

Lifestyle (Abbey Care) Limited

Lifestyle (Abbey Care) Limited Archery - Bower

Inspection report

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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



Overall summary

This inspection took place on 28 September 2015 and was unannounced. We last inspected this service on 4 and 10 February 2015 we found breaches relating to:

Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to staff failing to carry out person centred care.

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014, which related to the arrangements in place to ensure that staff were appropriately trained and supervised to deliver safe care and support to people

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014 which related to obtaining and acting in

Summary of findings

accordance with the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 a failure to have effective systems in place to monitor the quality of the service delivery.

We found continued breaches in Regulation 12 (f) and (g) HSCA 2008 (Regulated Activities) Regulations 2014 relating to safe administration of medication and Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 which relates to appropriate and safe person centred care.

We used our enforcement powers and served warning notices to the provider in respect of Regulation 12 (f) and (g) and Regulation 9.

We also asked the provider to take action to make improvements to the shortfalls identified. The provider sent us an action plan telling us about the actions to be taken and that the improvements would be completed by 1 July 2015.

During this inspection we found the provider was no longer in breach of regulations and had made significant improvement to the service and the care people received. However some areas continued to require further improvement and we identified concerns about how these improvements are to be maintained in the longer term

Lifestyle (Abbey Care) Limited Archery – Bower provides nursing care and accommodation for up to 60 older people which included a dementia care service. The home has four areas, though only two were operational at the time of the visit and two units were closed. Each unit has a lounge and dining room. All accommodation has en-suite facilities. During our inspection there were 20 people living at the home.

Since the previous inspection the previous acting manager had left the service. The service was being run by the general manager who had responsibility for the oversight of three registered services. There is now a newly appointed acting manager in place who had started the process of applying to be a registered manager with the Care Quality Commission (CQC). 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.

This inspection was carried out to look at the five questions, is the service safe, effective, caring, responsive and well-led and to follow up on whether action had been taken to deal with the breaches. At this inspection we found the service had made improvements in all the key areas we looked at.

People told us they felt safe. Staff knew the correct procedures to follow if they considered someone was at risk of harm or abuse. They received appropriate safeguarding training and there were policies and procedures to support them in their role.

Risk assessments were completed so that risks to people could be minimised whilst still supporting people to remain independent. The service had systems in place for recording and analysing incidents and accidents so that action could be taken to reduce risk to people's safety. However these systems are at an early stage and their ongoing impact on maintaining safety and quality needs to be monitored over time.

Medication was managed safely and people received their prescribed medication on time. Staff had information about how to support people with their medicines. We have made one recommendation with regard to improved systems to ensure people receiving covert medicines were receiving them safely.

Staff recruitment practices helped ensure that people were protected from unsafe care. There were enough qualified and skilled staff at the service and staff received ongoing training and management support. Staff had a range of training specific to the needs of people they supported.

Staff had received further guidance and training with regard to current good practice for supporting people living with dementia. They were able to speak more confidently about the issues and how this had impacted on their practice and improved the well-being for people they cared for. Our observations indicated that there was a better balance between tasks staff needed to complete and supporting people with their choices about how they were occupied and choose to spend their day.

Summary of findings

People had their nutritional needs met. People were offered a varied diet and were provided with sufficient drinks and snacks. People who required special diets were catered for.

People were offered choices and staff knew how to communicate effectively with people according to their needs. People were relaxed and comfortable in the company of staff. People were provided with a range of activities in and outside the service which met their individual needs and interests. Individuals were also supported to maintain relationships with their relatives and friends.

Staff were patient, attentive and caring; they took time to listen and to respond in a way that the person they engaged with understood. They respected people's privacy and upheld their dignity when providing care and support.

People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005. This is legislation that protects people who are not able to consent to care and support, and ensures people are not unlawfully restricted of their freedom or liberty. The manager and staff understood the requirements and took appropriate action where a person may be deprived of their liberty.

People's needs were regularly assessed, monitored and reviewed to make sure the care met people's individual needs. Care plans we looked at were person centred, descriptive, and contained specific information about how staff should support people.

People knew how to make a complaint if they were unhappy and all the people we spoke with told us that they felt that they could talk with any of the staff if they had a concern or were worried about anything.

Staff spoke positively about the general manager who had taken a "hands on" approach to the day to day management of this service in order to address the areas of concern. Staff told us the general manager was supportive and encouraged an open and inclusive atmosphere. The staff we spoke with were aware of their roles and responsibilities and they told us that the general manager was a positive role model in providing a high standard of care. However the running of the service was now being handed over to an acting manager for this service who needs to register with CQC. This posed a risk that improvements made so far would not be maintained or that quality would not continue to be driven forward within the service.

The provider completed a range of audits in order to monitor and improve service delivery. Where improvements were needed or lessons learnt, action was taken. However these systems are at an early stage and their ongoing impact on maintaining safety and quality needs to be monitored over time.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Previously identified breaches in regulation are now met so this domain is no longer rated as inadequate. However, in order for this domain to be rated as good we need to see consistent good practice over time therefore we will return and review these areas again at the next inspection.

People were safe. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Care and support was planned and delivered in a way that reduced risks to people's safety and welfare. Staff knew how to minimise risks whilst supporting people to live their life as independently as possible. However these systems are at an early stage and their ongoing impact on ensuring risk are managed appropriately needs to be monitored over time.

Staff were recruited safely because the appropriate checks were undertaken. There were enough staff to provide the support people needed .

The environment was regularly checked to ensure the safety of the people who lived and worked there.

Procedures were in place for the safe management of people's medicines and we found that medicines were managed safely, although we have made one recommendation in respect of this with regard to improved systems to ensure people receiving covert medicines were receiving them safely.

Requires improvement



Is the service effective?

The service was effective.

Staff had the skills and expertise to support people because they received on-going training.

People received the assistance they needed with eating and drinking and the support they needed to maintain good health and wellbeing. External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

People's rights were protected because staff were aware of their responsibilities under the Mental Capacity Act 2005. Staff obtained people's consent before they delivered care and support and knew what action to take if someone was being deprived of their liberty.

Good



Is the service caring?

The service was caring

Good



Summary of findings

People were involved in making decisions about their care, treatment and support as far as possible. Staff knew people well because they understood their different needs and the ways individuals communicated.

People were positive about the staff and told us they were kind and caring. We observed staff respond to people in a kind and caring manner; they were patient and we heard some light hearted banter.

People had their privacy and dignity respected. We saw staff knocking on people's bedrooms doors before entering.

Is the service responsive?

The service was responsive.

People we spoke with expressed satisfaction with the care and support they or their relative received.

People using the service had personalised care plans and their needs were regularly reviewed to make sure they received the right care and support.

Staff responded quickly when people's needs changed, which ensured their individual needs were met. Relevant professionals were involved where needed.

People were involved in activities they liked, both in the home and in the community. They were supported to maintain relationships with their friends and relatives.

Good



Is the service well-led?

The service was yet to demonstrate that it was consistently well-led over time.

The provider had recruited a general manager whose role was to manage and improve all the services across the site and ensure regulations were met. Since the previous inspection they had taken action within this service to ensure improvements were made.

The provider had worked with other agencies to ensure improvements were made. They developed positive links with the local community to improve the reputation of the service locally.

Staff told us they felt staff morale and team working had improved while the service was managed by the general manager and that this had impacted directly on the quality of care provided to people. However, the management of the service will be handed over to acting manager. We will continue to monitor to ensure improvement will be maintained

Various quality assurance systems were used to keep checks on standards and develop the service. This enabled the provider to monitor the quality of the service closely, and make required improvements. However they are relatively new to the service and we need to see their impact over longer time frame

Requires improvement



Lifestyle (Abbey Care) Limited Archery – Bower

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. The inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the

Overall quality of the service, and provided a rating for the service under the Care Act 2014.

You can find full information about our findings in the detailed findings sections of this report.

We carried out an unannounced comprehensive inspection of Lifestyle (Abbey Care) Limited Archery Bower on 28 September 2015. This inspection was completed to check that improvements had been made to meet the legal requirements identified at the inspection of 3 and 10 February 2015.

The inspection team inspected the five questions we ask about the service: is the service safe, effective, caring, responsive and well led?

The inspection was undertaken by one adult social care inspector and a pharmacy inspector.

We spoke with four people who used the service, three relatives, a volunteer visitor and a health professional. During our inspection we carried out observations of staff interacting with people and included structured observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to

help us understand the experience of people who were not able to talk with us. We looked at all areas of the home including a sample of people's bedrooms (with their permission).

During the inspection visit we reviewed five people's care records in detail and specific aspects within the records for a further three people. We looked at three staff recruitment files, records required for the management of the home such as maintenance records relating to equipment and the health and safety of the home. We looked at quality assurance audits, minutes from meetings and satisfaction surveys, medication storage and administration. We also spoke to the general manager, the manager; and six members of staff including one member of nursing staff.

Before the inspection we had attended or received minutes of meetings arranged by the local authority and attended by representatives of the local authority safeguarding team, the local authority contract and commissioning team and the local Commissioning Group (CCG) as well as the directors of this service in order to monitor the situation at Lifestyles (Abbey Care) Archery Bower.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service.

We looked at notifications we had received for this service and reviewed all the intelligence CQC had received. We reviewed all of this information to help us make a judgement about this care home.

Is the service safe?

Our findings

During the previous inspection of 4 and 10 February 2015 we identified a failure to monitor the safety of the environment and equipment in the service placing people at risk of harm. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan to CQC on 8 April 2015 which told us that new maintenance staff had been employed and new systems for ensuring a safe environment had been implemented. The action plan also stated “We have now updated all paperwork in maintenance folders which includes bed rails, water temperature, pull cords, this will be completed on a monthly basis. we have also updated a PEEP (personal emergency evacuation plan) folder and introduced a grab folder which is kept in the nurses office and all staff are aware of this and will be updated on a regular basis and or when a new admission arrives”

At this inspection, there were risk assessments in place relating to the safety of the environment and equipment used in the home. For example hoisting equipment and the vertical passenger lift. We saw records confirming equipment was serviced and maintained regularly. The service had in place emergency contingency plans. There was a fire risk assessment in place for the service and personal emergency evacuation plans (PEEPs) for individuals. Fire zoned evacuations were completed regularly so that staff and people living at the service knew what action to take if the alarms sounded.

We looked at maintenance certificates for the premises which included the electrical wiring certificate, gas safety certificate and weekly fire checks and they were all within recommended timescales. We also reviewed auditing systems and saw that regular checks and timely follow up with regard to the environment and equipment were in place. For example, we saw systems in place to ensure maintenance checks were carried out with regard to gas safety, hoisting equipment, passenger lifts, electrical systems and legionella testing.

This meant that the breach of regulation identified on the 3 and 10 February 2015 was now met.

During the previous inspection of 4 and 10 February 2015 we identified that staff were failing to carry out person centred care. This placed people at risk of harm and was a

breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During our previous inspection we had identified staff were not providing care to people according to their assessed needs and people had not been appropriately referred to health specialists despite a need being identified in the care plan. For example referrals were not appropriately made to a dietician or Speech and language therapists when weight loss and/or difficulties in eating were identified. We also saw incident reports were not being analysed and responded to for example we saw an individual had fallen several times during a short period yet no action had been taken. Similarly where a person was experiencing regular distress this had not been responded to. We used our enforcement powers and served the provider with a warning notice.

During this inspection we saw evidence in people's care plans that appropriate and timely referrals were now made to health specialists and that incidents and accidents had been reviewed and appropriate measures taken to reduce further risk. We saw that people had risk assessments in their files. Risk assessments help identify risks and include the steps to be taken to minimise them. Risk assessments included manual handling risks, including the use of any equipment which was required to support people during manual handling. Accidents and incidents were recorded and a copy held in people's care files. Accidents and incidents were analysed for trends and patterns; for example if someone started to fall more frequently. In the event of a person falling additional checks were put in place to monitor for any ongoing effects. We saw, for example it had been identified one person had experienced an increase in falling at a particular time of day. The service referred to the falls team and arranged for closer supervision of this person at the time they had been identified as falling.

We also saw that care plans were more detailed and staff had a better knowledge of their content resulting in people receiving care which related to them personally. For example, we saw recorded in more detail the action to be taken to support someone who experience distress which manifested itself in shouting and angry towards people. Staff we spoke with were able to tell us the action they would take and this corresponded to the record. This meant this person would receive a more consistent and appropriate approach to reduce their distress.

Is the service safe?

This meant that the breach of regulation identified on the 3 February 2015 was now met.

The previous inspection had identified a failure to ensure people's medicines were managed safely. This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At that inspection we found that the arrangements for administering medication were not always safe; records did not correspond to the medication in stock and there were gaps on people's medicine records. If the dose had been omitted staff had not recorded the reason for this.

There was no recorded guidance about the circumstances in which "when required" medication could be given and those people receiving covert medicines did not have proper agreement for this or confirmation from the pharmacist about the most effective way to administer safely.

We also looked at how medicines were monitored and checked by managers to make sure they were being handled properly and that systems were safe. We found that, whilst the home completed checks on the medication records weekly, these checks had not been accurately completed and therefore the issues we found had not been identified and acted upon.

We took enforcement action because the provider was breaching this Regulation.

During this inspection people told us they received all their prescribed medication on time and when they needed it. We observed medication being administered to people safely.

Medication kept at the home was stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medication. This included daily checks carried out on the temperature of the rooms and refrigerators which stored items of medication. Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered.

Appropriate arrangements were in place for recording of medicines. Staff had signed people's medicine records when they had given people their medicines. Records had been completed fully, indicating that people had received their medicines as prescribed for them. Staff had recorded the reason if a person had not taken their medicine.

However we saw on the current medicine administration record stock carried forward or received mid cycle was not always accurately recorded for three medicines and for nutritional supplements.

Some people had been prescribed medicines to be given 'when required'. Information was now available to staff about these medicines for most people. This included information about when the medicine might be needed and whether the person was able to request the medicine themselves. This helped to ensure that people would receive these medicines in a safe and consistent way. We saw that nurses were in the process of updating this information and were currently working to further improve this.

At our last visit we saw people were not protected against the risks associated with covert administration of medication. This is when medicines are given in food or drink to people unable to give their consent or refuse treatment. At this visit we saw that the GP had authorised covert administration (adding medicines to food) for people who did not have capacity and were refusing essential medicines. The homes policy said that 'the team must always list which medicines are to be administered covertly and how.' However whilst staff were able to tell us how the medicines were given, this information was recorded but not in sufficient detail. This information would help to ensure people were given their medicines safely when they were unable to give consent.

We recommend that the service consider the current guidance and take action to update their practice accordingly.

This meant that the breach of regulation identified on the 3 February 2015 was now met though some areas would benefit from further improvement..

We asked people if they felt safe, they told us, "Yes I feel safe, there's always someone to call on." Someone else who told us they spent most of their time in their room told us, "Staff come and check on me regularly and I can always use my call bell if needed."

We spoke with staff about safeguarding vulnerable adults. They were clear of the procedure to follow and said they would have no hesitation whistle blowing (telling someone) if they saw or heard anything inappropriate. The provider told us all staff had received updated safeguarding

Is the service safe?

training and this corresponded to the training records we looked at. The local authority team reported an improvement in the numbers of alerts being made directly by the service.

We spoke with people about staffing levels. One person said, “staffing has got much better, there’s always someone around now.” We spoke with two relatives who said, “staffing levels are so much better” and “There are the odd occasions when it feels a bit short but most of the time there seems to be enough.” One member of staff said “There have been quite a lot of staff changes and new staff coming but it is much better, we aren’t as rushed now.” During the inspection we did not see any delays in people being attended to.

We looked at the staff recruitment files for three members of staff. We saw from the records that application forms had been completed and important information had been received and checked to make sure those using the service were not at risk from staff who were unsuitable to work with vulnerable people. We saw two references had been sought and a Disclosure and Barring Service check (previously called Criminal Records Bureau (CRB check) to make sure people employed were suitable to work with vulnerable adults. We spoke with a new member of staff who was completing their induction. They told us they had completed a number of training courses with regard to

safeguarding adults, the Mental Capacity Act (2005) and health and safety training. They were unsure if their induction was complete or when their probationary period would finish but thought the induction had helped them understand their new role.

We walked around the building and saw grab rails and handrails to support people and chairs were located in such a way that people could move around independently with places to stop and rest. Communal areas and corridors were homely and free from trip hazards.

The home was clean and people made positive comments about the cleanliness of the home, for example; “The whole place is spotless. Carpets are cleaned every week.”

We saw staff had access to personal protective equipment such as aprons and gloves. We observed staff using good hand washing practice. There were systems in place to monitor and audit the cleanliness and infection control measures in place.

While we are satisfied that previously identified breaches in regulation are now met there are some areas where further improvement is needed. Also, in order for a domain to be rated as good we need to see consistent good practice over time therefore we will continue to monitor the service and return review these areas again at the next inspection.

Is the service effective?

Our findings

The previous inspection of February 2015 identified staff had not been appropriately trained or supervised; this was a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014

Following this inspection the provider sent us an action plan detailing improvements to be made. They continued to provide us with updated information about training provided to staff as they received it.

At this inspection, the provider had recruited a member of staff to arrange and provide staff training. A new training package had been put place which included some e learning (computer), face to face learning, practical learning and some distance learning. Where staff had previously completed training they had repeated this. The general manager told us this was to assure the provider that staff had an opportunity to refresh their skills and knowledge and their competence could be checked.

All staff had received training across a range of issues which included first aid, food hygiene, medication, infection control, health and safety, Mental Capacity Act (MCA) 2005 and safeguarding adults. Training in additional more specialist topics had also been provided which included providing care for people living with dementia. Observations were also carried out to review staff competencies in particular areas of care practice. For example medication administration. The training and checks helped to ensure that staff had the relevant knowledge and skills required to care for people safely.

Staff told us they now received regular supervision which encouraged them to consider their care practice and identify areas for development. Staff told us they found supervision sessions useful and supportive. Staff also completed an annual appraisal. We saw from supervision records that discussion took place about policies and procedures relating to providing safe care as well as an opportunity for staff to express their views on the service and their performance. This meant that staff were well supported and any training or performance issues were identified.

People we spoke with were complimentary about the staff. Comments made included; "The staff are lovely, they know

what I want before I do." And a relative told us; "staff are a lot better. There's been quite a turnover but the staff team seem much happier now and they know what they're doing."

This meant that the breach of regulation identified on the 3 February 2015 was now met.

The previous inspection of February 2015 had also identified that although the manager and staff we spoke with understood the principles of the MCA and DoLS the practice we observed did not reflect this. This was a breach in Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014

During the previous inspection carried out in February 2015 we had seen people being 'directed' and although people were compliant to these requests, our observations indicated that care was not person centred and did not reflect current good practice with regard to people living with dementia. For example we saw in one person's care records an action recorded to 'remove the person from the room' in some circumstances. However, there was no associated documentation to advise staff about how this was to be achieved and no documentation of any collective best interest discussion or decision made that this course of action was in the person's best interest.

During this inspection we reviewed whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty, these are assessed by trained professionals to determine whether the restriction is appropriate and needed. The registered manager told us they had a good working relationship with the local authority DoLS team and we saw from our review of people's records appropriate MCA assessments had taken place, records of best interest decisions and that DoLS applications had been made. Best interest decisions are made on behalf of the person following consultation with professionals, relatives and if appropriate independent advocates making a collective decision about a specific aspect of a person's care and support. Following this process demonstrated openness and transparency in providing services for people who lack capacity as defined within the Mental Capacity Act 2005 (MCA).

Staff we spoke with spoke to us confidently about their updated training and the impact this had had on their

Is the service effective?

practice. They all understood the need to support the rights of people who have been assessed as having reduced mental capacity and that part of their role was to support people's freedom and independence as far as possible. We looked in one person's care plan who we knew became distressed, which manifested itself in aggression towards others. We saw the local community mental health team (CMHT) had been involved and a plan to reduce this person's distress was in place. We saw regular joint evaluation between the service and CMHT to assess the plan's effectiveness.

People we spoke with said that they were able to make choices and decisions about all aspects of their lives. They told us they could choose when to get up or go to bed and how they spent their time. One person told us, "I like to get up early so they come to me first; I like to sit in the lounge with a cup of tea."

This meant that the breach of regulation identified on the 3 February 2015 was now met.

We observed the lunchtime experience and noted the tables were set with cloths and napkins and a menu for the day was on each table. We observed people seemed to enjoy their food which was presented attractively and was clearly hot. People were offered a choice of menu and samples of the meal were shown to people enabling them to make a choice about what they wanted for lunch.

Those people who needed it were given discrete assistance with their meal and we saw people using adapted cutlery and plate guards in order that they could be independent when eating. We saw that food was served on coloured crockery. Research suggests that coloured crockery encourages people living with dementia to focus on their meal and consume more food.

We spoke to the chef who told us all food was fresh and locally sourced. They baked every day to ensure fresh cakes and high calorie smoothies were available to supplement people's diet where they were at risk of weight loss. They told us they had a good relationship with people and they knew people's preferences. Whilst we were at the home we noted that people had access to juice and water and that people were offered tea and coffee at regular intervals and we heard staff encouraging people to drink sufficient fluids.

One person told us, "We have a new cook now, his fish and chips are better than the chip shop." And another person told us "Sunday lunch is delicious."

"We saw those people who had nutritional risks associated with their health and well-being had a nutritional risk assessment completed. We saw people had been referred to dieticians and speech and language therapists. We saw in one person's file reference to them preferring a smaller portion served on a smaller plate; that too much food 'over faced' them.

We saw care plans included how often people needed to be weighed, whether food or fluid charts needed to be completed and any recommendations from the speech and language assessment if this had been completed. We saw plans had been reviewed regularly and amended as required, for instance one person had changed from needing a soft diet to a blended diet and food supplements.

The service was linked to the local general practitioner surgery. They held a surgery in the home every week and responded to emergency visits if required. People told us the access they had to their doctor was good. One person said "There are no problems seeing the doctor. If I want to see the doctor staff make an arrangement for him to visit me here."

Is the service caring?

Our findings

We found the service was caring. People we spoke with were happy with the care and support they received. Comments people made included; “The staff are lovely, they are very kind towards me.” And “they will do anything for you, they are smashing.”

Staff appeared to know people well and were able to talk to us in detail about people’s needs; their likes and dislikes. One person who lived at the home told us, “They get me books every week, they know I like crime stories and that’s what they get for me.” We saw recorded in compliment cards, “Excellent care, second to none.” And “My husband has been very well looked after, everyone is very kind.”

Some people living at the service with dementia were unable to tell us about their experiences in the home. So we spent time observing the interactions between the staff and the people they cared for. Our use of the Short Observational Framework for Inspections (SOFI) tool found people responded in a positive way to staff. We observed staff treating people with kindness and compassion, staff spoke with people at a pace which appeared comfortable to them.

Everyone said that they were treated with dignity and respect and we observed this during our visit. People could choose if they wanted male or female carers, staff knocked on doors before entering people’s rooms and bathroom doors were close and ‘engaged’ when people were receiving personal care. Everyone told us how polite, friendly and respectful staff were.

Bedroom doors had signs on them to show when people were receiving personal care and we saw these in use. We observed that staff regularly consulted with people about what they preferred to do, whether they were comfortable or needed anything. One person required assistance using a hoist. We observed staff give verbal and physical reassurance; talking to them about what was about to

happen in a patient and reassuring manner. We saw people were offered blankets or were assisted to ensure their clothing protected their dignity. During lunch people were offered protective clothing before being assisted.

People looked well cared for with attention given to people’s personal appearances and we saw people’s bedrooms were personalised with their own furniture and possessions or family photographs.

The general manager told us they were committed to giving people and their relatives an opportunity to influence how the service operated and improved. They held regular relative’s meetings and feedback from relatives we spoke with was positive. One relative said “there is a new manager and we are seeing improvements almost on a daily basis.” Relatives told us that the staff kept them up to date. They told us they were made welcome to the home. One relative said; “The staff inform family of any issues. They are very welcoming we can visit at any time.”

We saw some evidence that people had been involved in discussions regarding their care plans. One of the relatives we spoke with said that they had been involved in these discussions on their relative’s behalf.

Staff knew and understood the importance of confidentiality and we saw that records and personal information was kept locked away so that it was accessible only to those who needed it.

When people were approaching the end of their lives appropriate arrangements were made to ensure people were as comfortable as possible and any advanced wishes respected. Staff had received training with regard to end of life care. They demonstrated great respect in their discussion with us and they told us of how important this aspect of their work was. We saw details in some people’s care plans of future wishes, for example for one person they had requested the priest visit and deliver the last rites when the time came.

Is the service responsive?

Our findings

The previous inspection carried out in February 2015 identified people were not receiving personalised care and their care records failed to provide sufficient accurate information to assist staff in meeting people's needs. This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection staff were unable to speak with us knowledgeably about current good practice and initiatives with regard to supporting people living with dementia. We had seen this reflected in the practice observed. We saw that staff were unable to support people appropriately who were distressed and people were not given an opportunity to spend their day as they wished.

At this inspection staff were able to talk to us more confidently and demonstrated an understanding of people's individual needs and how to respond to them. Staff told us they had received further training with regard to providing dementia care and this had had a positive impact on their care practice. One member of staff told us "I have a better understanding of what people are experiencing."

The general manager said they had registered with Dementia Friends, a national initiative to raise awareness of dementia, particularly in people's communities. They said they had discussed with local councillors proposals to make the local village a "dementia friendly" village.

We reviewed five people's care records. We saw the care plans which covered areas such as personal care, mobility, nutrition, daily and social preferences and health conditions. We saw that people had corresponding risk assessments in place. People's plans gave specific, clear information about how the person needed to be supported. For example one person had requested that night staff come and introduce themselves before they settled down to sleep. There was also a record that the person had chosen not to be directly involved when the vicar visited but would like to remain in the lounge to listen to the service.

We could see that people's care had been reviewed and their plans amended. For instance we saw that one person had lost weight and had been referred to the dietician and now required their food and fluid intake to be monitored. We saw the corresponding records for this. We looked at

people's daily notes and saw the information provided a picture of how the person had spent their day. The detail in these records meant people's needs could be monitored and any changing needs picked at an early stage.

During the previous inspection we had identified a lack of activities and occupation available for people. At that time the manager told us a new activities organiser had been recruited and was due to start. During this inspection, unfortunately we were unable to speak to the activities organiser; however we were able to see the impact they had had on people's occupation and wellbeing.

We also saw a file containing information and suggestions available for staff when the activities organiser was not available. Staff told us although there was a dedicated role for activities everyone now got involved. Improved care records provided information about people's social histories and interests so that staff could engage with people with activities that were personal to them.

During our tour of the premises we were shown an area of the home which had been developed as a vintage shop which contained memorabilia. This area was also used for visitors meeting people who lived at the service. The general manager told us people who lived at the service had been involved in developing it and we saw photos of one person, whose previous employment had been as a decorator, helping to paint the walls. We saw in another person's daily records that the shop had stimulated conversation about weighing scales and having, as a child, to 'brasso' the weights as part of their chores. Staff and relatives had collected artefacts and brought them in. The general manager told us they were aiming to develop an unused area of the home to develop a 1950's kitchen. We also saw evidence of memorabilia around the home, and items to stimulate people's interest and engage in some activity for example folding tea towels or looking through vintage photographs.

One person who lived at the home told us "I have friends visit and we go to the old fashioned café, I enjoy looking at things from my childhood." This person also told us they had participated in a memory walk in aid of the Alzheimer's society and were looking forward to a tea dance in the village arranged jointly with the Scorton Buddies. Another person told us they had enjoyed a trip to the local pub. One person told us "The hairdresser comes every week – it's such a morale booster. We have a new lady – we have made bracelets and a lovely coffee cake."

Is the service responsive?

Volunteers from a local charity, Scorton Buddies, visited regularly and supported people with activities. They, together with staff and people living at the home had planted bedding plants and made the garden into an attractive area to spend time in. We spoke with one of their representatives. They told us they had seen “vast improvements over the last three to five months.”

This meant that the breach of regulation identified on the 3 February 2015 was now met.

People were involved in and had an opportunity to influence improvements to the service. Regular relatives meetings and ‘tell us your opinion’ surveys were analysed and any issues raised addressed. We reviewed surveys and saw commented, “I cannot complain about the way Mum has been treated.” and “All together very good and pleased with the home.”

We looked at the complaints log and saw complaints were recorded with details of investigation and the outcome reported to the complainant. All with the exception of one, had been resolved to the satisfaction of the complainant. A relative told us, “The general manager is very approachable, and I have spoken to him about minor niggles, which got resolved.” The manager explained they had developed policies and procedures in relation to the implementation of a new regulation of the Health and Social Care Act 2008, Duty of Candour which requires providers tell people who use services when something goes wrong and to apologise.

Previously identified breaches in regulation are now met so this domain is no longer rated as inadequate. However, in order for this domain to be rated as good we need to see consistent good practice over time therefore we will return and review these areas again at the next inspection.

Is the service well-led?

Our findings

The service has been in breach of Regulation 17, assessing and monitoring the quality of service provision, HSCA 2008 (Regulated Activities) Regulations 2014 (formally Regulation 10, assessing and monitoring the quality of service provision, HSCA 2008 (Regulated Activities) Regulations 2010) since May 2013. Since that time there have been some systems put in place to meet this requirement but these have not been sustained sufficiently. At the inspection of February 2015 the acting manager had been in post since March 2014. Prior to this inspection we were informed that this person had since left the service. A new acting manager came into post in July 2015 and is in the process of applying to register with the Care Quality Commission.

The provider is required to nominate a person (nominated individual) (NI) to supervise the management of the service and the regulated activities for which the service is registered. Previous inspections have identified failings in this regard. At the February 2015 inspection the NI for the service had recently appointed a general manager. This person had been employed to implement improvements and oversee this service and two others on the same site. Since that inspection the NI has resigned their post and the general manager has since been appointed as Nominated Individual. However, due to the ongoing breaches in regulations and poor management of the home by the previous acting manager the general manager has played a leading role in the day to day management of Archery Bower with the current acting manager supporting this role.

The general manager told us it was their intention to 'hand over' the day to day running of the home to the acting manager of the service in order to concentrate on their appointed role as nominated individual. This service has been without a registered manager since May 2013 and as such is in breach of their conditions of registration.

Following the previous inspection in February 2015, the general manager sent us an action plan detailing action to be taken to make the required improvements. This included implementing new systems to monitor and audit all aspects of the service. During this inspection we saw that systems were now in place to complete audits on a daily, weekly and monthly basis. Where any deficits were found they had been rectified swiftly. For example, there

was an audit around the review of care plans and audits of the medicines people were taking. The general manager told us this had impacted on the provider's assessment of staff competency and this had resulted in disciplinary action and the recruitment of new competent staff. However these systems are relatively new within the service and we are not yet confident that they will be maintained and continue to have a positive impact on the quality of the service.

At the previous inspection in February 2015 the general manager had identified gaps in staff training and had employed a dedicated member of staff to develop a training programme and either deliver this training themselves or source training organisations to deliver this.

At this inspection, we saw that the training programme had been established. The member of staff previously responsible for this had recently taken up the post as the acting manager. We spoke with them and they were able to speak confidently about their vision for the continued improvement of the service.

Staff we spoke with were all complementary about the general manager, they said he was supportive and listened to their point of view and he was firm but fair. One member of staff told us, "There have been improvements in management and the care of the residents. There was a lack of training particularly for dementia. The (general manager) is very supportive, morale is much better and we feel valued." Another member of staff said, "we have regular team meetings and I feel I can speak out about anything. I also have supervision, we talk about policies and my work. Last month I was asked about respect and dignity. It makes you think about how you do things." Another member of staff commented, "Morale had lifted – I see a future for the home now."

Relatives we spoke with commented that the general manager was a visible presence every day and told us "it's very clear where the improvements have been made."

Concerns remain about how these improvements will be maintained within this service when the general manager is no longer leading this on a day-to-day basis.

We sat in on the '10 at 10' meeting; a quick 10 minute meeting held every day at 10am for heads of department and senior staff to catch up on any issues and arrangements for the day. Staff also told us they had a

Is the service well-led?

formal handover from one shift to another, this included information about people and any changes needed. Staff told us this was where they learned of their particular responsibilities for the day.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team, the local authority's Deprivation of Liberty Safeguards team, and the health protection agency. Our records showed that the provider had appropriately submitted notifications to CQC about incidents that affected people who used services.

In summary, while we have seen improvements in a number of areas since the last inspection in February 2015, these appear to have been based on the day-to day presence and efforts of the general manager who has responsibility across three services. We need to see that the management of this home is handed over safely to a registered manager for this service and that they are able to maintain the improvements already made and continue to drive forward further improvement in the quality of care for people living in this service.