

Larchwood Care Homes (North) Limited

Sowerby House

Inspection report

Front Street
Sowerby
Thirsk
North Yorkshire
YO7 1JP

Tel: 01845525986

Date of inspection visit:
25 April 2017

Date of publication:
13 June 2017

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

Sowerby House is a residential care home in the village of Sowerby on the outskirts of Thirsk. The service is registered to provide residential care for up to 51 older people some of whom may be living with dementia. There were 17 people using the service at the time of our inspection.

At the last inspection in October 2016, we identified breaches of regulation around safe care and treatment, safeguarding people from abuse and improper treatment, meeting nutritional and hydration needs, the need for consent, staffing and the governance of the service. Due to the significant and wide spread concerns we had about the quality and safety of the service, we rated Sowerby House inadequate, placed it in 'Special Measures' and told the registered provider to take immediate action to make improvements.

Services that are in Special Measures are kept under review and are inspected again within six months. We expect services to make significant improvements within this timeframe. This unannounced inspection took place on 25 April 2017. During the inspection, the registered provider demonstrated that improvements have been made. For this reason, the service is no longer rated as inadequate overall or in any of the key questions and is no longer in Special Measures.

During the inspection we found that action had been taken to improve safety. People's needs were assessed and risk assessments put in place to support staff to provide safe care and support. Risk assessments were generally detailed and comprehensive; however, we identified some examples where more information was required. Accidents and incidents were reported, recorded and analysed to identify any patterns or trends.

People were protected from the risk of abuse by staff who were trained to recognise and respond to safeguarding concerns. Sufficient staff were deployed to meet people's needs in a timely manner. Medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received an induction, on-going training, supervision and appraisal to support continued professional development. Training courses had been scheduled to address gaps in staff's training.

We received positive feedback about the food provided at Sowerby House. We observed that people were supported to ensure they ate and drank enough. People's weight was being appropriately monitored and advice and guidance was sought, where necessary, from external healthcare professionals.

Staff were described as kind, caring and attentive to people's needs. We observed that staff were respectful and supported people in a way which maintained their privacy and dignity. People had choice and control over their care and support.

The registered provider is required to have a registered manager as a condition of registration for this

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. At the time of our inspection, the service did not have a registered manager. However, there was a new manager in post and they had applied to become the service's registered manager.

We received positive feedback about the new manager and the improvements they had made. The registered provider had ensured a range of quality assurance checks and audits were completed to monitor the care and support provided and to drive improvements.

Whilst improvements had been made, we have not rated this service as 'Good', because to do so requires evidence of consistent good practice over time and the improvements made need to be sustained to demonstrate this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve safety.

Improvements had been made to the way risks were identified and managed.

People who used the service told us they felt safe with the care and support staff provided.

Sufficient staff were deployed to meet people's needs.

Systems were in place to ensure people who used the service were safely supported to take their prescribed medicines.

Whilst improvements had been made, we have not rated this key question 'Good', because to do so requires evidence of consistent good practice over time and the improvements made need to be sustained to demonstrate this.

Requires Improvement ●

Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

Effective support was provided to ensure people ate and drank enough. People's weight was monitored and advice and guidance sought from healthcare professionals.

Work was on-going to ensure staff training was up-to-date. Staff received regular supervision and appraisals were completed to support continued professional development.

Consent to care was sought in line with relevant legislation and guidance. Applications to deprive people of their liberty had been submitted.

Whilst improvements had been made, we have not rated this key question 'Good', because to do so requires evidence of consistent good practice over time and the improvements made need to be sustained to demonstrate this.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were caring.

We observed that staff treated people with kindness and provided care and support in a way which maintained their privacy and dignity.

Staff supported people who used the service to make decisions and have choice and control over their care and support.

Is the service responsive?

Good 

The service was responsive.

Care plans had been re-written to ensure they contained person-centred information and reflected people's needs. Staff were observed to provide person-centred care and support.

Activities were on offer and people were supported to maintain important relationships.

Systems were in place to gather and respond to feedback about the service.

Is the service well-led?

Requires Improvement 

We found that action had been taken to improve the leadership and governance of the service.

The registered provider had addressed our concerns and was now compliant with the fundamental standards of quality and safety.

We received positive feedback about the new manager and the changes they had made to the quality and safety of the service. An application had been received for the new manager to become the service's registered manager.

There were systems in place to monitor and improve the service provided.

Whilst improvements had been made, we have not rated this key question 'Good', because to do so requires evidence of consistent good practice over time and the improvements made need to be sustained to demonstrate this.

Sowerby House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was 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.

The inspection took place on 25 April 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting.

The inspection team consisted of two Adult Social Care Inspectors, an Expert by Experience and a Specialist Advisor. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience supported this inspection by speaking with people living at Sowerby House and visitors as well as observing the care and support provided. A Specialist Advisor is someone who can provide specialist advice to ensure that our judgements are informed by up to date clinical and professional knowledge. The Specialist Advisor who supported this inspection was a specialist in Social Work. They supported the inspection by reviewing care records and observing staff's interactions with people who lived at the service.

Before our inspection, we looked at information we held about the service, which included notifications. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also contacted the local authority's adult safeguarding and commissioning teams for their feedback about the service. We used this information to plan our inspection.

We did not ask the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of this inspection we spoke with eight people who used the service and obtained feedback from four visitors including relatives and health and social care professionals. We spoke with the manager, area manager, deputy manager, senior carer, three care assistants, the activities coordinator and the chef. We looked at five people's care records, three staff recruitment files, training records, meeting minutes,

medication administration records, audits and a selection of records relating to the running of the service.

Is the service safe?

Our findings

At our last inspection in October 2016, we identified failures to meet people's basic care needs. We found that risks had not been adequately assessed and risk management plans were not always in place. Accidents and incidents were not consistently recorded and analysed and medicines were not managed safely. This was a breach of Regulation 12 (Safe care and treatment) and Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that improvements had been made and the registered provider was now compliant with these regulations.

People who used the service told us they felt safe living at Sowerby House and with the care and support that staff provided. Feedback included, "This place is safe. I have checked that there are alarms on the doors near me and the staff would come quickly if I was scared", "I do feel safe" and "I believe 100% in the safety of my care and the home." People we spoke with said they had 'peace of mind' and were able to relax knowing that they were safe from harm. Relatives we spoke with told us they felt people and the service were safe.

Staff we spoke with showed a good understanding of their responsibility to safeguard vulnerable adults from abuse. Staff received safeguarding training and the registered provider had a policy and procedure in place to provide further guidance to staff on how to identify and address safeguarding concerns. Records evidenced that safeguarding concerns were referred to the local authority in a timely manner and appropriate action taken to keep people who used the service safe.

We saw that new care plans and risk assessments had been completed for each person who used the service. These provided more detailed information about each aspect of people's needs, the risks associated with meeting those needs and what support staff were required to provide to minimise risks and promote people's safety.

We identified that the quality of information and detail in care plans and risk assessments had significantly improved. However, we found some examples where more information was required. For example, we identified that some people were at risk of dehydration. We saw that their food and fluid intake was being monitored and appropriate advice and guidance sought from healthcare professionals, but the person's risk assessment did not include information about the signs and symptoms of dehydration. This information would further support staff in monitoring and managing the risk of dehydration. Another person was identified as at risk of falling. It was recorded that 'close observation' was required at certain times of the day when the frequency of falls had been higher, but the person's care plan did not contain specific information about how often or how closely staff needed to monitor this person. We spoke with the manager about this and they agreed to address these issues.

Staff documented any accidents or incidents that occurred and these records evidenced that people were supported to access healthcare services where necessary, such as for emergency medical treatment or for

further advice and guidance about minimising the risk of falls. The manager reviewed information from accident and incident reports to check staff had responded appropriately and audits were completed to collate information and identify any patterns or trends. This showed us that systems were in place to respond to accidents and incidents to keep people who used the service safe.

Staff provided support for people to take their prescribed medicines. Where this was the case, information was recorded in people's care plans about the level of assistance they required. Short-term care plans were also in place for short course medicines such as antibiotics.

We observed that medicines were securely stored and appropriate records were maintained of the medicines administered or the reason why these were not taken. Protocols were in place to provide guidance to staff on when to administer 'as required' medicines, such as pain killers, and records were kept of when these were given. Stock checks and medicine audits were completed to monitor and identify any issues or concerns with how medicines were stored, recorded or administered.

Records evidenced that staff received training and medicine competency checks were completed to ensure staff had the necessary skills and knowledge to independently and safely administer medicines. We observed staff administering medicines in line with guidance on best practice.

At our last inspection, we found the service did not have sufficient numbers of suitably qualified, competent and skilled staff to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that improvements had been made and the registered provider was now meeting this regulation. People who used the service provided positive feedback about staffing levels. On the day of our inspection there was the manager, deputy manager, senior carer and three care staff on duty. There was also three domestic staff on duty and the service's administrator. We saw that a dependency tool was used to determine appropriate staffing levels and rotas showed that staffing levels were maintained at this level. The manager explained that they had not used agency staff in four months with gaps in the rota covered by members of the existing staff team.

We observed that care and support was provided in a calm and unrushed manner. We saw staff effectively communicated and shared tasks to ensure people's needs were met in a timely way. We observed that people's call bells were answered immediately and verbal requests for assistance were responded to promptly. We concluded that sufficient staff were deployed to meet people's needs.

The registered provider ensured that appropriate recruitment checks were completed before new staff started work. Recruitment records evidenced that staff completed an application form, had an interview and references were obtained. We found that recruitment records were generally detailed and comprehensive, but spoke with the registered manager about retaining original photographs of employees for identification purposes. The registered provider ensured Disclosure and Barring Service (DBS) checks were completed. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks support employers to make safer recruitment decisions and help to prevent unsuitable people from working with people who may be vulnerable.

Checks were completed of the premises and any equipment used to manage health and safety risks. Systems were in place to ensure weekly and monthly checks were completed and utilities and equipment were serviced at regular intervals. Checks completed included window opening restrictors, call bells, wheelchairs, beds, hot water outlets, slings and hoists as well as the fire safety system, including fire doors

and emergency lighting. We saw that fire tests and drills were regularly completed.

Personal Emergency Evacuation Plans (PEEPs) were in place to provide details about the level of support and assistance people would need to evacuate the service in the event of an emergency. The registered provider also had an emergency contingency plan detailing how people's needs would continue to be met if, for example, the service needed to be evacuated. This showed us the registered provider had taken appropriate steps to ensure people's needs would continue to be met in the event of an emergency.

We observed that the home environment was clean and well maintained. We saw that comprehensive infection control audits were completed with shortfalls identified and action taken to address these, including the appointment of an infection control lead. We saw that the bathrooms and toilets were clean and the laundry and linen room were also clean and well organised. We saw that equipment used was clean and appropriately stored. Domestic staff we spoke with were aware of infection control procedures and we saw staff following good infection control practices.

People who used the service provided positive feedback about the cleanliness of the service and the laundry service. Comments included, "The laundry service here is better than a 5 star hotel and they put it away for you as well" and "The bedding is changed weekly and always with a smile, in fact they are always smiling these days."

Is the service effective?

Our findings

At our last inspection in October 2016, we found that people's nutrition and hydration needs were not being met. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) and Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found these concerns had been addressed and the service was now compliant with these regulations. We saw that food and fluid charts were appropriately used to monitor the amount people ate and drank. These showed that people were regularly supported and prompted to eat and drink. During our inspection we observed that appropriate meals were provided, with drinks and snacks offered throughout the day. People's weight was regularly monitored and weight records were audited to identify any significant weight loss or weight gain. Where there were concerns about people's food or fluid intake, we saw that this was identified and appropriate advice and guidance sought from that person's GP or from the dieticians.

We received positive feedback about the food provided at Sowerby House. Comments included, "The food is 200% better", "It's very good food" and "The cream cakes are excellent."

We observed that the majority of people who used the service ate in the service's dining room, but people were supported to eat in their room if they preferred. We saw that the food served looked appetising and appropriate portion sizes were provided. Staff were attentive in offering to help cut up food or to provide assistance and were quick to give encouragement and prompt people with meals and drinks. We saw that if people did not like the food on offer, alternatives were readily provided and staff were skilled in supporting and encouraging people to eat.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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.

At our last inspection, we found that the principles of the MCA were not being followed and people were deprived of their liberty without the required safeguards in place. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we checked whether the service was working within the principles of the MCA. We identified that improvements had been made and the registered provider was now compliant with this regulation. We observed that people were supported to make decisions and staff sought people's permission to assist and support with tasks. We reviewed care records and found that people were asked to sign their care plans to record that they consented to the care and support provided. Mental capacity assessments had been completed where there were concerns regarding people's ability to make an

informed decision. Applications had been submitted, where necessary, to deprive people of their liberty.

At our last inspection, we found the registered provider had not ensured staff had received appropriate support, training or supervision to enable them to effectively carry out their duties. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the registered provider was now compliant with this regulation.

We reviewed the induction and training provided to new and existing staff. Records evidenced that new staff were required to complete induction training and shadow more experienced staff to develop the knowledge and skills needed to provide effective care and support. Staff told us, "I am in induction. I have a workbook I go through. I have had two weeks of shadowing. I'm really enjoying it" and "I had an induction pack when I started and a few weeks shadowing." Other staff said, "I am supported. I get supervision and lots of training" and "Everybody works as a team now...I am happier. I have had the training I need and it is up to date."

Training was provided through a combination of in-house training, online e-learning and external taught courses. Training provided included fire safety, food hygiene, health and safety, infection prevention and control, medicine management, the MCA and Deprivation of Liberty Safeguards, moving and handling, nutrition and hydration and safeguarding adults. The manager shared a training report which showed us that the service was 75% compliant with their training requirements. We saw that 100% of staff had completed training on some topics including fire safety, moving and handling and safeguarding adults, but some training was outstanding. For example, 47% of staff had completed training in first aid. The manager showed us a training planner and we saw that on-going training was scheduled including training in areas such as first aid to address these gaps in staff training.

People who used the service and relatives we spoke with were complimentary about the quality of the care provided at Sowerby House. We also received positive feedback about the new manager with people telling us the service was more organised, staff worked more 'together' and staff were more motivated since they had taken charge.

Records evidenced that staff received regular supervision and appraisals were completed. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Records of supervisions completed showed that topics discussed included staff's roles and responsibilities, attitude and conduct, what had gone well, challenges, any training needs they had and any actions or objectives. We saw a supervision planner was in place to monitor and ensure all staff received regular supervision. Appraisals completed included a review of staff's progress as well as training needs and objectives for the coming year.

People who used the service gave us positive feedback about the support provided to promote and maintain their health and wellbeing. People told us the local GP practice was very responsive and would come to visit them at once if they were poorly. We saw that details about people's health needs and any healthcare professionals involved in meeting those needs were recorded in people's care plans. We found good evidence of staff liaising with external healthcare professionals including people's GP, district nurses, dieticians and mental health workers. Records evidenced that staff appropriately sought advice and guidance in a timely manner to ensure people's health needs were met.

The manager described the work they had been doing to develop close working relationships with healthcare professionals, which included allowing the district nursing team to use the service as a base to

complete their paperwork, facilitating support on an informal level. A healthcare professional told us, "Staff always take my advice and are responsive. I see about four people here. [Manager's name] is approachable and raises any concerns promptly. Charts and information is kept complete and up to date."

We saw there was a programme of on-going refurbishment, with areas of the service scheduled for redecoration and refurbishment. At the time of our inspection, the lounges as well as seven bedrooms had been redecorated. The manager spoke with us about the work they were doing to develop a dementia friendly environment including seeking the advice of a dementia specialist and considering contrasting colour schemes in the redecoration of the service.

Is the service caring?

Our findings

People who used the service told us the staff who supported them were kind, caring and attentive to their needs. Comments included, "I just love the way they [staff] care about me. It makes me feel happy and secure" and "I am well cared for and spoilt - what more could I ask for?"

People who used the service spoke fondly about staff and it was clear from the feedback we received that they had developed positive caring relationships with them. One person who used the service told us, "When I am feeling low staff will pop in and although my room is quiet usually, when they all keep coming in for a chat it does get busy and I love it." Another person said, "Oh they [staff] do make me laugh. If I wobble a bit after the shower and look as though I am tipsy they giggle, but I know they are always there to help." These and other comments showed us that people valued the meaningful relationships they had developed with staff and benefited from the kind, caring and friendly interactions they shared with them.

Our observations reflected the positive feedback we received about staff. We observed good caring practice throughout our inspection. We saw staff were relaxed, warm and friendly around people who used the service. We observed staff regularly stopping and talking to people and having a laugh and joke with them. Where people were sat alone, we saw they were often approached by staff who engaged them in conversation and checked they were ok. We saw that staff were kind and compassionate towards people, putting their hands on people's shoulders and reassuring them where necessary in a quiet and caring manner.

Our observations and conversations with staff showed us that they knew the people they were supporting and how best to meet their needs. For example, we saw staff offering people something they knew they liked to eat or talking to people about a subject they were interested in.

We observed that staff supported and prompted people to make decisions throughout the day, for example, about what to eat or drink and where and how to spend their time. Care plans included details about people's choices and personal preferences. This showed us that people were encouraged to express their wishes and views and to make decisions about their care and support.

People who used the service told us staff treated them with respect and provided care and support in a way which maintained their privacy and dignity. We observed that people who used the service were addressed in a respectful manner during our visit. We observed that the care and support provided in communal areas was dignified and respectful. Staff also supported people to their bedrooms or the service's bathrooms where necessary. Support with personal care was provided in private with people's doors closed and we observed that staff knocked before entering people's rooms, showing us that they respected people's privacy and personal space. One person said, "They [staff] always close the curtains and always, always knock first. I can try to do something for myself, but if I struggle help is at hand."

We saw that staff completed training in equality and diversity and dignity and respect. Staff we spoke with talked respectfully about people who used the service and in a way that showed us they were sensitive to

issues relating to equality and diversity.

Is the service responsive?

Our findings

At our last inspection in October 2016, we found that care planning documentation did not provide staff with sufficient detail to deliver person centred care. We found that people's changing needs were not consistently responded to. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that improvements had been made and the registered provider was now compliant with this regulation.

People who used the service provided positive feedback about the responsive care and support that staff provided. People told us staff listened to what they wanted and responded to their requests. Our observations and conversations evidenced that staff understood people's needs, preferences and how best to provide person-centred care and support to people who used the service.

We reviewed people's care plans and saw that they further supported staff to provide person-centred care. We saw that all care plans had been re-written since our last inspection to address our concerns. Care plans included details about what people did for themselves and what support was required from staff. The new care plans also incorporated person-centred information about people's personal preferences with regards to how their needs should be met. The manager told us they had re-written all the care plans and that this process had involved speaking with people who used the service and their families, as well as staff working at Sowerby House and external healthcare professionals. It was evident from the content of people's care files that people had been consulted and involved in contributing to their care plans. Relatives told us that the care plans for their relatives were person-centred and comprehensive.

We saw that staff maintained a daily record of the care and support provided including important information about any significant events or concerns that staff needed to be aware of. Staff also attended daily handover meetings to share information about people's changing needs from one shift to the next. A member of staff told us, "We have a handover each morning where we are made aware of any changes." This ensured staff kept up-to-date with people's changing needs.

We saw that people who used the service were free to spend time how they wanted to and where they wanted to. People who used the service told us, "I quite enjoy walking around", "If I want to have a wander outside, I just need to ask" and "I go out in the wheelchair sometimes to church and that's all I need." People we spoke with told us they enjoyed the activities on offer, but some people told us they would have liked to go out into Thirsk or trips out more often.

The registered provider employed an activities coordinator and we saw an activity schedule was in place detailing a range of weekly activities. This included reminiscence sessions, pampering, gardening, board games, exercises and music. We observed that people were encouraged to take part in activities throughout our inspection, but found limited records of people's involvement in activities. We fed this back to the manager who agreed to review this.

Staff supported people who used the service to maintain important family relationships and friendships. One person said, "The hospitality for visitors is really nice and makes them feel as though they have popped in to see me for a cup of tea and cake; it's as though I was at home still." Another person told us, "My family visit often and there is always a cup of tea and someone calls for a chat - usually [manager's name] pops in and we can all catch up."

The registered provider had a policy and procedure in place which contained details about how they managed and responded to complaints. We saw that a copy of the complaints procedure was displayed in large print in the main entrance of the service.

People told us they felt comfortable providing feedback about the service and would be confident complaining if they needed to. One person who used the service said, "We often make suggestions and it's great to think they all listen, even about daft things like some fresh fruit around the place." Other people told us, "They [staff] always know when there is a problem and try and sort it out before it gets too bad" and "If I had a complaint (I do not think I would), I would ask [manager's name] to stop by. They are always walking around so it would not be a big issue."

Records were kept of any issues or concerns raised about the service provided. We saw that the last complaint had been made in January 2017 and this had been addressed and resolved by the manager. This showed us they were responsive to feedback. A person who used the service confirmed this saying, "You cannot run a place like this without some things going wrong sometimes. It's how you fix them that matters. Here it is fixed quickly now."

Staff had received a number of compliments about the service provided at Sowerby House. Comments from these included, "Can I just put in writing how pleased I am with [Name's] care and with all the improvements at Sowerby House" and "This beautiful home has such a lovely feel inside, made all the more special by your dedicated and hardworking staff."

Is the service well-led?

Our findings

At our last inspection in October 2016, we found inadequate leadership. The registered provider had not ensured systems were in place to effectively meet people's needs and keep people safe. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found improvements had been made and the registered provider was meeting this regulation and all the legal requirements relating to the fundamental standards of quality and safety.

The registered provider is required to have a registered manager as a condition of their registration for this service. At the time of our inspection, the service did not have a registered manager. However, there was a new manager in post and they had applied to become the service's registered manager. Their application was being processed at the time of our inspection.

The manager was supported by a deputy manager and senior carers in the management of the service. The manager was also supported by an area manager who was working closely to monitor and improve the quality and safety of the care and support provided.

People who used the service and relatives we spoke with told us the new manager had made significant improvements to the quality of the service. Feedback included, "[Manager's name] doesn't stand any nonsense, but they have a nice way of getting their way", "The staff here now are a team and it shows" and "The new culture is openness and honesty and a no blame culture as well." Other feedback we received included, "I think it is a very good service", "This will never be my own home, but it's as good as it gets", "I don't want anything we don't already get - it is that good here" and "My care is exceptional in every way. I cannot add anything more."

Staff we spoke with also provided positive feedback about the changes made by the new manager. Staff told us the service was more organised and there was more coordination, direction and management oversight of their work and the care and support provided. Comments included, "It's a lot better now. The routine is more organised, there is more teamwork and communication" and "[Manager's name] is brilliant, attentive and understanding. They have time for me, act on things, I couldn't ask for a better manager." Other staff told us, "Management are approachable. There have been a lot of changes. It's much better than it was" and "Things are good. It's different now. We've got a new manager who has taken the bull by the horns. We have everything where it should be, we know what the job is and what is expected. If they [manager] can do anything to help they will. You only have to ask them and they are there. The manager's door is always open. I know they will welcome me in."

A health and social care professional told us, "It has improved. Staff have changed. It seems more under control. I think people are well looked after now."

We found there was a positive atmosphere in the service and that information was effectively shared and

tasks delegated to ensure people's needs were met. We observed that the manager had a visible presence within the service. People who used the service knew who the manager was and responded positively towards them throughout our inspection. People told us the manager was approachable and listened and responded to feedback about the service provided.

A wide range of audits were now being used to monitor the quality and safety of the service. Where issues were identified, action plans were in place to ensure the required improvements were made in a timely manner. We saw that audits were completed of the home environment covering health and safety and infection prevention and control. Audits were also completed of care plans and risk assessments, daily recording charts and medication administration records. We saw the area manager also completed regular audits of the service and had implemented a service action plan to monitor and ensure required improvements were made.

We saw that 'catering questionnaires' had been complete to gather feedback about the food provided. This showed us that people were happy with the quality of the meals at Sowerby House. The manager told us they were also due to complete quality assurance surveys to gather wider feedback about the service provided from people who lived at Sowerby House, staff and relatives and visitors to the service. Although these had not been completed at the time of our inspection, it showed us the manager was keen to develop and improve the service by seeking and responding to feedback.

During our inspection, we asked to see a variety of records and paperwork relating to the running of the service. We saw that significant improvement had been made with regards to record keeping and that administrative systems were in place to ensure records relating to people's care and support and the management of the service were generally well-maintained and up-to-date. However, we found that some care files varied in format and content and did not have a consistent indexing system to support staff to quickly access information. The manager acknowledged that some aspects of their recording system could be streamlined and told us they had plans to further review and consolidate this.

We reviewed minutes of meetings held at Sowerby House. We saw that regular staff meetings and 'residents and relatives' meetings had been held to share information about important events or changes within the service and to gather feedback to improve the quality of the service. Meeting minutes showed us that the manager and registered provider were open, honest and transparent in sharing information and discussing concerns. Meeting minutes also evidenced the on-going work being done to improve the service provided. For example, the on-going refurbishment works.