

Orchard Care Homes.Com (2) Limited

Sutton Hall and Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 10, 11 and 16 August 2016. We found the service required improvement to become Safe, Effective, Caring, Responsive and Well-Led. We identified breaches of Regulations 9, 12 and 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the provider submitted an action plan telling us the action they would take to make the required improvements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sutton Hall and Lodge on our website at www.cqc.org.uk.

This inspection was comprehensive, to review the improvements made by the provider to meet the Regulations, and to provide a new rating for the service. The inspection took place on 2 and 9 March 2017 and was unannounced on the first day.

Sutton Hall and Lodge is registered as a residential care home, which also provides nursing. The home can accommodate up to sixty adults and is set in private grounds. Accommodation is over two floors and there is a passenger lift as well as staircases available to access upper floors. The home is split into four units; each unit has fifteen bedrooms, with quiet and communal areas available. Two units, which are on the ground floor, have been set up specifically to care for the needs of people with a dementia type illness. At the time of this inspection a service was being provided to 51 people.

We found that improvements had been made and the service was no longer in breach of Regulations. However, we identified further improvements were needed with the provision of activities and the governance of the service.

The registered manager had a good oversight of the service and was aware of areas of practice that still needed to be improved. They had implemented new systems for monitoring the quality of the service. However, in light of mixed feedback regarding the registered manager, as well as the issues in relation to staffing and activities, we found the registered provider required further improvement to be well led.

There were two activity coordinators who supported people with activities in the day. Improvements were required to make sure activities were meaningful and stimulating for people, to encourage them to participate.

There were sufficient numbers of staff to make sure people's needs were met, although there was a high use of agency staff. Recruitment procedures made sure staff had the required skills and were of suitable character and background. Staff told us they felt supported in their roles and there had improvements in teamwork. Staff were supported through training, regular supervisions and team meetings, to help them carry out their roles effectively.

There was a registered manager in post at the time of our 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.

People told us they felt safe at the service. Staff had been trained in safeguarding and were aware of the procedures to keep people safe.

People were supported to take medicines safely and as prescribed. Any issues regarding medicines management were identified promptly and action taken.

Risks to people had been assessed and plans put in place to keep risks to a minimum. There were regular health and safety checks to make sure people were kept safe in relation to fire and other environmental risks. There were clear guidelines to maintain standards of infection control. All areas of the service were kept to a satisfactory standard of cleanliness to make sure the risks of cross infection were kept to a minimum.

The registered manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are put in place to protect people where their freedom of movement is restricted. The registered manager had taken appropriate action for those people for whom restricted movement was a concern.

People were provided with sufficient amounts of food and drink. Mealtimes were an organised and sociable experience. The service made sure people's health needs were met and involved other health professionals where needed.

People and relatives told us that staff were caring and that privacy and dignity were respected. Staff demonstrated a caring and kind approach with people.

People's care plans were person centred, regularly reviewed and updated accordingly. Care plans detailed the support people required to have their needs met and included details of people's preferences, likes and dislikes.

People and their relatives were able to make a complaint if they wished and any complaints were recorded and responded to appropriately. There were opportunities for people who used the service and their relatives to feedback their views and suggestions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

There was safe management of medicines which protected people against the associated risks.

Staff were trained in safeguarding and understood how to protect people.

Risks to people had been assessed and plans put in place to keep risks to a minimum.

There were sufficient numbers of staff to meet people's needs, although monitoring of the use of agency staff was required.

Is the service effective?

Good 

The service was effective.

Staff had the knowledge and skills necessary to carry out their roles effectively.

People were provided with sufficient amounts of food and drink.

Staff understood the requirements of the Mental Capacity Act 2005 and relevant legislative requirements were followed.

People were supported to maintain their health.

Is the service caring?

Good 

The service was caring.

People told us that they were looked after by caring staff. We observed staff to be kind and attentive.

People, and their relatives if necessary, were involved in making decisions about their care and treatment.

People were treated with dignity and respect at all times.

Is the service responsive?

Requires Improvement 

The service required improvement to be fully responsive.

Improvements were required to make sure there was an activity programme which met the needs of all the people who used the service.

Care and support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

People knew how to make a complaint or compliment about the service. There were opportunities to feed back their views about the service.

Is the service well-led?

The service required improvement to be well-led.

There was a registered manager in place who had clear oversight of the service.

Quality monitoring systems identified areas for improvement and action was taken as needed. However, there were still shortfalls in some areas of practice.

Staff felt that the culture at the service was improving, with better teamwork and a more person centred approach.

Requires Improvement 

Sutton Hall and Lodge

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 was carried out to check that improvements had been made following our comprehensive inspection in August 2016, and to provide a new rating for the service.

This inspection took place on 2 and 9 March 2017. The inspection on 2 March 2017 was unannounced and carried out by one adult social care inspector, a specialist advisor in nursing and an expert by experience, who had experience of caring for an older relative. One adult social care inspector returned to the service, announced, on 9 March 2017 to complete the inspection.

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 reviewed the Provider Information Record (PIR). 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.

During this inspection we looked around the premises, spent time with people in their rooms and in communal areas. We looked at records which related to people's individual care. We looked at four people's care planning documentation and other records associated with running a care service. This included four recruitment records, medicines records, the staff rota, notifications and records of meetings. We also received feedback from the local authority quality monitoring team, local Clinical Commissioning Group and Healthwatch prior to the inspection.

We spoke with nine people who received a service and six visiting relatives. We met with the registered manager, operations manager and deputy manager. We also spoke with two nurses, five care staff and one agency care staff as well as the cook, activity coordinators, domestic staff and administrator.

Because we were unable to communicate with all of people at the service, we carried out a Short Observational Framework for Inspection (SOFI) on the second day. This was a set period of observation to assess how staff supported people and the interactions that took place.

Is the service safe?

Our findings

At our last comprehensive inspection in August 2016 we found the service required improvement to become safe. Incorrect monitoring of fridge storage temperatures and inaccuracies in recording meant that there was not proper and safe management of medicines. We identified this as a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found improvements were needed in the deployment and organisation of staff and that some parts of the home were not kept to a satisfactory standard of cleanliness and tidiness.

At this inspection, we looked at the management of medicines in the service. Each person had a Medication Administration Record (MAR). These recorded details of their medicines and when they were to be administered. The MARs we looked at had been completed as required and there were no unexplained gaps in recording. Records for the application of creams and ointments had also been completed appropriately.

MARs contained photographs of the individual to reduce the risk of medicines being given to the wrong person. All the records we checked clearly stated if the person had any allergies. This reduced the risk of someone receiving a medicine they were allergic to. Medicines were stored securely in locked treatment rooms and access was restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs, including storage and record keeping.

The provider had trialled an electronic recording system for a period after our last inspection. The registered manager said this had not been effective and so they had decided to go back to paper records. There were new fridge thermometers in place and fridge temperatures were taken daily. Records of these showed that the temperatures were within the required range meaning that medicines were stored safely.

Where people received an 'as required' medicine, there was sufficient information to guide staff how and when to administer the medicine. Medicine records also described any specific way people preferred to take their tablets.

We noted that an agency nurse was administering medicines on the ground floor. They told us, "I've not been to the service before and I'm unfamiliar with people. I don't know everyone's names. I double check everything to make sure I have the right person. I don't know everyone here". We observed the medicine round in the morning and noted the nurse took their time and was careful to make sure the correct medicines were given to the right people.

There were sufficient numbers of staff to meet people's needs safely. The staffing levels had not changed since our last inspection. During the day there was one nurse and five care staff on each of the two floors. At night there was one nurse and two care staff on each floor. In addition, there were ancillary staff such as cleaners, cooks, activity coordinators and maintenance.

At our last inspection we recommended the provider review the deployment and organisation of staff to ensure that daily routines were effectively managed and carried out in the best interests of people who use

the service. At this inspection we found that staff were clearer about their routines and shifts were more organised. Staff confirmed there had been improvements. One member of staff told us, "We still need to work on organisation but we know the routines and each other" and the deputy manager commented, "Staffing is less problematic than it was".

Recruitment of new staff was continuing and two new senior carers had started work since the last inspection. However, there was still a reliance on agency staff, particularly for nursing. This was confirmed by relatives whose comments included, "The problem is agency staff, there's no continuity. You don't know who's going to be here from one day to the next", "I've not seen anything of concern but the staff change a lot" and "There are different staff all the time, no continuity." One member of staff commented, "We are still reliant on agency staff as there are some vacant posts. We try to use regular agency though".

The registered manager told us that there was now an allocated member of staff in each lounge and corridor during the day, so that if people required any assistance there was a staff member to support them. We observed this to be the case during our inspection. They acknowledged a continued use of agency staff, particularly nursing. "They told us, "We are still using agency staff due to previous issues and three staff are currently on suspension. There are also some issues with police background check delays".

Although staffing levels were sufficient, we observed that one agency nurse had been given responsibility for medicine administration on the ground floor. Because they were new to the service and took their time, it took the nurse away from other duties for much of the morning. We spoke with the registered manager about this who acknowledged the problem. They explained that it was standard practice for a nurse to administer medicines on each floor, but would review the situation to explore if there were alternative ways of doing this.

There was an up to date infection control policy in place and the manager had access to suitable guidance on good practice in this area. We spoke with one of the domestic staff who confirmed they had training in infection control. They confirmed that they made sure personal protective equipment, such as disposable aprons and gloves, was readily available to staff. Throughout the day we observed staff using this equipment as required, to maintain infection control standards. The domestic staff told us they had a cleaning rota which included deep cleaning bedrooms on a regular schedule.

On our first day we noted that there was a strong odour in the downstairs corridor. We asked staff about this and they told us that there was an issue with one person who wrongly disposed of incontinence pads. The registered manager was aware of the issue and told us that the person's room was regularly cleaned and that they continued to look for solutions. They added that some carpets had been replaced and this work was ongoing. They were also planning to have en-suite wet-rooms in each person's room. A cleaner confirmed this and told us, "Things are so much better. New decorations and new flooring, new carpet in the lounge upstairs. It's good now". On the second day of our inspection we found there was no odour and all parts of the building were kept clean and tidy.

Staff told us they had received training in safeguarding vulnerable adults and this was confirmed by the records. Care staff said that they understood how to recognise potential abuse and would raise any concerns with a senior. There were up to date safeguarding policies and procedures in place which detailed the action to be taken where abuse or harm was suspected.

A record of incidents or accidents was maintained and included any remedial action taken. Details included whether a safeguarding alert needed to be made and the action taken to prevent recurrence. Each week an incident tracker was completed by the manager which was sent to the registered provider's head office for

review.

People's care plans included details of risks and there was clear information for staff about how to minimise risks and safely support people. Up to date risk assessments were in place regarding areas such as personal care and mobility. Risks related to moving and handling, skin integrity and nutrition were clearly written and reviewed as appropriate.

People who used the service and visiting relatives told us that they felt the service was safe. One person told us, "I'm being treated alright" and another commented, "Yes, I'm safe".

Recruitment records showed that robust checks were carried out before new staff were allowed to start work. There was evidence of a criminal records background check, references and proof of identification. These checks made sure that new staff were of suitable character and had sufficient experience to work in residential care. New staff completed a probation period to monitor how they were getting on and ensure that they were managing in their new role. The provider monitored the dates of each nurse's registration with the National Midwifery Council to make sure it was up to date and current.

There were systems in place to reduce the risks from the environment. The fire system had been inspected in the last year and there was an up to date fire risk assessment in place. There was a personal emergency evacuation plan (PEEP) in place for each person which detailed the support they needed in an emergency. A copy of these was kept in each unit for quick access. Systems such as emergency lights, automatic doors and alarms were tested regularly. There were up to date inspection certificates for gas safety, electrical wiring and water legionella tests in place. We noted there were also daily health and safety checks carried out by maintenance staff, to make sure that any areas of risk were identified promptly.

Is the service effective?

Our findings

At our last inspection we recommended that the provider reviewed the mealtime experience to make sure that people were offered food which met their requirements and preferences in a setting which encouraged choice and independence.

At this inspection, we asked people if they liked the food and if they had a choice. Comments included, "Food's good here. You get plenty to eat", "The food is very nice", "I enjoyed my breakfast" and "More than edible". A visitor, whose friend at the service was a vegetarian, told us there was always a "Veggie option" for them.

The service had moved the main meal of the day to 5pm because some residents had breakfast late and did not have much of an appetite at lunch time. The registered manager told us they had received good feedback from relatives and staff about the changes. The cook told us that breakfast was staggered, so people could get up and eat when they wanted to. We noted on the first day that people were still having breakfast after 11am, as was their preference. However, from our observations we found that some people were sat at the tables for at the least an hour before being served. We raised this with the registered manager who agreed to look into this.

We observed lunchtime on the ground floor and found the meal to be a sociable and positive experience for people. Tables were set nicely with cloths, flowers and napkins, which a relative told us was the usual set up. Background music was playing, which the residents enjoyed, and the food served looked appetising and nutritious. Visitors were also sat at the tables and relatives told us they sometimes stayed for lunch. Staff were friendly and attentive and offered people support at an appropriate pace.

We spoke with the main chef who told us they operated a four week menu which was changed every six months. They explained, "Any residents can have anything they like really". The chef was very aware of people's preferences and food requirements and said, "I cook individually for people if required. Pureed foods are kept separate and shaped to make the meal more attractive. I am made aware of people who are losing weight. I will raise it as an issue if I have any concerns of my own. I also get feedback from residents in questionnaires".

Diet sheets for each person were held in the kitchen. These gave information about allergies and special diets, such as fat free or gluten free. The chef showed us they held information from the food supplier about allergy risks.

Where there were concerns about weight or food intake, support was provided by the local Speech and Language Therapy (SALT) Team and local doctor. For those people at nutritional risk, a professionally recognised assessment tool was used to monitor weight loss and prompt appropriate action where concerns were identified. Where needed, people had food and fluid charts to monitor their daily intake, and these were recorded accurately.

The staff generally felt there had been improvements in teamwork. Comments included, "Staff morale on my shift is quite good. Generally it's good here", "We still need to work on organisation but we know the routines and each other", "Staff are coming together. There are two new seniors. Better teamwork. We emphasise working as a team". They added, "I feel very proud. We have worked hard".

When we arrived on the first day, the registered manager was not at the service. When they were made aware we were inspecting they immediately made plans to attend the service. We noted that staff appeared relaxed and happy and there was a pleasant atmosphere. Staff demonstrated more confidence than when we had carried out the previous inspection.

Staff received regular supervisions where they could discuss any issues in a confidential meeting with a senior or manager. Records showed yearly appraisals were taking place and these were used to assess progress and consider any goals that staff wanted to achieve over the next year. Staff confirmed they had had appraisals and we saw records of these meetings.

Staff told us that there was a range of training available to support them in their work. This included training in key areas such as safeguarding, health and safety, first aid and infection control. We were shown a training 'matrix' which gave an overview of the training available, what had been completed and when it was due. This allowed the registered manager to prioritise training where it was most needed. One member of staff told us, "Training sessions are relevant to my role". The registered manager supported nurses with their continuous professional development and had set up a file for each of them to evidence their work. However, two members of care staff felt that they would like more support with their professional development by gaining National Vocational Qualifications which they had requested but had not yet been approved for. This was discussed with the registered manager who was aware of the need to develop staff professionally and explained that they had had to prioritise improvements in service delivery over the last few months. They were confident that the future would see more opportunities for staff development.

New staff received an induction in line with the Care Certificate, which is a set of nationally recognised standards for care. This helped them familiarise with the service and their roles. Staff who spoke about induction told us it was beneficial and that they were provided with some training before commencing work, such as manual handling and first aid. This demonstrated that staff were supported in gaining an understanding of good practice before being asked to work on their own.

The staff we spoke with appeared well informed about developments in the service. The registered manager explained that there were a number of ways in which staff were kept informed and supported to run an effective shift. There was a daily '11am' meeting where representatives from the kitchen, maintenance, care staff, cleaners and nurse team got together to review and plan their day. Each shift also used a handover plan to consider who was doing what, and a diary was used for updates and communication.

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 that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff were aware of the principles of the MCA and DoLS procedures and had received training in this area. DoLS referrals had been made where people were restricted in their movements or under constant supervision. Some people were unable to leave the service on their own because of risks to their safety. Some people were also unable to leave their bed due to frailty or a health condition. Records showed that requests for review and renewal of DoLS authorisations had been submitted as required.

Where needed, up to date assessments of capacity were evident in people's care records. These demonstrated why people did not have capacity to make a particular decision and that a decision would need to be made in their 'best interests'. A best interests' decision is made by those people closely involved with the person. Best interests' decisions had been recorded for areas such as washing and dressing, medicines, and eating and drinking.

Health needs were described in care plans and provided up to date information about the support people required to maintain their health. Care records showed that the service referred concerns to external health professionals, where appropriate. These included the doctor, district nurses and tissue viability nurse. People and their relatives told us there was good support to make sure any health concerns were dealt with promptly. One person told us, "Staff are good at looking after your health. They sorted out an appointment for my cataracts, and my friend's stomach".

Many people who used the service spent long periods in bed and made use of special airflow mattresses to minimise the risk of skin damage, such as pressure sores. We checked these mattresses and found that they were set at the correct pressure. People were assessed each month to identify if there was any change in skin condition.

We looked at the environment to assess how it met the needs of people who used the service. The building was purpose built over two floors, with bedrooms and lounges on each floor. The registered manager told us they had made a number of improvements and these were continuing. Works included replacing carpets and redecoration. En-suite wet rooms were being fitted to all the bedrooms. The environment had been brightened up by the use of displays in corridors. Displays had different themes such as gardening or sport, which reflected some of the interests of people who used the service. Bedroom doors were colour contrasted, to make them easier for people living with dementia to identify. There were also displays, such as a washing line in the lounges, which promoted memories for people.

Is the service caring?

Our findings

At our last inspection we found the provider failed to provide appropriate care at all times. This was because people were not always treated with dignity and respect. This had been a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, people and their relatives told us about a caring service and kind staff. Comments included, "I like my room, it's nice and it's good. Staff are really good, kind to me, it's a nice place. I'm happy here", "I'm being treated alright", and "Yes, fine. I'm comfortable". One relative told us, "The present nursing staff are fabulous. Carers are absolutely wonderful. No complaints at all. [Name] is very well cared for here". Another said, "My wife is very well looked after. It's got a nice ambience". A visiting friend commented, "Really, really good. The staff make me feel welcome. They're nice with the residents. It feels like I'm one of the family. I can see the difference in this home with the other one she was in. Much better. Staff always have a chat with you".

The Service User Guide detailed the aims and objectives of the service which included the promotion of privacy and dignity, independence, choice, rights and fulfilment. People and their relatives felt that they were now treated with respect and dignity. A survey, taken at the end of 2016, showed that people had expressed some concerns about privacy and dignity. For example, not everyone felt staff knocked and waited to be acknowledged before entering a bedroom. An action plan from the survey showed that the registered manager had addressed all the issues with staff. At this inspection, staff were seen to knock on bedroom doors and wait, before entering. Personal care was carried out behind closed doors to maintain people's privacy and dignity. People's care plans detailed any preferences they had for personal care which included whether they preferred a male or female carer. People who used the service appeared appropriately dressed and we saw that people's hair and nails were clean and well maintained.

During the inspection we observed that care staff were respectful and kind to the people they supported and the atmosphere was relaxed and friendly. On two occasions we saw a nurse and care assistant settle someone down who was becoming distressed. This was done calmly and sensitively, using appropriate physical contact and reassuring them. We spoke with a member of care staff after one person told us they weren't feeling well. The care assistant immediately went to the person and spoke with them kindly. It was clear they knew the person's background well and they had a friendly, sociable chat which settled the person.

The registered manager had introduced a 'resident of the day' system. Each day, one person at the service would be 'resident of the day', which meant they were given more individual attention from staff for the day. One person told us, "I was resident of the day yesterday. I was pampered and my room had a spring clean".

We observed that staff took time to involve people in making decisions about what they wanted to do, or if personal care needed to be carried out. We noted people were able to choose where they wanted to sit or eat their meals. Most people who used the service were living with dementia and had difficulty communicating their needs and choices. Communication needs were detailed in care plans and we

observed that permanent staff knew people well and understood how best to speak with people. As an additional way of communicating with relatives, a communication board had been put in each person's room. This supported relatives to be involved in making day-to-day decisions.

Is the service responsive?

Our findings

At our last inspection we recommended the provider reviewed care plans to make sure they were personalised and contained information about individual preferences for support.

At this inspection, we looked at a sample of care plans for people who used the service. Care plans detailed people's assessed needs and how they were to be met by the service. The care plans we looked at were up to date and reviewed regularly. The deputy manager informed us that the 'resident of the day' would have their care plan reviewed and a formal review also took place every three months. People and their relatives were involved in assessments and reviews and the service took appropriate action to meet any changes in needs. One relative told us, "I have no concerns as the staff kept me informed of any care and treatment my mother gets. I am involved in decision making and the staff always contact me if anything happens".

Care plans covered areas such as health, nursing needs, mobility, personal care and medicines. Since our last inspection care plans had been reviewed and there was more detail about people's preferences, likes and dislikes. This meant care staff had better information about each person in order to provide personalised care and support. Care staff had also attended person centred care training to support them in doing this.

People had a life history document which gave useful information about their experiences and background. Further work had gone into these since our last inspection and the ones we looked at contained a good level of detail about each person and their life. This supported staff in treating each person as an individual.

The service offered an activity programme which was advertised on the notice board. An activity coordinator told us a copy of the programme was also delivered to each person's room every week. On our first day we saw activities such as dominoes, a reminiscence group and bingo. People and their relatives gave mixed feedback about the activities. One relative told us a recent concert had been a great success. They told us a guitarist and a singer had been and commented, "They played 60's music and they all loved it. People were clapping and singing along. It was enjoyed by everyone". However, one person told us, "It can be a bit boring here. There are two young activity people. They are learning. They need help doing the basics with people who have dementia. I like craft and do this sometimes. I would like more to do socially. I'm quite active. I'd like to do a bit of gardening. Somewhere outside to potter about. We don't get to go out much. Used to have a minibus. It would be lovely to go out shopping. We go out in the garden in summer".

We spoke to the two activity coordinators who between them provided 40 hours of activities a week. They were keen and enthusiastic but said they had received no training to support them and were struggling to come up with ideas to engage people, particularly those living with dementia. Both had previously been care assistants at the service, but had changed roles six months ago. Neither had any experience of doing this type of work before and told us they had asked for specific training, or to visit other homes with more expertise, but this has not yet been actioned. They felt that the budget for activities was not adequate to provide some of the specialist sensory resources they needed. In addition, they told us that if they did not use all the month's budget, it was not carried over, meaning they could not save up for bigger outings.

The activity coordinators felt the activities currently provided were not popular and people either did not attend or soon lost interest. They had asked for feedback and found that people tended to prefer more one to one engagement or small groups rather than the larger sessions.

On the second day of the inspection we talked with the registered manager about activities. They told us that since our first visit, they had booked activity training for the coordinators which included a visit to learn from another service, as well as training at Sutton Hall and Lodge. They added that there had also been a trip out into the local village. The area manager acknowledged our comments about the budget and agreed to look further into the concern. Although activities had improved since our previous inspection, we recommend the registered provider work with the activity coordinators to explore how to provide meaningful and stimulating activities for people.

People told us they knew how to complain and felt comfortable speaking with staff or the registered manager, if necessary. Comments from people who used the service included, "I have nothing to complain about" and "I have no reason to complain, but my daughter would complain if needed". We saw that complaints information was displayed on noticeboards and information about how to complain was also available in the Service User Guide. There were also details of the Care Quality Commission, should people wish to raise any concerns with us.

Complaints were clearly recorded and included details of the action taken in response, as well as a section for recording whether the complainant was satisfied. We noted that previous complaints were responded to in writing with a full explanation of the actions taken. Complaints were reviewed during the provider's monitoring visits, where feedback was also sought from people who used the service about their awareness of making a complaint.

A record of compliments was also maintained. A recent compliment form a visiting professional praised the registered manager for acting on their suggestions.

Is the service well-led?

Our findings

At our last inspection we found there was a failure to identify and mitigate the risks to the wellbeing of people who used the service. This was because quality monitoring systems were not sufficiently robust to make sure all shortfalls were identified promptly. This had been a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we identified that improvements had been made to the governance of the service. However, in light of mixed feedback regarding the registered manager as well as the issues in relation to staffing and activities, we found the registered provider required further improvement to be well led.

We talked with the registered manager about the improvements made. They described a number of new systems, which we reviewed. A manager's daily checklist had been implemented which included checking the medicine rooms and records. This was to ensure fridge temperatures were taken daily and any actions required were implemented immediately, making medicines management safer. There were new forms for clinical governance which were reviewed by the registered provider. There was also a new system for recording accidents and incidents which the registered manager said had made it easier to identify any trends or concerns.

The registered manager maintained an action plan for the service which included any issues identified through audits, feedback or raised through the day. The plan described the action taken to make improvements and when it had been completed.

The registered manager told us, "We have come a long way. There is still room for improvement. I feel that the issues needed to come out. We have looked at what caused the issues and how it could be done differently". Staff had opportunities to feedback their views and ideas about the service through regular team meetings. The registered manager commented, "The last team meeting was really positive. We had an open meeting to discuss issues and solutions. Staff were involved and enthusiastic". Staff members also confirmed it was a positive meeting. One staff member told us, "The last meeting was very good. A lot of ideas from staff, like changing the mealtimes".

We received mixed feedback from staff about the registered manager. Comments included, "I don't feel that supported by the manager as I don't find them approachable", "[Registered manager] is not so approachable", "Over time I have a better relationship with the manager. They can sometimes appear too official" and "The manager is an easy to get on with person". One person who used the service commented, "I'm always making suggestions to the manager. She calls me by my name and is always nice. I speak with the area manager as well".

The registered manager told us, "I feel that staff have mixed views of me as a manager". They described how they had needed to follow disciplinary processes with some staff which meant a higher use of agency staff. They were aware that it had been difficult for staff to understand the reasons for this. They added, "The culture has changed. Staff are picking up on things more. Developing more teamwork. The team have had to

adapt a lot. Hopefully it is becoming more person-centred". They continued, "We have done a lot of work on the basics. Now it's about going the extra mile. Staff do get frustrated when they see things haven't been done and we are trying to change this".

The operations manager confirmed there had been improvements. They told us, "Things are going fairly well. Some things still need to be looked at. Staff morale is still a bit low and there are some suspensions". They added, "I have worked very closely with [Registered Manager] over the last 15 months. The amount of work she has put into the home has been over and above. She is tenacious. Everything is investigated and reported on. Her clinical knowledge is outstanding". The operations manager confirmed they visited the service regularly and completed a formal 'compliance' visit every three to six months. Following each visit a detailed report was completed which covered the five CQC domains of Safe, Effective, Caring, Responsive and Well Led. The last visit had taken place in December 2016. The report acknowledged the improvements made, and included an action plan for further development.

There were opportunities for people who used the service, and relatives, to give their views about the service. A recent survey had been carried out on people's views of privacy and dignity at the service. The registered manager had acted on any issues raised.

The last resident and relatives meeting had taken place in November 2016. The registered manager explained that these meetings took place usually every six months. They added that people had been kept aware of any developments, such as the current refurbishment and how this might impact on people's lives. This had been done through informal chats, reviews and notices around the building.

The records we examined were well maintained, organised and up to date. Confidential records were kept in secure storage.