLS). I do it all, I am booked on child protection next week. After all we have children visit. It's all relevant"

Staff were supported through supervision and appraisal. Nursing staff received clinical support from a clinical lead nurse. They also provided support to newly employed registered nurses.

Records showed a range of healthcare professionals were involved in people's care and treatment which ensured they received support to meet their needs. A social care professional we spoke with said, "There has been a big improvement over the last three months and the staff are making positive steps and making an effort to improve particularly with care planning"

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 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.

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 MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being

met. 22 DoLS had been authorised and 34 were still awaiting a decision by the appropriate local authority.

Throughout the inspection we observed staff gaining people's consent before care and support was provided. A member of staff told us they talked to families and people when they were delivering care to explain what they were doing and provide reassurance. They appreciated that people could consent to some things, but might need help with more complex decisions. A second member of staff referred to the use of best interest meetings in these cases and the involvement of family and advocacy.

People's capacity to consent to care and treatment was assessed and recorded in the care plans. Best interest meetings were held when people lacked the capacity to make informed decisions themselves. These meetings were attended by a range of healthcare professionals and people's relatives when possible.

People were supported to eat a varied and balanced diet of their choosing. There was a rolling menu in place and people were offered choices at each meal. The cook confirmed they were aware of dietary requirements such as textured or pureed diets.

We spent time observing the lunch being served and saw that it was an inclusive experience for the people who used the service. Most people chose to eat in the main dining room, but could have their meal in their room if they wished. We observed that they were left to eat at their own pace. Menus were displayed on the dining tables which showed pictures of the choices that were offered throughout the week. A person who used the service told us, "The food is alright here" and a relative told us, "[Relative] does enjoy the food. It is very well presented."

The environment did not support the needs of people living with dementia and did not support good practice. There were key pads between each area which stopped people from walking freely. There was some signage but insufficient to aid way finding. Signs can be helpful if mounted low enough, have words and a picture and contrast with the background. Some bedroom doors were personalised but others were not which was not helpful for people in retaining independence in finding their own way to their room.There was little colour contrast to highlight important areas. For instance toilet doors and seats can aid continence if contrasting colour is used.

There were gardens surrounding the property but these were not accessible to people as doors were kept locked. The gardens had not been designed using peoples preferences and memories and looked uninviting and unkempt in parts. There was a patio but staff used that as a smoking area so it was not an inviting space. We made a recommendation about this at the last inspection but the provider had not taken action to address this matter.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Premises and equipment.

Good

Is the service caring?

Our findings

People we spoke with at the service and their relative's told us they were well cared for. Comments included, "They [staff] are kind" and "Friendly, helpful and attentive." Relatives told us that staff were kind and considerate. One relative said, "They are caring, compassionate and helpful" and a second said "They always seem kind and caring."

We observed interactions between staff and people who used the service. Staff were polite and sensitive to people's needs. This included knocking on doors and asking if they could come in. Staff also helped people to move around including taking them to the dining room or lounges. During interactions with people it was clear staff knew about the residents and their likes and dislikes. People were comfortable in the presence of staff.

Relatives we spoke with confirmed staff treated people in a caring way. Their comments included, "I think these girls are angels. They are nice people. They cuddle [relative] and he cuddles them back." One relative who spoke with us told us that their relative's experiences had been different to the majority of people. They did not think their relative was cared for. We pursued this with the manager and discussed the issues around this person's care.

We spent time observing how care and support was provided to this person and others who used the service. In Lake staff had less time, but interacted with people. They engaged people in conversation and responded to them in a positive manner. For example, one person who was confused was asking for someone to help her saying, "I'm cold. Are you going to look after me?" We saw staff reassure her that they wouldn't leave them and that they would look after them saying, "I won't leave you. I'll take care of you." They sat with them and spoke to with them quietly until they were calm.

In the main lounge in Orchard people were sitting passively while staff sat and completed their recording. Over a one hour period only three interactions took place between staff and one person who used the service. The area appeared to be a thoroughfare with staff walking through all the time. One person was calling out. We observed staff responded positively to this person offering to collect a newspaper for them and moved their chair so they could see the television. A member of staff entered the room with a tea trolley. When staff asked what drinks people wanted they responded.

Most people we spoke with and their relatives told us they were treated with dignity and respect. We asked one person if staff treated them with respect and could they give an example. They told us, "They always knock on my door. They wait for me to tell them to come in."" One relative said, "They [staff] always call them by their chosen name." Another relative said, "They knock on [their] door and always ask permission before they move [them]." In contrast, one person felt that their relative's privacy was not respected. They said they had heard staff speak to their relative in a way that may cause them to be upset. We spoke with the manager about this and they told us they had taken action to address this matter.

All of the people we saw during the inspection were tidy with clean nails and were wearing appropriate

clothing and footwear. People had just had their hair washed and dried by the hairdresser who visited regularly. One of the residents commented, "The hairdresser is lovely."

Our observations led us to conclude that staff did treat people with dignity and respect. Where there were perceived failings this was linked to a lack of skill and confidence rather than an un-caring attitude.

We saw posters for advocacy services were displayed within the service. We spoke with a visiting independent mental capacity advocate (IMCA). These advocates are appointed to represent someone's views when there is no family member to advocate or when it is felt that an IMCA would be of benefit. They told us, "Staff are always welcoming." They said that they had one client whose care plan identified they enjoyed doll therapy and soft music. When they visited the person they found them with the doll and music playing which supported their well-being.

At the end of their life people were treated with compassion and dignity. There was one person who was receiving end of life care when we visited. We saw that they had made an advance decision about their care and treatment. This lets other people know about their wishes for future treatment if the person was unable to make or communicate those decisions themselves. Anticipatory medicines had been prescribed for the person. This meant that medicine the person may require to ensure they were comfortable was available to them. Staff made regular checks on this person.

Good

Is the service responsive?

Our findings

Care planning documentation reflected the care that was being provided in most instances. There was a good association between risk and planned support which is good practice. One relative confirmed they were involved in their family member's care. They said, "There are meetings to discuss care. These have been more regular recently." A second person told us, "A new care plan is being written by the manager. I haven't been involved, but will be later."

Care plans were regularly reviewed. The manager had started a 'resident of the day' review system. This meant that one person on a given day had every aspect of their care reviewed. For example, the chef would be involved looking at the nutrition for the person, the nursing staff or care staff would review the care plans and the activity organiser would review their social activity. This ensured that all the person's needs would be reviewed in detail with adjustments made to care plans where necessary. This provided a more thorough review of the person's needs.

Audits of the care plans had been completed. The audit had identified any actions required and these were added to an action plan which was checked at the next audit.

We saw that people's care and support needs were evaluated on a monthly basis as were accidents, incidents and falls. We cross referenced these records with people's care plans and risk assessments to check they were updated as required and found that they were. This provided assurance that staff were aware of people's needs as they changed and developed.

People and their relatives told us that they would like more activities. Their interests had been identified in their care plans to assist the activities organiser to ensure activities were individual to the person. We saw activities taking place, but there was only two part time staff providing this service. A further full time member of staff had been employed as an activities organiser, but they had not yet started work at the time of the inspection. One relative thought that people would benefit from more stimulation and activities. They told us, that "I feel [relative] would be better if [they] could go to the Lake in the afternoon to join in activities and get some better stimulation." They had been told that a new member of staff will would be starting soon and a room would be available for activities.

The activities organiser told us that, "Activities are planned over the next few weeks, but it has to be flexible as people's needs have to be taken into consideration." They gave us examples of activities such as, "[Name of person] likes to watch wild life from my iPad and sometimes we try and look up people's family history." Activities had taken place over the last few weeks such as painting and making pom poms. They went on to say, "I cleaned out the summer house which was full of junk and brought some gardening tools."

A relative told us their relative liked to go for a walk outside. They described how they demonstrated their enjoyment by walking outside and taking a deep breath of fresh air and saying, "freedom." Although there was fencing around the perimeter the gardens had not been developed to allow people to walk outside freely. One person who was doing some painting told us they hoped to be making a rabbit out of socks,

"after I have finished my dolphin." They told us they liked to, "do stuff."

One person told us about Christmas Day at the service. They said care workers had been to pick them up so that they could spend the day with their husband. They said, "It was lovely." Another said, "I was dreading Christmas. It was [relative's] first Christmas away from home, but I needn't have worried. The staff were wonderful."

There had been some improvements in provision of activities since the last inspection. Although some people were offered and enjoyed activities throughout the two days, others were not stimulated by any activity which meant that there was a risk of social isolation for some people. The addition of the full time activities organiser would mean that more people would be supported in their social and spiritual life.

There was a prayer room in the service where clergy from local churches conducted services. The room was also available as a quiet space for people.

The registered provider had a complaints policy and procedure. There had been eight recorded complaints all of which had been dealt with in line with the registered provider's policy. People we spoke with told us they knew how to raise a concern and that, if they had any complaints, they would go to the manager. A relative told us, that "I know how to complain."

Requires Improvement

Is the service well-led?

Our findings

Lake and Orchard Care Centre is one of five services run by Embrace (South West) Limited. The registered provider has demonstrated improvements in the ratings of over 50% of their registered services in the last 12 months. Although we identified some issues at this inspection overall there had been improvements at the service.

Lake and Orchard Care Centre is made up of two separately run units. Each unit has its own manager. Lake had a registered manager and Orchard had just recruited a new manager who had only recently completed their induction at the time of our inspection. The service has had several changes of manager over the last three years and this had impacted on how consistently the service was run. However, this had been addressed with the recruitment of the current manager.

The registered manager for Lake had worked alongside a temporary manager until a manager for Orchard was recruited. The registered manager was not available at the inspection and so the manager for Orchard was overseeing both units until they returned. The newly recruited manager had not yet been registered with CQC. Since the inspection the registered manager has applied to have their registration removed and no longer works at the service. Arrangements have been made by the provider to ensure management support is available until another manager is recruited and the Orchard manager is registered with CQC.

The regional manager had left the service in September 2016 and an existing regional manager from another area had added Lake and Orchard Care Centre to their portfolio. They were present for the inspection. There was a clinical lead nurse at the service. They provided leadership to the nursing and care staff.

Our observations and the feedback we received demonstrated that improvements had been made but there were still areas for improvement. Staff said they were positive and enthusiastic about the new manager. They said, "The new manager is supportive" and "She says thank you." People knew who the managers were and one said, "The manager is [name]. She comes every day. She is squaring things up" and "Since manager came [name of relative] has improved." Staff told us, "The ethos of the service is to promote people's independence and choice and to provide people with a nice place to live and keep them safe."

Feedback from relatives was positive. They told us, "[Name of manager] is available when we visit. We were introduced straight away" and "There have been a lot of improvements within the last 12 months to the décor and the furniture." Another relative said, "Things have improved since the new manager arrived." They felt the management changes were very positive and had been very supportive. "[Manager] had even been to the hospital with me to see my wife's consultant as [name of person] had refused to go". This was a great help." Feedback from relatives had been gathered through relatives meetings and surveys. The surveys were sent from the company head office and results analysed. These results helped the provider to make improvements to the service. For instance activities had been identified as an area where people would like to see improvements and an activity organiser had been employed to join the existing team.

There had been a high number of safeguarding alerts made to the local authority in the last 12 months

relating to record keeping, staff practice, security and safety issues. The managers were working with the local authority and other professionals to make improvements in this area. There was currently a suspension of admissions of nursing patients to this service. This had allowed the staff the space they needed to begin to make the required improvements to the service and ensure an improvement in the quality of care. All the feedback we received from professionals was positive and they agreed that considerable improvements had been made in recent months. Our observations showed that although further improvements were needed, the provider was making progress.

There was a quality assurance system in place which was not consistently effective. The registered provider was making improvements to the quality of the service although some areas of concern had not been identified. There were audits for all areas of the service and when issues were identified they were added to an action plan. For example the kitchen audit identified that training needed to be booked to make sure staff remained up to date and equipment was due to be serviced. This information was added to a master action plan which had a red, amber and green (RAG) rating. This meant that items highlighted as needing attention were red and those completed were green. This was detailed and managers could see at a glance where improvements were needed. The regional manager carried out their own checks of the service and supported the managers. However, other areas relating to the security and safety of the service had not been identified and were not on the action plan.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service was part of a larger corporate group and could access all the services and advice provided by them. Areas where there was specialist advice available were education, recruitment, facilities and quality. This meant that managers always had access to advice and guidance to assist them in the running of the service. Up to date policies and procedures were in place and staff had signed to say they had read them. Staff attended regular staff meetings which made sure that they were aware of any developments within the service and enabled them to share their views. The minutes of the meetings were shared verbally and given in written form to staff

The service was a member of the Independent Care Group, an independent organisation which supported care organisations with advice, training and support. Managers could attend monthly meetings and build professional networks in the region.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not consistently identified and managed risks

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The environment did not support the needs of people living at the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not ensured compliance with the Regulations.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that there were sufficient staff to meet people's needs.