Scorton Care Limited

Scorton Care Village

Inspection report

Scorton
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Scorton Care Village on 3, 6 and 13 August 2018. The inspection was unannounced on the first day and we told the provider we would be visiting on subsequent days. The provider was newly registered in December 2017. This is the first time we have inspected the service since the new provider took charge.

Scorton Care Village is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Scorton Care Village is registered to provide both nursing and residential care across two buildings for a maximum of 114 people some of whom maybe living with dementia. Elizabeth Swale House provided residential care for up to 54 people. 29 people lived there when we inspected. Archery Bower House provided nursing care for up to 60 people. 30 people lived there when we inspected.

Each 'House' had their own 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.

When the provider had taken over the management of the service they had immediately initiated an improvement programme to recruit more permanent employees and reduce the reliance on agency workers. This had been successful and a positive impact on people's experience of care were reported. All recruitment of staff had been completed in a safe way.

Archery Bower House had increased the number of people supported by more than double since December 2017. Resources for activities, Housekeeping and care workers had not increased at the same pace. This meant people were at risk of not receiving support in a timely way. The provider immediately made plans to change the staffing resources following inspection.

A refurbishment plan was in place and this included better resources to make the garden areas more welcoming, replace flooring and to make the environment more dementia friendly when it was decorated based on good practice.

Records reflected that health and safety checks were carried out on the equipment and environment. However, day, day-to-day hazards were not always recognised such as cleanliness and trip hazards. Plans were put in place following the inspection to prevent the likelihood of those happening again.

A new system to manage medicines was in place and this had improved medicines safety. Better care plans were needed to ensure staff worked in a consistent way where people displayed anxiety or distress. We have issued a recommendation in relation to this.

Where accidents or incidents occurred, we saw records did not always reflect the work completed to reduce the likelihood of future occurrences. Care plans were not always reviewed following an incident. We recommended that the provider review the document format to include all the requirements to robustly report and manage incidents.

Staff were very knowledgeable about people's care needs and the interventions they needed to keep people safe. However, care plans were not always reviewed to ensure they reflected people's current needs or record the interventions they made, such as wound management. This meant people were at risk of receiving poor care.

The checks undertaken by the registered managers and provider had not picked up on all the areas we highlighted for improvement during the inspection. This meant the systems were not effective enough to ensure quality and safety. The provider told us they were committed to ensuring further development would happen following the inspection. They sent us examples of the improvements they had made following our visit and this gave us confidence they understood the work required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People and their relatives were happy with the support they received. They told us staff were kind and caring. We observed positive relationships between people and staff which meant people were listened to and respected.

People, staff and their relatives all felt the leadership of the service was positive. They all told us they felt involved in the running of the service and where they had concerns they were listened to and dealt with appropriately.

A breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was found during this inspection. You can see what action we told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Robust records were not always maintained to evidence the care carried out or people's current needs.

We recommend that a care plan format be devised to ensure a consistent approach towards people who can become anxious or distressed. Which included when to administer 'as and when required' medicines prescribed to support anxiety.

We recommend that the provider incorporated all relevant requirements under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 into their accident and incident document.

Where an increase in the number of people supported had occurred, resources had not increased at the same pace. This had resulted in people being at risk of not receiving support in a timely way.

Is the service effective?

Good

The service was effective.

Staff had received training and supervision to support them to fulfil their role and aid their professional development.

People were supported to maintain good health Staff had good relationships with healthcare professionals and services.

Staff understood and worked within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff could describe the likes, dislikes and preferences of people

who used the service and care and support was individualised to meet people's needs

Is the service responsive?

Good

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People had opportunities to take part in activities of their choice. People were supported and encouraged with their hobbies and interests.

People were supported with compassion and dignity during the end of their life. Staff ensured people were comfortable and pain free.

People and their relatives felt confident any concerns they may raise would be dealt with professionally.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The systems in place to check quality and safety were not robust enough to highlight all the areas for improvement noted in this inspection.

The provider and registered managers had worked hard to make improvements to the service since the new provider took over the running of the service. This had improved the experience people received in a positive way.

Staff, people and their relatives felt the service was well led. They felt involved in the running of the service and their feedback was used to make improvements.

Scorton Care Village

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.

We inspected Scorton Care Village on 3, 6 and 13 August 2018. The inspection was unannounced on the first day and we told the provider we would be visiting on subsequent days. On day one, three inspectors supported the inspection. Two inspectors joined the inspection on day two and one inspector on day three.

Before the inspection we reviewed all the information we held about the service. This included information we received from safeguarding and statutory notifications since the new provider took charge. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. Prior to our visit we sought feedback from the local authority, clinical commissioning group, a range of visiting professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the 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 used all this information to plan our inspection.

We spoke with seven people and seven of their relatives/visitors. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms. 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.

During and following the inspection, we spoke with both registered managers, the director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. During the inspection we also spoke with two deputy managers, one senior care worker and two care workers. In addition, we spoke with the chef, maintenance officer and an activities co-ordinator who worked at Elizabeth Swale House.

During the inspection we reviewed a range of records. This included eight people's care records and multiple medication records. We also looked at four staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Requires Improvement

Is the service safe?

Our findings

Records relating to people's care and support such as risk assessments, wound management, emergency epilepsy protocols were not always up to date, completed thoroughly or reviewed following occurrences. For example, one person required daily interventions from the nursing staff to clean and re-dress a wound. Records did not reflect this had happened daily. However, staff could tell us people's current needs and the interventions they had made. We found no evidence people had been harmed because of the poor records.

A robust system was not in place to check records were up to date and reflected people's needs. Therefore, the registered manager and provider had not noted these issues.

Records did not always reflect the plan of care or recent interventions which increased the risk that people may receive inappropriate care. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the registered managers, nominated individual and provider responded quickly to address all the issues brought to their attention and evidenced changes made to us.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. During our walkaround the service we noted some hazards such as trailing wires and doors which were meant to be locked were open. We discussed the risks to people with the registered managers of both Houses. On day two, hazards had been removed. We discussed with the registered managers that their own internal checks should have highlighted the risks. They agreed to review how they will approach checking safety each day.

We saw personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service to ensure staff understood their needs to support safe evacuation if required. Fire drills were recorded; however, evacuations had not been practiced with the minimum levels of staff to ensure they worked effectively. The registered managers agreed they would do this following the inspection.

People and their relatives told us they felt safe in the service. One relative told us, "My family member is safe and more stable." A person told us they had originally been frightened of falling from bed. Staff had worked with them to install bed rails and they told us, "I now feel better having them there."

On day one, we saw parts of the Archery Bower House were not clean. Also, parts of both services needed refurbishment because fixtures and fittings no longer prevented the spread of infection. For example, where kitchen cupboards had no impervious surface. We discussed this with the registered manager and provider. They instigated a deep clean of Archery Bower House prior to day two of the inspection and we could see standards had improved.

The registered manager told us they would complete an infection control review of the service and develop an action plan to sustain good levels of cleanliness and infection control. Following the inspection, a copy of

this review was provided to us and appropriate action had been taken.

The provider understood the work required around refurbishment and had started to make changes prior to our inspection such as replacement flooring. An on-going programme of refurbishment was planned.

We observed to see if the right amount of staff were on shift to ensure people received care in a timely way and that they benefited from a clean, homely environment. Archery Bower had increased the number of people they supported to more than double since December 2017. Resources for Housekeeping, laundry, kitchen, activities and care staff had not been reviewed frequently enough as more people were supported. In addition, when staff were sick or on leave or vacancies existed staff roles were not always covered. This had meant areas such as the cleanliness and activities had not been sustained.

We observed the lack of activities or social stimulation when we visited and people told us, "Sometimes staff are busy and we have to wait." A relative said, "Staff are always busy but they never make you feel like they are too busy." We saw that where people required emotional support staff were quick to respond, but at times this was at the detriment of other people who were waiting for support.

We spoke with the provider and registered manager of Archery Bower House and they immediately reviewed the resources and explained the recruitment they had planned. They informed us more Housekeeping staff and activities resources were planned. In addition, staffing levels were increased to ensure people received timely support.

Since the new provider had taken over the service a recruitment drive had been carried out to reduce the reliance on agency workers. This had been very successful and a dramatic reduction in agency staff was seen. Staff told us this was positive and that a more consistent workforce had impacted on the care people received in a positive way because staff knew them better. Both registered managers were proud of this achievement and turnaround.

We saw the recruitment of new staff was safe and that all appropriate checks had been completed to ensure the care workers were suitable to work with vulnerable people. We discussed with the registered managers that they must ensure a full work history is recorded for each staff member as part of this process. The agreed to do this. Where agency workers were used, the registered managers had sought a profile from the agency to ensure appropriate checks had been made. The registered managers explained that agencies did not always supply robust profiles. We discussed with them that they should ensure agencies provided the required information before an agency worker commenced at the service. They agreed to do this.

Accidents and incidents were recorded and the registered managers reviewed them each month to see if there were any patterns or trends. The document they used to record accidents did not robustly record their evaluation of the root cause or lessons learnt. It did not contain any onward reporting to external bodies or their requirement under 'Duty of Candour' to be transparent with people and their representatives about incidents. In addition, we saw risk assessments and care plans were not routinely reviewed follow occurrences, as described at the start of this section of the report. We recommend the provider incorporates all relevant requirements under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 into their accident and incident document.

Medicines management was safe overall. A new system had been introduced whereby electronic records were completed instead of paper records. The system was not fully embedded, but had improved medicines management. All the protocols which outlined when staff should administer 'as and when required' prescribed medicines needed to be transferred to the electronic system. Paper copies were still available to

use in the interim. People and their relatives were happy with the support they received with medicines. One person told us, "Staff explain to me what my medicines are for." A relative said, "Medicines seem to be given regularly. Sometimes my family member can resist it, but staff seem to encourage them and they take it." Where people refused medicine, which was deemed essential to their health staff had worked appropriately with the GP and pharmacist to seek agreement to hide their medicines in food or drink. This ensured people received essential treatment. This method of covertly administering medicines was only used as the last resort.

The temperature in the medicines storage room routinely exceeded 25 degrees centigrade which is the recommended safe level. We considered the unusual heat experienced during our period of inspection, but reiterated to the provider suitable cooling systems must be implemented to prevent medicines stock deteriorating and becoming ineffective. They agreed to do this.

People living with dementia can at times experience anxiety and distress. They may exhibit behaviour which the staff find challenging to deal with. Staff had received training to understand people who may challenge the service and they understood how to intervene with compassion and patience. We observed examples of staff working alongside people to listen and understand the cause of their anxiety. We also saw staff enabled people to have their own routine which reduced the likelihood the person would feel anxious. A relative told us, "Staff have been very supportive of my family member, staff seem to be able to cope with the behaviour. I have seen a lot of changes in my family member and they are a lot calmer."

The details about how staff should intervene successfully was not recorded in people's care plans. Knowing what works is an invaluable tool for the team to use consistently and prevent distress. Some people took medicines when required to prevent an escalation of anxiety. Guidance for staff around when to administer such medicines was not robust. We recommend that an approach be sought and suitable care plan format be devised to ensure staff had the guidance to provide appropriate, consistent and successful support to people who can become anxious or distressed.

We spoke with the registered managers about safeguarding adults and action they would take if they witnessed or suspected abuse. The registered manager told us all incidences were recorded and the service investigated concerns. Records we saw confirmed this.

Staff said they would have no hesitation in reporting safeguarding concerns and they described the process to follow. Staff had been trained to recognise and understand all types of abuse.

Good

Is the service effective?

Our findings

The 'Houses' had previously been separately registered and therefore their training programme had been devised per House. This had led to inconsistencies around the training staff had received. The new provider had started work to engage a new training organisation and to standardise the training staff received based on their role. This included sourcing appropriate updated training for nurses.

Each registered manager had kept a record of the training members of staff had received and we saw refresher training had been sourced and was well organised. All basic training required to ensure staff were enabled to fulfil their role had been completed. For example, first aid, health and safety and safeguarding.

People and their relatives told us they felt staff were well trained and knew how to do their job correctly. One relative said, "Staff seem very competent at what they do." A person told us, "Staff know their jobs and they explained things to me too." Staff were pleased with the amount of training they received. One member of staff said, "The training is enough, they (managers) push staff to do this all the time. All staff take good practice seriously."

Staff received a positive induction to the service where they had opportunity to shadow colleagues and learn about people's preferences. One member of staff told us, "New staff are supported and we give them small steps, and show the right way. Simple things like how to change a person and person centred care."

Staff received support via formal supervision where they had opportunity to discuss their role with their line manager and to receive feedback on their performance. Each member of staff also had an annual appraisal where their career progression and personal development were discussed. Positive practice and increased knowledge had been demonstrated in the past twelve months by a group of care workers at Archery Bower House. The provider and registered manager had recognised this and introduced the new role of senior care worker into the structure. This meant they had been promoted. The staff told us they pleased about this recognition.

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 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 and hospitals 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.

Elizabeth Swale House had an organised matrix to understand who was deprived of their liberty and we saw the process was well managed. However, Archery Bower House did not have a complete list of the people authorised or the applications which were pending. We spoke with the nominated individual following the

inspection and they were working with the local authority to confirm this information.

Staff had a good understanding of how to offer choice and respect people's right to consent or refuse support. Staff worked within the principles of the MCA and ensured they provided care and support in people's best interests. Where required, records evidenced relatives were fully involved in making decisions for their loved one.

People enjoyed a varied diet and staff supported people to access snacks and drinks throughout the day. People told us they enjoyed their food. Relatives said, "My family member enjoys the cheese scones, they tell us they like the food" and "My family member enjoys the food, they like puddings and sweets which they get."

We observed mealtimes across the three days and people were supported at their own pace in a calm and relaxed environment. Staff offered choices and people could change their minds once they saw the options available. Staff were seen to ask people if they were comfortably seated at the table. People showed they were relaxed by smiling and they chatted with each other and the staff

Staff monitored people's nutritional intake and hydration to ensure they maintained good health. Where a change was noted, professionals had been involved to prevent further weight loss or maybe reduce the likelihood of choking.

Professionals were also involved around people's healthcare such as community mental health team, chiropodists, district nurses, physiotherapists and GP's. The service had a positive relationship with all professionals and we observed staff working with them to benefit people's general health. Where people needed to access hospital, the service had a transfer record which clearly passed relevant information to professionals about how to care for the person in their preferred way. A visiting professional told us, "Staff were absolutely fabulous in bringing along people that needed their eyes tested. It meant I managed to see everyone on my list."

The GP conducted weekly 'ward round' and supported the team to manage people's health and wellbeing. This approach had prevented people being admitted to hospital. The positive working relationship was evident between the surgery and service as we saw staff negotiate prescriptions and seek advice. A relative said, "[Name of GP] is fantastic, what an absolute gem. [Name of deputy] has a good relationship with them. They have accommodated the needs of my family member around swallowing and medicines."

People were happy with the support they received with their health. One person said, "Staff manage my epilepsy and diabetes, I am very happy with the support they give me." A relative said, "If my family member is ever ill they tell me straight away."

The service had supported the local NHS initiative around the 'Delirium Pathway'. Delirium is a condition which temporarily affects people's mood and behaviour to an extent where they may lose their skills and ability to communicate effectively. Delirium can be caused by medical conditions such as infection. People living with delirium need short term care and support until their treatment means their skills and abilities hopefully return. The service had supported people with delirium alongside professionals and some were able to return home following their illness. This had been a real success for those individuals and demonstrated the positive outcome of the care they had received at the service.

People and their relatives told us the gardens were an important part of people's environment. We saw people spent time in the garden areas when we visited. The gardens looked unkempt and had overgrown

areas and weeds. One person said, "One thing to improve would be the garden." We spoke with the provider who told us quotes to access a gardening service were being sought as they had recognised they needed to improve.

As the refurbishment continued, thought had been put into how the environment could be made more dementia friendly. We saw new signage to help people navigate the environment was in place. Contrasting colours between toilets and the seats were in place so people could see the toilet area clearly. A relative told us, "My family member can get to their room and find their way. The pictures on the doors are good. It really helps."

Good

Is the service caring?

Our findings

People and their relatives told us they felt staff were caring and kind. One person said, "Without a doubt staff are caring." Relatives told us, "Every time I came to see my family member staff exceeded my expectations. They are so caring and considerate. So patient with people" and "It is not plush here, but it is the staff that are important. They have that here, they care."

We observed staff being patient and offered support at people's own pace. This meant people who were living with dementia were treated with compassion, dignity and respect. Relatives could describe how they saw staff being patient and how this impacted positively on their family member. They said, "Staff are lovely, they have difficulty getting my family member to shower and they cope well with this" and "Me and my family member get very good care and I also feel pampered by them. The staff are brilliant, they are just so kind. My family member worries about their belongings and staff always seem to calm them and explain things" and "The staff do so good and always make time to speak to you. Staff here have so much patience. The staff are lovely." We observed the person who worried about their belongings being support by staff, who patiently followed the person to show them where their items were and reassure them.

The registered managers and staff teams knew people well and this helped them deliver care in the way people preferred. They had gathered information about people's life stories to help them develop relationships and understand how people liked their care to be. More work was due to be carried out around this, but we saw the positive impact this had made already on the relationships people had with staff. One relative told us, "My family member is happy with staff and has a good relationship with them." Staff supported people to feel at home and make their own room familiar and welcoming. This meant people relaxed more because their familiar objects and photographs were around them. One person told us they had appreciated this to help them settle in. They said, "Staff helped me to put my pictures on my bedroom wall."

We asked staff what made a good care worker. One member of staff told us, "A good care worker is someone who takes time to the job properly, they listen to people, or try to understand what they are trying to say." They gave an example of how they had listened to a new person who had moved to the service. They had worked with a colleague to support them in the shower as they did not know them and the person was displaying anxiety. Staff could not interpret at first what the person was trying to say. Through patience and listening they worked out the person only wanted one carer to support them in the shower. They changed their approach and the person's anxiety had reduced.

People living with dementia often communicate their needs differently and this also means staff may not realise a person is in pain or the reason for their distress. Staff used a pain assessment tool which considered how a person was communicating through their body language and signs other than speech. This helped staff decide if pain relief was required and prevented further distress for people. People were being supported to be comfortable, pain and distress free. Staff were observed to respond each time they felt people required support. One person who was experiencing considerable discomfort due their medical condition told us, "Staff help make me comfortable. I say when I'm ready for bed or need to lie down and

they do it for me."

Supporting people to maintain their independence was a key element to staff approach. Particularly where people were being supported through the delirium pathway. Staff supported people to access the kitchen areas to make their own drinks and snacks, clean their own rooms and help with laundry. People were also supported to maintain their independence eating their meals and drinking. One person told us, "I am able to wash myself and staff support this."

Good

Is the service responsive?

Our findings

People and their relatives told us they received responsive care based on their preferences, likes and dislikes. People told us, "It's marvellous here, I have friends here" and "I get what I need when I need it here." A relative whose family member had recently passed away told us, "In their lucid moments they told us, 'Don't worry about me staff look after me, I am very happy'." They explained this reassured them that their loved one was well cared for.

People and their relatives said they were involved in all aspects of their care. One person told us, "I am involved with my care plans where I need to be. I am happy with the care and how it is going." A relative said, "The staff look after me and my family member, they can anticipate their care needs. They are magic."

Care plans were person centred and contained details about how people preferred to be supported and staff were aware of those details. For example, one record included details about how a person liked to shave daily and staff had to support this. To help with the persons dignity, staff had to ensure the razor and shaving foam was always available. Another care plan outlined how a person living with dementia could not always find the words they wanted to say. The care plan directed staff to give the person enough time and never hurry them. Also, staff were to write down on clear paper, using short clear basic words what they wanted to communicate or to use signs to help the person. This meant communication was made accessible for people and increased the likelihood that people were heard and understood.

Staff supported people at the end of their life. Plans were in place to work with professionals to ensure people were comfortable and pain free. People's wishes and preferences were recorded. For example, for one person it was important their body be donated to science. All staff were aware of this preference. A person passed away during our inspection and we spoke with their relatives. They told us, "Within a short period of time the deputy manager knew my family member inside out. Their grasp of their needs was in depth. They did far more than was needed. This all helped the experience of my family members passing. It was such a comfort that my family member was here and that the deputy manager was in day to day charge."

Staff told us about numerous efforts they had made to improve or maintain people's quality of life and experience. For example, staff had supported a family ensure their relatives could attend a family wedding. They had helped choose the right outfits, do their hair and provided support at the event. Staff had worked to access appropriate seating for another person so they could access the communal lounges and join activities. Another person was supported by relatives to access the dementia café and golf club they used to attend. Where people had links to their religious or community organisations they were supported to maintain contact and attend events in their community where possible.

Elizabeth Swale House had an activities co-ordinator who organised activities based on people's known hobbies, abilities and preferences. For example, a person who used to work in the farming industry was supported with activities outside. People told us they enjoyed the range of activities on offer. We saw people were involved in balloon badminton, arts and crafts, laundry sorting and games. The activities coordinator

told us, "I saw some people struggled with snakes and ladders but loved to score high, so I am looking for an alternative for people. I am always looking to try new things." People were supported to the local village for walks and to visit the shops. On the day of inspection one person said, "I plan to go the shop to buy some crisps today and then to sit in the garden."

Archery Bower House did not have activities support when we visited and as described in the safe section of this report the role had not been covered to ensure people received social stimulation. People and their relatives had been pleased with the activities on offer up until the previous coordinator leaving. Staff told us the daughter of a person also visited did arts and crafts with people which they really enjoyed. Following the inspection, the provider informed us an activities coordinator had been recruited and they were due to attend additional training with their colleague on supporting people living with dementia and meaningful activities.

People and their relatives understood how to raise concerns. One person told us, "I would speak to staff if needed." We saw the provider and registered managers were open and they listened to people's concerns. Where a complaint had been raised we saw this had been dealt with appropriately and an outcome had been provided to the person who raised the concern.

Compliments about the service had been received. For example, "Elizabeth Swale House staff are great and my family member is very happy and settled here. We are more than satisfied with the home" and "I would like to express my sincere thanks and gratitude to each one of the Archery Bower team. For their care and consideration shown to my family member in their last days with you. They were always at pains to praise the work and efforts of their carers and to say they were living in their own home with you all."

Requires Improvement

Is the service well-led?

Our findings

The provider had taken over the running of the services in December 2017. They had assessed the work needed to improve quality and safety. The focus initially had been to tackle the volume of agency usage to ensure people were supported by a consistent staff team. This had been successful. They had started to upgrade the environment to improve safety and quality. They had implemented a new medicines management system which had improved the safety of medicines support.

A review of the people who were supported at Elizabeth Swale House had occurred to understand whether people were appropriately placed. This had led to some people moving to nursing care or other more appropriate placements. This had impacted positively on the quality of life people experienced. Staff told us they felt able to spend time with people and deliver person centred support for them. The registered manager had been able to focus on the changes needed to improve quality and safety.

Work to increase the number of people living at Archery Bower House had also happened. This had seen the number of people living there more than double. The pace of change was quick and as described in the safe section of this report it had led to resources not being sufficient to maintain responsive support, activities provision and cleanliness.

Checks were made by the registered managers and nominated individual regularly in areas such as medicines and recruitment. Where checks were made we saw improvements had been made. However, the provider had not implemented robust checks to monitor the management of risk, records, health and safety, cleanliness and deprivation of liberty. This meant for example that records did not always reflect people's current needs or the interventions people had received. In addition, some of the providers procedures and documents were not robust. For example, the accident and incident documentation, training consistency, care planning in relation to wound management, falls and supporting people who display anxiety and distress.

The provider did not have effective systems established to ensure quality and safety in all areas. This meant people were at risk of receiving poor quality care. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff, people and their relatives told us they felt the changes that had already been made were positive and that they had confidence in the registered managers to continue to make improvements. A member of staff told us, "It has improved because finally we are working as a team and all going the same way. All the staff understand this." A relative told us, "Our family visited and were impressed with staff and the service they observed. This is a real accolade because they both have a background in teaching and managing nurses." Another relative told us, "People are treated fairly. My family member sees [Name of registered manager Elizabeth Swale House] and they seem to really like them." Relatives also observed the registered managers were seen to set the standards of care which they felt was good leadership. One relative told us, "[Name of registered manager Archery Bower] is really proud of this place."

We could see for ourselves the staff teams worked well and demonstrated their commitment to making improvements under the positive leadership of the registered managers and provider. The director had recently held meetings with the staff to ask them their thoughts. Staff were keen to say they appreciated this approach and were pleased when the director responded to their ideas quickly.

We saw regular meetings with staff, people and relatives had been held to keep everyone informed of changes and seek their feedback. In addition, surveys had been sent to relatives to ask their opinion of the service. This approach meant everyone felt involved in the running of the service. We saw where anyone had ideas they had been acted upon wherever possible.

Archery Bower House had developed a newsletter to keep relatives informed of changes and to provide updates of upcoming events. Elizabeth Swale House had received positive feedback about the activities support from relatives.

The service had started to work in partnership with other organisations and the local village. This approach had seen a food takeaway van use the Elizabeth Swale House site to be available for the service and local community one night per week. This had been a great success. The police were working to introduce the 'Herbert protocol' with the registered managers to support people if they were ever to leave the premises unescorted. The 'Herbert protocol' ensures all agencies have details of the person to support them to act quickly and find a vulnerable person who maybe missing. Volunteers were supporting the garden maintenance in Elizabeth Swale House. A member of the public was bringing their dog for people to spend time with. All this work added to our confidence that the provider and registered managers were working towards a new approach which would bring high quality person centred care and safety for people.

A relative told us, "We visited unannounced to see if Scorton care village was the right place for our loved one. When we walked in we had a good feeling, we were made welcome, staff were being good with people. Even people in the local village told us 'We get good feedback about the place now'. This is why we chose Scorton Care Village."

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 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough to ensure safety and quality. A contemporaneous record was not always kept in relation to each individual. Regulation 17 (1) (2) (a) (b) (c)