Orchard Care Homes.com (3) Limited

# Sowerby House

**Inspection report**

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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

This inspection took place over two days, 19 February 2015 and 8 April 2015. Both visits were unannounced.

We previously inspected Sowerby House in September 2014, and found the service was not compliant in the following areas:

1. People's views and experiences were not taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were not always respected.

2. People were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

3. People were not adequately protected against the risks associated with medicines because the provider did not have appropriate arrangements in place.

4. There were not enough qualified, skilled and experienced staff to meet people's needs.

# Summary of findings

5. Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare.

6. People were not protected from the risk of infection because appropriate guidance had not been followed and people were not cared for in a clean environment.

7. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

For items 1 – 4, we asked the provider to make improvements and provide us with an action plan setting out how they would address these shortfalls and the date by which they would be compliant. For items 5 – 7, because of the potential impact this could have on people living at Sowerby House we issued three warning notices. A warning notice is a legal document which sets out the evidence showing what the shortfalls are and gives a timescale for the shortfalls to be addressed. If the provider thinks the warning notice has been wrongly served or that the warning notice should not be widely published then they can make representations within ten working days. On this occasion no representations were made by the provider. The provider was given until 10 November 2014 to make the necessary improvements. Where a service fails to achieve compliance within the timescale, further action can be taken by the Care Quality Commission to make sure that compliance is achieved.

Sowerby House offers nursing and personal care for up to 51 older people and is owned by Orchard Care Homes.com (3) Limited. The service is in the village of Sowerby, adjacent to the market town of Thirsk.

There was a registered manager at Sowerby House. 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.

Since the inspection in September 2014, we noted significant improvements had been made in the service, that there had been a change to the way the service was run and managed and a number of new staff had been recruited. One member of staff told us, "This is a completely different place to what it was last year; it has come on leaps and bounds since then. We pulled together and each one of us wanted the place turned around, and we did it."

The service was safe. When we spoke to people who used the service they told us that they felt safe. We found that staff had been recruited in a safe way and that there were enough staff to meet people's needs. The environment was kept safe through regular maintenance and checks being carried out. Medicines were administered safely.

This service was effective. We saw that care plans were personalised and that people who used the service were involved in planning their care where they were able. People's mental capacity had been assessed by an authorised person and we saw evidence that best interest decision making was made as necessary. Staff were adequately trained to carry out their individual roles. The environment, despite the challenges associated with adapted buildings, was suitable for people who used the service.

The service was caring. People told us that staff were kind and caring. We saw numerous examples of staff having meaningful and positive relationships with the people who lived in the service throughout our two visits. Staff we spoke with had a good knowledge of people, their life histories and their preferences. People were spoken to in a respectful, friendly and inclusive way.

This service was responsive. People said they felt their individual needs were addressed. We saw that the care plans were reflective of the person and each person had a care plan that was personal to them. These were reviewed with the person on an ongoing monthly basis. People had access to a full programme of activities, including the opportunity to sit in the grounds or venture further into the local community. People were given clear information about how to make a complaint and relatives and people who used the service were encouraged to share their views about the way the service was run or how improvements could be made.

This service was well led. There was a clear management structure at the service. The registered manager monitored the quality of the care provided by completing regular audits. All the staff we spoke with, some of who had recently started work at Sowerby House, told us they felt supported by the manager and deputy and that they

# Summary of findings

enjoyed their work. Staff were aware of the roles of the management team and they told us that the registered manager was approachable, enthusiastic about his work and had a regular presence in the home. Staff meetings were organised for all designations of staff.

# 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?**

We found that this service was safe. People who used the service they told us that they felt safe. We found that staff had been recruited in a safe way and that there were enough staff to meet people's needs. The environment was kept safe through regular servicing and checks being carried out. Medicines were administered safely.

Good

**Is the service effective?**

This service was effective. Overall, people who used the service told us they were involved in planning their care and we saw that plans were personalised. People's mental capacity had been assessed where appropriate and we saw written evidence that best interest meetings were being held were necessary. Staff were properly trained to carry out their individual roles and told us they felt they had the right skills and knowledge to feel competent. There were some areas of the building which needed attention. However, the environment was suitable for people who used the service.

Good

**Is the service caring?**

This service was caring. People told us that staff were kind and caring. We saw numerous examples of staff having meaningful and positive relationships with the people who lived in the home. Our observations showed that staff had a good knowledge of people, their life histories and their preferences. People were spoken to in a respectful, friendly and polite way.

Good

**Is the service responsive?**

This service was responsive. People said they felt their individual needs were taken care of. We saw that the care plans were reflective of the person and were reviewed on a monthly basis. We saw that each person had a care plan that was personal to them. There was a full programme of activities and people were supported to go out into the grounds of the home and into the local community. People were given clear information about how to make a complaint.

Good

**Is the service well-led?**

The five questions we ask about services and what we found This service was well led. There was a clear management structure at the service. The registered manager monitored the quality of the care provided by completing regular audits. All the staff we spoke with, some of who had recently started work at Sowerby House, told us they felt supported by the manager and deputy and that they enjoyed their work. Staff were aware of the roles of the management team and they told us that the registered manager was approachable, enthusiastic about his work and had a regular presence in the home. Staff meetings were organised for all designations of staff.

Good

# Sowerby House

**Detailed findings**

## Background to this inspection

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

This inspection took place over two days, 19 February 2015 and 8 April 2015. Both visits were unannounced. The inspection team on 19 February 2015 was made up of one inspector, a bank inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The inspection on 8 April 2015 was carried out by a different inspector, who continued the inspection process to gather further information so that CQC could report on the overall findings.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. We reviewed the Provider Information Return. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted representatives of the local authority quality and contracting team and Healthwatch to seek their views about the service. All this information was then used to inform the inspection planning.

During the inspections we spoke with fourteen people who used the service, five visitors, three care staff, a senior care assistant, three domestic staff, the cook, a doctor, the registered manager and the regional manager. We observed a lunchtime period and a medicine round, inspected the care plans and risk assessments for twelve people and looked at medicine administration records and other management information.

Good

# Is the service safe?

## Our findings

We found that this service was safe. People who used the service told us that they felt safe. One person told us, "I feel safe because when I'm in my room I can just press my call bell and staff will come to me." They told us they found this reassuring. Three people told us they were happy with the arrangements for seeing a doctor and commented that they got their medication "At the correct times." One person described to us how they would be able to approach the manager to discuss anything they were unhappy with or if they felt unsafe. Everyone we spoke with told us they were impressed with the cleanliness in the home and that staff worked hard to make sure the service was kept clean and smelling fresh. People also commented on the staff team in positive terms. One person told us, "The staff are very considerate and help me with everything." They went on to say that this gave them confidence and helped reassure them that they were safe.

We noted that there had been a lot of staff changes over the previous few months. Some staff had left and eleven new staff had been recruited. There were still some staff vacancies for qualified nurses but recruitment was in hand. When agency staff were being used, these were regular agency staff, which provided consistency for people they were caring for. New staff were being taken through an induction and were routinely allocated a mentor and would 'buddy up' with more experienced staff. An additional 33 nursing hours had also been agreed and the process of recruitment was underway to provide an additional three days a week when would be two nurses on duty. This would mean the extra nurse could focus on care delivery and supervision of staff.

We looked at four staff files and found that staff had been recruited in a safe way. When they applied to work at the service they provided two references and checks were carried out with the Disclosure and Barring service to make sure that they were suitable to work with vulnerable people. They did not start work until these checks had been carried out.

At the last inspection we found there were not enough qualified, skilled and experienced staff to meet people's needs. We asked the provider to address this issue. At this inspection we found that overall there were enough staff on duty to meet the needs of people who used the service. The rotas we looked at showed us that staff numbers were consistently sustained. The registered manager told us that they used a dependency tool to calculate the numbers of staff needed to meet the needs of the people living at Sowerby House. The registered manager also told us that he was able to adjust the staffing ratios depending on the dependency levels of people accommodated.

There was a system in place for recording accidents and incidents. This meant there was a clear record of any incidents that had occurred. We saw these were properly recorded.

There were emergency plans in place for all individuals. For example people had personal evacuation plans telling staff how to support individuals in the event of fire. This meant that people would be supported effectively in the event of such an emergency.

At the last inspection we found that people were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We asked the provider to address this issue. At this inspection we found that training had been given to all staff about the safeguarding of adults. When we spoke with staff to check their knowledge of the procedures they were able to describe the process they would follow to make a safeguarding alert .There was a policy and procedure available to staff for reference. People who used the service could be confident that staff knew what to do if they witnessed abuse or thought abuse may be happening. Staff were also familiar with the whistleblowing policy and told us they would not hesitate to use it should they feel they had to. All staff we spoke with during the two inspection days told us that management gave a high priority to training and they felt they were well trained to carry out their individual roles. Some care assistants had completed a National Vocational Qualification in social care. Other training had included infection control, food hygiene, dementia care and moving and handling.

We checked care planning documents for twelve people. We saw that risk assessments were in place and found that the risk assessments were clearly linked to the persons identified need. For example, there were risk assessments in place when a person had problems with eating and drinking and could be at risk of malnutrition. Staff used a malnutrition universal screening tool (MUST) and from this could determine the level of risk. This led staff to take actions to lessen the risk. We also saw risk assessments

Good

# Is the service safe?

relating to issues such as mobility, falls, pressure area care and fire evacuation. Again, these assessments had been completed in full and gave a good description of the care staff should give and how to best meet the person's needs.

At the last inspection people were not protected from the risk of infection because appropriate guidance had not been followed and people were not cared for in a clean environment. We issued a warning notice setting out our evidence of failings. We were aware that there had been an inspection in October 2014 and a follow up in January 2015 by the Community Infection Prevention Control Nurse (CIPCN) from the local authority. The CIPCN inspection had focused on infection control and a report had been provided detailing the required action. At this inspection we saw from the report that many of the issues, which had previously been identified as requiring action in October 2014, had been addressed and that other matters, which involved external resources were underway. We also found that overall the home was clean and well maintained. Due to the age of the building there were some issues which required longer term attention but appropriate action was being taken where this was possible. The first floor of the existing building was difficult to navigate, and could present a challenge to people with a cognitive impairment. The corridors were generally narrow and could present challenges when using hoists and wheelchairs. However, staff were aware of this issue and were able to support people with mobility effectively. Some people preferred to spend most of their day in their bedrooms. Where this happened staff made sure they were regularly checked and had a nurse call button within reach. No one told us they felt socially isolated and that they could, if they wished, mix with other people in their rooms or in the communal areas.

A new improved laundry system was in place for soiled and clean linen which meant that clean and dirty linen was kept separate. Clean laundry was taken in baskets from the driers straight across the corridor and folded in a room which has been specially converted from a staff room to a linen store. Staff explained that this meant that all clean linen was folded and dispatched throughout the home from this room, an improvement from the previous system. New bed linen and towels had also been purchased to replace worn and stained linen.

We saw that people's safety and welfare had been considered when the fire risk assessment had been written. Regular checks of fire alarms and fire fighting equipment had been carried out and were up to date. Equipment for the use of people who used the service such as hoists were maintained regularly.

At the last inspection we found that people were not adequately protected against the risks associated with medicines because the provider did not have appropriate arrangements in place. We asked the provider to address this matter. At this inspection we found that senior staff administered medicine and we saw that they did so safely. Staff were working from the guidelines set out in the National Institute for Clinical and Care Excellence, which demonstrated that they were aware of appropriate guidance. Medicines were received, stored and disposed of safely and there were records of each action. We looked through the administration records for medicines and found that these had been filled in properly, showing what medicine had been given, at what time and by who. Nurses wore 'do not disturb' tabards when giving out medicines. This, they said worked sometimes better than others but that it was usually adhered to. During our observations we saw staff gently supporting people to take their medicine. Staff were seen to get down to the persons eye level and explain what the medicine was for, or ask if they required any pain relief if they had this on an 'as required' basis. Staff gave people the time they needed to take their medicine and, without being intrusive, checked they had swallowed this before moving away. Staff worked with doctors where, for example, people refused medicine or had concerns about side effects. They told us the local doctors were extremely supportive of the home and that they received an excellent service from them when medical matters arose.

Good

# Is the service effective?

## Our findings

We found that the service was effective. People who used the service told us they were involved in planning their care if they wished. We looked at twelve care plans and saw they were personalised. Each included a life history, information about the person and there was written evidence that people had been consulted about their preferences. The registered manager provided people with information about the service when they moved in. This included information about the service, the facilities and support provided. The information was also available in different formats if needed, for example large print.

People told us that staff, despite many of them being new, had the skills and knowledge to provide the care they needed. One person told us, "This is a nice place to live, I have no grumbles, I am very happy here." All the staff we spoke with had completed an induction period when they started working at Sowerby House; this also included a period of shadowing a more experienced member of staff until they felt able to work alone. Staff had been trained in various subjects including health and safety, fire, catheter care, infection control, food hygiene and dementia awareness. The training programme showed that training was mostly up to date and updates had been arranged where needed. Staff confirmed they had undergone an intensive period of training and that this was discussed with them on a regular basis.

We saw in the care plans that people's mental capacity had been assessed and we saw evidence that where people were unable to make a decision, a best interest meeting was held involving third parties. In one example we saw, it had been decided that it was in a person's best interest to live at Sowerby House after a stay in hospital. There was clear evidence of consent being sought by staff for issues such as involvement in activities, preferred times for getting up and going to bed and if people wanted to be checked during the night. People who used the service had agreed to and, if able, had signed their care plans. Some people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form in their file; this had been discussed with them or their next of kin and signed by their doctor or hospital consultant.

People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals. None of the current people living at Sowerby House had been assessed as needing a DoLS referral but the registered manager was in contact with the relevant professionals should this become necessary.

Staff used assessment and monitoring tools to identify changes in people's health and wellbeing. This meant they could quickly access appropriate health, social and medical support when needed. People told us they were able to request a bath at any time and that they had one at least once a week. Everyone we met during our inspection visits looked well groomed and tidy.

Accommodation was provided in the original house and a purpose built extension. The older part of the home brought with it some compromises, for example corridors were narrow and use of equipment could be a challenge. However, overall the environment was suitable for the needs of people who lived at Sowerby House. There was a passenger lift to the first floor and no one we spoke with complained about access to their bedrooms or the communal areas. The conservatory area, which was well used, was very hot on one of the days we visited. People who used this area told us it got hotter as Spring turned into Summer. We discussed this with the registered manager who agreed to pursue the possibility of providing some blinds or sun screens so that people were protected and remained comfortable.

There were seating areas throughout the building. There was a lounge and quiet areas suitable for people to use to have private discussions with family or professionals or for having time away from their rooms. All areas of the home we saw were spacious, uncluttered and clean. There were ramps to facilitate the use of walking aids or wheelchairs where required.

Most of the people who used the service spoke positively about the food and drinks provided. One person told us, "The food is hot and it's enough for me." Another person told us, "The food is good to excellent, there is always a choice of two dishes from the menu." People also told us they would feel happy asking for an alternative if they did

not like what was on the menu. One person told us, "There are always drinks within reach." Another person told us, "The food is always good and there is a good choice." Visitors told us their relatives were given appropriate support to eat and drink if they required assistance. One person told us, "[Name] must be eating because they have put on weight." One visitor told us, "The staff helped and encouraged my [relative] to eat independently and ensured they were comfortable before food is placed on tray."

The cook had a clear record of the different preferences of people who lived in the home. Details of their specific dietary requirements and allergies were listed individually in their care plans, which had been completed on admission. We saw that where there had been an update or a change or where someone had come into the home recently, these forms were pinned up on the board in the kitchen so that staff were updated and aware of the changes required. The cook was able to describe who was on fortified diets (with the addition of cream and butter to mashed potatoes for example). She talked about one person who was "Off her food at the moment" but said that she made soups and staff had been trying to tempt them with this. The cook went on to say that if people 'fancied' a particular dish or sandwich then this would be provided wherever possible.

We observed two lunchtime dining experiences on each of the inspection days. We saw that mealtimes were sociable occasions. The main dining room had set tables, table clothes, condiments, cutlery and table decoration. Some people received their meal on a one to one basis in their bedrooms. There were enough staff on duty to make sure there were no delays in people receiving their meal wherever they were dining. It was noted how people chatted during their meal, making it a sociable occasion. We were told by people that they tended to sit in 'their' place but would move around depending on who was in the dining room and if they were having visitors. People were seen to enjoy the food which looked and smelled appetising and fresh. People were given a choice of menu prior to the sitting, but if people had changed their mind, this was accommodated. In some examples, we saw staff showing people the meal plated up, so that they could use visual prompts before making their final decision about their meal. Throughout the dining experience, staff were attentive to people's needs and maintained the dignity of those who experienced difficulty in eating. For example, one member of staff sat with a person throughout the meal to assist with eating and drinking. They engaged them in conversation, supported them to eat at their own pace and gave them regular drinks during the meal. One person said, "I really enjoyed that pie, it was hot and just right for me." People were offered drinks regularly throughout the day.

Good

# Is the service caring?

## Our findings

People said that staff always treated them with kindness and made them feel settled and content. One person told us, "I have a high level of personal care but staff never make me feel embarrassed." People told us about their experiences and commented that privacy and dignity was always maintained. One person told us, "Some of these young girls, you could be embarrassed even with personal care, they do this in a manner that I am comfortable with." One person told us, "I feel cared for and valued." A visiting doctor told us he worked with the staff when providing medical assessment or treatment. He told us that staff knew his patients well and that the standard of care was good. Monthly sessions were run by the local doctor's surgery, of which there were two and these were timed so that the home was visited on a fortnightly basis by one or other of the surgery doctors. Staff told us they valued the relationship they had built up with the local doctors and that they would visit the home at any time if there was a need.

A few people mentioned the frequency of bathing. We discussed this with the registered manager and although he was aware that some people were reluctant to be bathed, staff were able to offer alternative ways of keeping people fresh and hygienic.

At the last inspection we found that people's views and experiences were not taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were not always respected. We asked the provider to address this matter. At this inspection we found that throughout our visits we noted staff were very caring in their attitudes to people they supported, and each other. Our observations showed that all staff had a good knowledge of people, their life histories and their preferences. Staff were seen to help and support people with their activities and mobility in an appropriate way to keep them safe and promote independence. Staff supported people to get themselves up and out of armchairs, where they were able, when they needed to move to a different area in the home. We also noted that a number of people required a minimum of two care staff to assist in both personal care and assistance in moving around. Some people were nursed in bed in their room. We observed that this was done well and competently. For example, a person being nursed in bed was supported by staff who showed great sensitivity and compassion.

Interactions between nursing/care staff were discreetly observed during the day. There was a friendly and professional approach, particularly amongst the care assistants, activity co-ordinators and domestic staff in their interactions with people. In many cases the conversation between staff and people was humorous. This helped in giving a relaxed feel to the home.

The staff gave people time and assistance was unhurried. This was particularly noticed following lunch when residents were assisted to move back to their bedrooms or the main lounge area.

Resident's rooms were personalised, with possessions, small mementos, photographs of family and other cherished items. Rooms were generally clean with no evidence of odours.

When asked if they were listened to and encouraged to make suggestions one person told us, "The staff do listen to you, they try and help where they can and remember things about me which means a lot." As well as the caring environment and attention to detail of the care staff, one aspect of life at Sowerby House which was also well-liked and popular with the majority of people was the activities. A staff member was highly praised by people for the range of activities and enthusiasm they gave to providing a stimulating activity programme.

We saw leaflets advertising advocacy services but did not see that anyone had an advocate. Most people had families who visited regularly. People said their family and friends were always made to feel welcome.

Good

# Is the service responsive?

## Our findings

This service was responsive and people told us their individual needs were met. At the last inspection we found that care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. We issued a warning notice setting out our evidence of failings. At this inspection we found that shortfalls around the responses to call bells had been addressed and that care documentation had improved and was informative and accurate.

Although a couple of people commented on the time it took for the call bell to be answered, they also told us they understood if staff were already dealing with someone else. We asked the registered manager about this and he told us that as part of their monitoring of the service they checked the response times periodically and if there were any 'lengthy' delays they would discuss this with the staff team to improve the service.

One person told us, "This home is very good." A visitor told us about the positive way the home had made sure they were able to maintain a close relationship with their relative and that this had been of huge benefit to them both.

Some relatives had attended a meeting in January 2015, but there had been little take up for meetings since then. The registered manager told us that there had been plans for relatives to form their own forum but that this had not taken off. This, he said, was to be taken up again to make sure relatives had the opportunity to share their views and support staff to make improvements and be 'the voice' of people living at Sowerby House. However, relatives were informally involved in life at the home and were able to contact the manager if they wished.

Relatives had completed a satisfaction survey in January 2015. Overall 77% had rated the service in a positive way. A further survey was repeated in February 2015 and the overall satisfaction rate had increased to 99%. The registered manager told us this was because of the action taken to address those matters identified in the January analysis.

We saw that each person had a care plan that was personal to them. Care plans had been written in consultation with the person or, where that was not possible, their families or someone who knew them well. We saw that the care plans were reviewed monthly.

People who used the service were smartly dressed and looked well groomed. People had their hair tidy and some had had manicures. People were encouraged to maintain hobbies and interests and the service employed a person full time to organise activities. People appeared very engaged with activities and said that they felt they had been involved in planning the activities on offer.

There was a full list of activities, usually two activities per day. People told us they particularly enjoyed the arts and crafts, quizzes, dominoes and themed activities around festive periods such as Easter and Christmas. Activities were available to people in the main lounge throughout the day and time was set aside so that the activity organiser could see people who chose to stay in their own rooms or were being nursed in bed.

Leaflets outlining how people could make a complaint were given to people who used the service and were displayed in the service. We saw records of the complaints and actions taken.

We looked at the complaints file. The complaints logged had been responded to appropriately.

Good

# Is the service well-led?

## Our findings

All the staff we spoke with told us they felt supported and enjoyed their work. One member of staff told us, "This is a lovely place to work." Some staff were new and others had worked at the home for longer. A staff member we spoke with told us, "The manager is supportive and encourages you to do a good job." Staff said that the registered manager always acted immediately on any concerns they reported, whilst maintaining confidentiality. One staff member told us, "We're all a good team now. We get on really well and communicate with each other so that we know what has been done and what needs doing." Records showed that staff received regular supervision. Staff confirmed this. One member of staff told us, "My supervision gives me the reassurance that I am doing a good job."

We saw that the staff worked well together and approached the registered manager and senior workers throughout the day to ask for advice or guidance. We also sat in on a handover session. Information was shared in a concise and professional way. Staff coming on duty added comments and asked questions to make sure they understood what needed to be done during their shift. It was a two way handover and staff discussed best approaches if someone had refused support earlier.

Staff talked to us about a recent event in the home which had been upsetting for everyone. They told us they had received "incredible support" from the registered manager.

It was clear that the registered manager and area manager had taken seriously the previous shortfalls and had worked with staff and people who used the service to make improvements. Staff were open about this and told us how much things had improved since September 2014. The registered manager had a clear vision of how he wanted Sowerby House to be seen and he told us his staff team were happy to be 'on the journey' with him. Teaching sessions, staff supervisions and performance management were ongoing and there was an action plan in place for all areas of improvement.

There was a clear management structure at the service. Staff we spoke with were aware of the roles of the management team and they told us that the registered manager was approachable and had a regular presence in the service. During our inspection the registered manager was able to answer all of our questions about the care provided to people and showed they had regular contact with the staff and people who lived at Sowerby House. The registered manager had started 'daily workarounds' and felt this had helped identify matters at the time so that staff could improve service delivery. We saw that the registered manager led by example and was keen to improve the service.

At the last inspection we found the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We issued a warning notice setting out the evidence for the failings. At this inspection we found the registered manager monitored the quality of the care provided by completing regular audits. These included audits of medicines, care records and infection control. There was evidence to show that audits were analysed and an action plan was generated to show how improvements would be made. An annual improvement plan had been agreed with the registered manager and the area manager to make sure they had captured the issues they needed to address to maintain standards in the care delivery. Where guidance was needed the registered manager and senior staff showed knowledge of good practice guidance.

Staff meetings were held regularly. Staff told us the meetings were an opportunity to raise new ideas and raise any concerns. They told us they believed their opinions were listened to and taken into account when planning people's care and support.