

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 

Summary of findings

Overall summary

We inspected Lifestyle (Abbey Care) Limited Archery-Bower on 26 July and 18 August 2017. The first day of the inspection was unannounced and we told the provider we would be visiting on day two.

At the last inspection in October 2016 we found the provider had breached 10 regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the safe delivery of care and treatment, person centred care, equipment and premises, dignity and respect, consent, safeguarding, staffing, recruitment, dealing with complaints and overall oversight of the home. Also Regulation 18 of the Care Quality Commission (CQC) (Registration) Regulations 2009 requirement to notify CQC of significant events.

We imposed a condition on the registered provider's registration to prevent people moving into the service. This meant 15 people remained living in the service following our last inspection in October 2016 who required nursing and personal care. At this inspection we saw the provider had not continued to breach any regulations and therefore this condition will be lifted and new admissions will be able to happen.

We also imposed 10 conditions to require the provider to make improvements. The improvements needed related to recruitment to ensure suitable people were employed and that a review of each person's care plan and risk assessments were carried out. The provider complied with these conditions and CQC removed them in June 2017 once we were satisfied they had been met.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months of the publication of the previous report. We expect services to make significant improvements within this timeframe. During this inspection the provider demonstrated to us that improvements had been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Lifestyle (Abbey Care) Limited Archery-Bower is a large purpose built property. The service can provide nursing and personal care for up to 60 older people some of whom maybe living with dementia. At the time of our visit 15 people lived at the service.

A registered manager was in post who had registered with us since the last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager is referred to as 'manager' throughout this report.

On day one of our inspection we saw issues were still evident with the recruitment of agency workers, medicines systems and management of complaints. The provider's quality assurance system had not recognised these issues. We asked the provider to make improvements; this included a request that an

independent and qualified representative of the provider complete an audit of the service. When we returned on day two we found improvements had been made and we no longer felt there were any breaches in regulations.

We discussed with the director how they must adapt their approach to quality assurance to ensure the service sustained quality and safety and that as the director they were alerted to when quality or safety was deteriorating. The director re-designed the system and implemented the changes following our inspection. We will continue to work with the local authority to monitor that such systems are effective. CQC need to see ongoing and sustained improvement to enable us to assess the service to be rated good overall in the future.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as moving and handling, health and behaviour that challenged the service. This enabled staff to have the guidance they needed to help people to remain safe.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

We saw staff had received appropriate training and supervision on a regular basis. This included supporting nurses to ensure their fitness to practice was maintained. People told us there were enough staff on duty to meet people's needs. The director had a plan in place to increase staffing as new people moved into the service and more resources were required, this included the recruitment of their own staff to reduce reliance on agency workers.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Staff showed they knew the people very well and could anticipate their needs. People told us they were happy and felt very well cared for. This included high satisfaction with the food and snacks available.

People had their health monitored well including nutrition. We saw people had access to healthcare professionals when required.

People's care plans were very person centred and written in a way to describe their care, and support needs. These were regularly evaluated, reviewed and updated. We saw evidence to demonstrate people were involved in all aspects of their care plans.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw there was a good supply of activities which were tailored to meet people's preferences. People told us they enjoyed the activities on offer.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Records showed recruitment checks for their own staff were safe. Improvements were required to ensure the details of agency staff were available to ensure they had the skills and competencies required.

Improvements were made to the medicines management system in between day one and two of the inspection. The provider needed to ensure good practice was incorporated and maintained to ensure safety.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Is the service effective?

Good 

The service was effective.

Staff had received appropriate training and support from the manager.

People were supported to make their own decisions. Staff worked within the principles of the Mental Capacity Act 2005 where people were unable to make their own decisions.

People told us they enjoyed their food and had plenty of choices in relation to food, drinks and snacks.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good 

The service was caring.

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

Staff were able to describe the likes, dislikes and preferences of

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

Is the service responsive?

Good ●

The service was responsive.

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

People had opportunities to take part in activities which were tailored around their preferences, likes and dislikes.

People and their relatives knew how to raise concerns and felt confident they would be listened to and that the manager would take action where needed.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Quality assurance systems were being reviewed to ensure they were effective. Monitoring of the new system to ensure it successfully ensured quality and safety was to happen from the provider.

The service had a manager who understood the responsibilities of their role. Staff we spoke with told us the manager was approachable and they felt supported in their role. Staff told us morale was positive.

People were regularly asked for their views and their suggestions were acted upon.

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. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 26 July and 18 August 2017. Day one was unannounced and we told the provider we would be visiting on day two. The inspection team on day one consisted of one adult social care inspector, a medicines inspector 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 care service. On day two the team consisted of two adult social care inspectors.

Before the inspection we reviewed all of the information we held about the service. This included information we received from safeguarding and statutory notifications since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We reviewed all of the feedback we had received since the last inspection from the local authority commissioning team and clinical commissioning groups. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return (PIR). This 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 spent time with eight people and five of their relatives. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the visit and following the visit we spoke with the manager, director, nominated individual and seven staff members. Members of staff included the chef, care workers, nursing staff and activities worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation. We looked at 11 people's medication records. We looked at six staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

At the inspection in October 2016 the provider had not ensured medicines were managed safely or that risks to people's health and wellbeing were managed to reduce the risk of avoidable harm. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 12.

People and their relatives told us they felt the support received with medicines was good. One person said, "My tablets are given to me so I don't forget anymore."

We looked at the arrangements in place for the management, storage, recording and administration of medicines. On day one we saw issues such as, on people's topical medicine administration records (TMARs) and medicine administration records that staff had not always signed to confirm they had administered medicines. We saw protocols to describe when 'as and when required' medicines should be administered were not always thorough enough to provide staff with clear instructions. We saw records did not reflect when people had received medicines at specific times to ensure they were effective in controlling specific symptoms. We found no evidence that anyone had been harmed because of these issues, however we told the manager and nominated individual that the issues we found created a risk that people may receive poor medicines support and we requested improvements to be made.

On day two of the inspection we saw the improvements the manager had put in place. We saw a new format was in place for 'as and when required' medicines which contained appropriate information to support staff to make administration decisions. Records were robustly completed and we saw no gaps were evident. A new medicines round had been implemented at 7am so all people who required medicines before meals were supported better. The nurse on duty told us this was working better for people.

We saw GP's and pharmacists had signed to say people could be administered their medicines covertly (the administration of essential medicines through disguising them in food or drink to ensure people receive treatment required). The manager had updated care plans to explain the medicines support each of these people required to ensure it was the least restrictive option. This meant people were offered medicines overtly and if they refused it would be administered covertly. The manager had arranged to meet with the GP again to review these protocols to ensure they were as up to date as possible.

We discussed with the manager, nominated individual and director the importance of medicines good practice being in place to prevent a risk of harm to people. We were satisfied the improvements made meant the medicines support was safe for people. We saw the audit system in place had not identified the issues and requested that the director work to ensure the audit system improved to prevent poor practice in the service. They agreed to do this.

We saw that members of staff who administered medicines had had their competency to carry out this role checked.

We asked people who used the service and their relatives if they felt the service was safe and without exception everyone told us they felt it was. People said, "I am safer here than at home in case I have one of my turns" and "I feel safe now and touch wood nothing will change that."

We looked at the arrangements in place to manage risk so people were protected and their freedom supported and respected. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as nutrition, pressure care and moving and handling. They also included information on people's health conditions such as diabetes to support staff to act in an emergency to support people. This enabled staff to have the guidance they needed to help people to remain safe.

Arrangements were in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw documentation to record accidents and incidents was basic. We looked how actions to prevent a reoccurrence were documented and what onward reporting to local authorities or professionals had been made. The manager could describe actions taken but the records did not reflect this. The manager showed us on day two a new accident document due to be introduced which was more robust. The manager reviewed patterns and trends for individuals each month and we saw records to evidence this. This helped the manager and provider understand where environment, staffing or equipment may need to change to prevent a reoccurrence where possible.

At the inspection in October 2016 the provider had not ensured appropriate checks were made to ensure staff were of good character or professionally registered before they commenced duty. This was a breach of Regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 19.

We looked at three staff files and saw the staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

We looked at the recruitment process carried out to ensure agency workers had suitable skills and were suitable to be working with vulnerable adults. We saw on day one that the manager had sought profiles on each of the agency workers and these were kept on file. The profiles contained minimal information to enable the provider to assess suitability such as confirmation of the DBS check. The manager agreed to work with the agency manager to upgrade the details on the profiles so that sufficient information was recorded such as training dates and competency confirmation.

The manager explained that the agency staff who worked at the service were regular and this provided consistency for people. The manager was checking nurse's registration of their own staff and those from an agency each month to ensure they were fit to practice.

At the inspection in October 2016 the staff, management and provider had failed to recognise the safeguarding concerns seen during inspection. This was a breach of Regulation 13 (Safeguarding service

users from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 13.

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

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they describe the process to follow. They told us they had all been trained to recognise and understand all types of abuse, records we saw confirmed this.

At the inspection in October 2016 the provider had not ensured suitably qualified, skilled and experienced staff were deployed to ensure people were cared for safely. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 18.

We looked at the arrangements in place to ensure safe staffing levels. We saw the staff rota and the tool used to map the dependency of people who used the service, which was used to ensure staffing levels could meet people's needs. We observed there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. Staff told us staffing levels were appropriate to the needs of the people using the service.

The director provided us with a business plan to describe how they would in future recruit their own staff as new people began to be supported in the service and reduce their reliance on agency cover. This included additional resources for reception and deputy manager support. The director told us on day two they were already starting to advertise for such roles. We were confident the director understood that as the service grew additional resources and increased staffing levels were required to maintain safety. They had an appropriate tool in place to support their understanding of this.

At the inspection in October 2016 we reported in the 'Action we asked the provider to take' section that equipment was not properly maintained. This was a breach of Regulation 15 (Premises and equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We could find no reference to the evidence this breach related to in the main sections of the report. On this inspection we had no concerns in this area; this meant the provider had achieved compliance with Regulation 15.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety.

We also saw personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed evacuation practices had been

undertaken. Tests of the fire alarm were undertaken to make sure it was in safe working order. The service was working with the fire brigade to update their emergency evacuation processes to ensure when other areas of the home opened (upstairs) their plans would be robust and fit for purpose.

Is the service effective?

Our findings

At the inspection in October 2016 the provider had not ensured suitably qualified, skilled and experienced staff were deployed to ensure people were cared for safely. They had also not ensured staff were supervised and supported. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 18.

People and their families told us staff provided a good quality of care. One person said "I really think the staff know what they are doing. They look after me very well." A relative told us, "Staff now have a 'can do' attitude to everything and are very positive."

The manager told us staff new to care were undertaking the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

Staff we spoke with told us they had received a wide range of training since the manager arrived in post. They told us they had received training in health and safety, principles of dementia and safeguarding, plus some had started to complete their National Vocational Qualification (NVQ) level 3. One member of staff said, "I had no training in 2016 and in 2017 I have had dementia care and end of life care. I like learning and I now feel more valued."

We saw the training matrix which confirmed staff training was well managed and most staff were up to date in all mandatory topics. The nominated individual had delivered training since the last inspection to the small number of staff who required it. We discussed with the director their plans to increase resources so that someone who was trained to deliver such topics was in post as the staff numbers increased. They agreed to do this.

The manager was working with the nursing team to ensure they were competent to complete the clinical tasks expected of them. They explained as people with more complex needs were assessed they would ensure nursing staff received refresher training to update their knowledge and skill. Part of this support was reflective practice and we saw a nurse had completed this with the manager following day one of the inspection to review how antipsychotic medicines were administered correctly. This would be used to support the nurse to revalidate their professional registration as evidence of how they used reflection to learn lessons from occurrences.

We saw the initial induction staff received on day one was quite basic. We discussed this with the manager who explained further the detail which had been passed to new staff and found the induction document did not include this detail. The manager had devised a new document which clearly stated all the information a person would need in their first few days to understand the environment, safety instructions and to get to know people.

Staff we spoke with during the inspection told us they felt well supported and they had received supervision and an annual appraisal of their performance. We saw records to confirm supervision and appraisals had taken place. We saw the form directed the person supervising to ask 'How do you feel, what is working well for you', this showed that staff were treated as an integral part of the service and respected. Staff confirmed to us the manager had supported them to be involved in the service and they felt listened to.

At the inspection in October 2016 the provider had not ensured consent was appropriately recorded and where people lacked capacity that the Mental Capacity Act 2005 had been used. This was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions. We saw documentation had improved for people who lacked capacity where the service had assessed a MCA assessment was required. Within the care plan we did find details where people had a representative appointed to act on their behalf. The manager was working with the director to improve the ease to which staff can access details about people's advance decisions or power of attorney. This would help staff to clearly understand what decisions a person had made for themselves in advance or where a representative had legal responsibility to support some decision making for people.

At the time of the inspection, the service had appropriately highlighted where people required an application to deprive someone of their liberty. One person was authorised to be deprived of their liberty and the home was working with the local authority to ensure pending applications were processed. Staff we spoke with had a good understanding of DoLS.

At the inspection in October 2016 the provider had not ensured the mealtime experience was dignified. This was a breach of Regulation 10 (Dignity and respect) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 10.

We observed the mealtime experience on both days of inspection. People were supported to eat in the dining room and in their own room if they chose this. The tables were laid in the dining room to welcome people, the atmosphere was relaxed and people were socialising, and the food looked appetising. People were supported to be as independent as possible to eat their meal. People's preferences were taken into consideration and the chef knew people's preferences and needs with regards to food and diet.

People told us the food was good, they said, "The food is brilliant here, better than it used to be and we also

have a choice. If we don't like it cook will find me something I like" and "I always get asked what I want for lunch and my family can have some as well."

The chef told us they were developing a pictorial menu which included pictures of the food they prepared to help people make choices. We saw the chef chatted with people and staff to find out if the food served was to people's liking and also to get recipe ideas from people. A relative told us, "The food is ten times better with [Name of chef]."

People had their weight monitored and their food intake if required. This meant where people needed a referral to their GP or dietician because of weight loss staff were aware and had taken action where needed. People also had access to all healthcare professionals they needed to maintain good health.

We saw details of these visits were recorded in people's files so that staff could understand when appointments were next required and also know what advice professionals had provided for them to follow.

Is the service caring?

Our findings

At the inspection in October 2016 the provider had not ensured people were cared for in a way which afforded them dignity and treated them with respect. This was a breach of Regulation 10 (Dignity and respect) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 10.

People and their relatives told us they were happy with the care provided by the service. People said, "I love the staff here, they are like one big family and I am part of it", "My care is fantastic and I have put on weight, I might need a diet soon" and "The care I get here is kind, quite good and makes me feel as though I am the only one who is getting care."

Relatives told us, "I had the choice of two homes and I chose this one because it felt more homely, smaller and this meant it felt comfortable, nice and quiet. I feel my family member is happy here. The care is fantastic and care is the staff priority. If I am on holiday I know my family member is well looked after", "Staff are wonderful, we can visit when we like, when I ask how my family member is they [staff] know exactly without looking at notes. They are loved" and "It is wonderful to see how staff care for my family member especially personal care. They really understand their confusion and see through the dementia and see the person they were and still are."

During the inspection we spent time observing staff and people who used the service. There was a calm and relaxed atmosphere. Throughout we saw staff interacting with people in a very caring and friendly way. Staff did not rush people and delivered support at each person's own pace. We saw staff took time and effort to help every person and to treat them as individuals. For example, we observed staff supporting a person to clean their glasses in a personal way which involved them. And one person became agitated at one point and staff reacted in a gentle way which afforded the person dignity and also meant the person calmed because of the intervention. People and relatives told us this was the case. A relative said, "The staff support people who are quite challenging and they respect them, engage them in conversation and they are so patient with people." This meant staff treated people with respect.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. One person said, "I used to hate personal care as it was scary but here it's not. The staff say 'is this ok, are you ok' and 'just ask if you worried'." A relative told us, "I am always asked if I would leave the room whilst staff attend to my family member's personal care so preserving their dignity and privacy."

The manager and staff we spoke with showed concern for people's wellbeing. It was evident from discussion all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people. Relatives were involved in designing the care their family needed with staff. One relative said, "I talk through the care plan with the manager, they are really on the

ball and although not much changes they make the chat seem so worthwhile."

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day to spend time on their own. We saw where people showed an interest in accessing the garden this was supported by staff. This helped to ensure people received care and support in the way they wanted to.

Staff described that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw people made such choices during the inspection. A relative told us, "Although my family member isn't really mobile they [staff] encourage them to have a try, just keep the limbs moving a little."

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

At the inspection in October 2016 the provider had not ensured people in receipt of end of life care had a care plan which outlined their wishes and preferences. This was a breach of Regulation 9 (Person centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 9.

Nobody required palliative support when we visited. Within people's care plans we saw their preferences and wishes around end of life support were recorded for if this situation arose.

Is the service responsive?

Our findings

At the inspection in October 2016 the provider had not ensured people were provided with opportunities to take part in meaningful activity to prevent social isolation. This was a breach of Regulation 10 (Dignity and respect) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 10.

A new activities worker had been employed and started work the week of our first day of inspection. We reviewed the impact this appointment had had when we visited on day two. A relative told us, "My family member likes dancing and music, the staff understand this and on Monday my family member was crying tears of happiness as staff danced with her. They understood their favourite music was Frank Sinatra. The new activities worker is really good." A member of staff said, "The new activities worker is a 'find'. They are very positive and people have access to lots of activities."

We saw people had an activities profile and a 'This is your life' document which was used to understand what people may enjoy and how to engage them in things they were known to like. We saw this was used effectively and we saw people who enjoyed the garden had spent time in the sun playing ball; one person who enjoyed walking had walked with the activities person and chatted. Another person who liked puzzles had been supported to play noughts and crosses and to do a jigsaw. People who were supported in bed due to their ill health had been offered activities such as hand massage, reading and chatting about current affairs.

All of the activities we saw were meaningful and personalised. Records demonstrated staff understood they must describe if a person enjoyed an activity to enable them to both evidence support and learn what worked and what did not work. For example, we saw recorded, 'It made [Name of person] giggle whilst chatting and we played the tambourine together'." This is an example of how personalised activities based on preferences can have a positive impact on a person's mood and sense of wellbeing. We saw this was the aim and that people enjoyed what was on offer.

At the inspection in October 2016 the provider had not ensured people had a care plan which outlined their wishes and preferences. This was a breach of Regulation 9 (Person centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 9.

During our visit we reviewed the care records of three people. Because no new people had been admitted to the service since the last inspection we could not see the assessment process. We did see that detailed care plans had been drawn up from the knowledge staff had from supporting people. The care plans we looked at included people's personal preferences, likes and dislikes. This meant they were person centred. People

and their relatives told us they had been involved in making decisions about care and developing the person centred plans. We saw the care plans had been reviewed regularly.

During the inspection we spoke with staff who were extremely knowledgeable about the care people received. People and their relatives told us staff were responsive to the needs of people who used the service. People said, "I can always ask for help and a chat is never too much trouble" and "I couldn't ask for better care. It was ok before but the new manager gets things sorted and now it is wonderful." A relative told us, "My family member was displaying behaviours at a service they previously lived in and they were not attended to as quickly as people are here. Here the behaviours have gone and staff respond straight away."

We observed person centred and responsive care being delivered for people. As an example we saw a care worker asking the hairdresser to attend to a person near the TV because they knew this would make the person less anxious. Also staff had thought about the people sitting in the lounge who preferred peace and quiet and they made sure no music or TV was on, which was what people wanted.

At the inspection in October 2016 the provider had not ensured complaints received were dealt with appropriately. This was a breach of Regulation 16 (Receiving and acting on complaints) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 16.

People and their relatives told us they knew how to raise concerns and that they were happy and confident to raise issues with the manager because they knew it would be dealt with. One relative said, "Any complaints and I would go straight to the manager or if that didn't work I would go to CQC."

We looked at the complaints received since the last inspection and saw all but one had been dealt with as per the provider policy. One complaint did not have records of an investigation carried out by the previous manager or a response recorded to the complainant. The provider's quality assurance system had not highlighted this. We discussed this with the provider and they described how they would adapt the quality assurance system to ensure they tracked complaints received and the outcome. The provider contacted the complainant during the inspection and they confirmed they were happy with the response the provider offered.

We saw many compliments had been received which included, 'I have nothing but praise for the conscientious, hardworking staff who look after my friend' and 'The change in management has allowed staff on the floors to express themselves better, also in the knowledge that any concerns they have will be listened to'.

Is the service well-led?

Our findings

At the inspection in October 2016 the provider had not ensured systems and processes in place assessed and monitored whether the service was safe and of good quality. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 17.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. An effective quality assurance system is driven by effective policies which describe the standards expected within the law and good practice guidance. It also includes an effective system of internal communication and reporting so the provider understands the management of systems and people's wellbeing are safe. Checks must then be carried out to ensure such standards are being reached and also to highlight to the provider when standards are deteriorating to allow them time to intervene before a service becomes inadequate. Checks must be completed by the manager and the provider or their qualified representative.

The manager was able to show us numerous checks which were carried out to assess quality and safety. These included checks on health and safety, medicines, infection control and accidents amongst other areas. The provider had made visits frequently since the last inspection and these were recorded. All of these quality assurance activities had not been robust enough to highlight the ongoing issues we found on day one of the inspection. For example, issues with medicines management, complaints and recruitment.

We discussed this with the manager, director and nominated individual and requested that a qualified representative carry out such checks in between day one and day two of the inspection. We also requested that the director outline what would change to ensure quality and safety were achieved moving forward. The director outlined that a new system would be implemented which would include new tools which described robustly what must be in place. They told us this would help them, the nominated individual and the manager know what to look for when carrying out checks. We saw an example of this which was appropriate. To compliment internal checks they explained an external consultant would carry out an audit twice per year to independently verify quality and safety.

We reviewed this approach which was more robust than the previous system in place. The director told us they were committed to ensuring the service did not deteriorate to one which delivered inadequate services to people again. We explained we would work with the local authority to monitor such changes were implemented. We did not find any impact on people's health and wellbeing because the systems in place were not robust. However, we explained to the provider the systems needed to be robust enough to cater for the management of up to 60 people's health, wellbeing and safety. We were reassured by the director's response to our requests.

At the inspection in October 2016 the provider had not ensured CQC had been notified of significant events

as required by law. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality commission (Registration) regulations 2009.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 18.

From the evidence we checked during our inspection we could see there had been appropriate reporting where required. The manager was able to tell us situations where they knew they had to submit statutory notifications. We were confident they would do so in the future.

People who used the service and their relatives spoke positively of the manager. Relatives said, "Staff are excellent, caring is above paperwork. Since [Name of manager] has tightened things up there is consistency of maintaining the carers who want to give support. [Name of manager] has an open door policy. If I don't like something, I say so and it is sorted. They listen to you" "The new manager is the best thing to happen here in a long time. Ten out of ten to them" and "The staff are laughing and happy, it is lovely to see and hear - it makes us happy as well."

The staff we spoke with said they felt the manager was supportive and approachable, and they were confident about challenging and reporting poor practice, which they felt would be taken seriously. Staff told us the morale was good and they were kept informed about matters affected the service. We saw records to confirm staff had the opportunity to attend team meetings regularly. Staff said, "Previously I felt the leadership was oppressive and this made me anxious and people were at risk. Now we have an open culture, the home is clean and management are extremely approachable. Everything we do has changed for the better" and "Morale is good and we are like a big family and we work as a team. [Name of manager] is fair and adores the residents. It is lovely coming to work."

Staff and relatives described the manager as a visible presence who worked with people who used the service and staff on a regular basis. They told us the manager had lifted the spirits and morale in the service significantly. A relative told us, "The staff and manager are now working together. Before with the old manager they were not." A member of staff told us this meant, "The staff here now are loyal and want to be here and care about people."

We saw a survey had been carried out in April 2017 to seek the views of people and their relatives. We saw feedback was received around the activities provision and as explained in the responsive section of the report this has been challenged with a positive outcome achieved. One relative commented in survey, 'The staff work very hard to make life pleasant in difficult circumstances'. This comment sums up the passion to improve we saw from the manager and staff team at Lifestyle (Abbey Care) Limited Archery-Bower.