

# Orchard Care Homes.Com (2) Limited

## Sutton Hall and Lodge

### Inspection report

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Date of inspection visit:  
21 June 2018  
22 June 2018

Date of publication:  
02 August 2018

### Ratings

Overall rating for this service

Good ●

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?

**Good** ●

# Summary of findings

## Overall summary

We inspected on 21 and 22 June 2018. The inspection was unannounced on the first day and we told the provider we would be visiting on the second day.

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

Up to 60 older people can be accommodated over two floors. The ground floor supported people who may be living with dementia. Nursing care was available on both floors. 41 people used the service when we visited.

The service had a registered manager in place who was new in post since our 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.

People, their relatives and the staff we spoke with all felt the service had improved. They described the registered managers approach as positive and open. They told us the good leadership by the registered manager had improved quality and safety. Staff felt supported and morale was good. Training for staff was overall good. A definite team approach was seen which made people feel happy and well cared for.

Appropriate checks were completed by the registered manager and provider to ensure safety and quality. This included seeking feedback from people and their relatives and using information when concerns were raised positively. If things could be better the registered manager implemented actions to ensure continuous improvement.

We saw systems were safe in areas such as medicines, health and safety and risk management. We made a recommendation that the provider review the tool they use to understand the number of staff required. This was to ensure enough staff were available to support people with complex needs living with dementia.

We made a recommendation that staff receive more training around how to deal with people who display anxiety and or distress. In addition that a new care plan format be devised to help staff understand how to intervene in such situations.

Recruitment of the providers permanent staff was safe. Where agency workers were used the registered manager had not ensured appropriate information was received from the agency. This was something the registered manager dealt with during the inspection.

Positive change continued to be introduced by the provider, for example an electronic care plan system which will enable better review of people's health, wellbeing and experience of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. Relatives told us they were fully involved in developing the care and support for their family member. People felt staff knew them well and used this information to support them in a person-centred way.

People had access to appropriate healthcare support and the team had good links with healthcare professionals. Positive initiatives had been introduced around hydration and pressure area care which meant people had maintained good health. Where people living with dementia required additional support to access health care this was supported if needed. People were supported with palliative care in conjunction with healthcare professionals to ensure they were pain free and comfortable.

Everyone we spoke with said they felt safe, well cared for and were positive about the service. They were treated with kindness and respect. They felt staff were well trained to provide effective support. Staff were aware of what good care looks like and through positive leadership had been supported to continue to improve their approach.

People who chose to join in the activities on offer felt they were good and meaningful. There were plans to develop care workers skills to enable them to use everyday tasks as meaningful interactions. The environment was being renovated to provide a more dementia friendly space.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

A recommendation was made that staff received appropriate training to enable them to respond more confidently when people displayed anxiety or distress. Also, that appropriate care plans supported staff to know the best way to intervene.

A recommendation was made that the provider review their tool which determines staffing levels to ensure staff have the time to deliver timely and meaningful support to people living with dementia.

There were arrangements in place to ensure people received medication in a safe way, recruitment was safe and for the environment and equipment to be managed safely. Safer checks of agency workers were needed.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff overall received training and supervision to enable them to fulfil their role.

People enjoyed the food on offer and they had access to snacks and drinks throughout the day.

People were supported to maintain good health and initiatives to prevent ill health had been successful.

**Good** ●

### Is the service caring?

The service was caring.

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

Staff could describe the likes, dislikes and preferences of people who used the service. They used this information to deliver person centred care.

**Good** ●

### **Is the service responsive?**

The service was responsive.

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

People also had opportunities to take part in activities of their choice inside and outside the service. People were supported and encouraged with their hobbies and interests.

People told us if they were unhappy they would tell the registered manager and staff. They were confident they would be listened to.

**Good** ●

### **Is the service well-led?**

The service was well led.

The service had a registered manager who understood the responsibilities of their role. Everyone we spoke with told us the registered manager was approachable and was a good leader.

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

Quality assurance systems were in place to ensure the quality of care and safety was maintained.

**Good** ●

# 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 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 on 21 and 22 June 2018. This was an unannounced inspection. We told the provider we would be visiting on day two. The inspection team consisted of one inspector and an assistant inspector on both days. In addition a specialist professional advisor (SPA) who was a nurse supported the inspection on day one.

Before the inspection we reviewed all the information we held about the service. This included information we received from safeguarding and statutory notifications since the last inspection. We sought feedback from the commissioners of the service prior to our visit. The registered provider also completed a provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. All this information helped us plan the inspection.

We spoke with three people and nine 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.

We had conversations with the registered manager, deputy manager and 10 members of staff, including senior care worker, nurses, the chef, the administrator, activities worker and care workers. In addition, we spoke with two visiting professionals during the inspection.

During the inspection we reviewed a range of records. This included six people's care records, such as care planning documentation and medication records. We looked at five 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 registered provider.

## Is the service safe?

### Our findings

People and their relatives told us that staff were very busy and at times this meant their support was delayed. People told us, "There are poorly people and I try to put them first. I feel I am left alone as I can do things for myself. I haven't had morning coffee yet and it is after 11", "I am not left waiting if staff are not too busy" and "They're (staff) so busy that they haven't time to sit and talk to you."

Staff explained they felt there was enough staff to keep people safe in relation to their personal care needs. One member of staff told us, "I think there is enough staff care wise, to keep people safe. It's just mealtimes." We observed care to be very task orientated. We reviewed the mix of care needs people had and found, particularly on the ground floor that people required lots of time and patience to enable them to eat, drink and stay safe. On day one of the inspection people were still being supported with breakfast at 11.45 in the morning.

The provider had a tool which helped the registered manager understand how many staff were needed to meet people's needs. This tool did not take into account the amount of time tasks took to complete when people living with dementia had complex needs. We made a recommendation that the provider review their staffing tool to ensure all people's needs were taken into account.

The registered manager listened to our feedback on day one and we observed a trial of increased staffing during mealtime support on day two. The impact was positive and people received their meals in a more timely way. Following the inspection, the provider told us they had increased staffing levels permanently to provide ongoing effective support for people.

At times people living with dementia display anxiety or distress due to confusion, pain or frustration because they are not able to communicate their needs. Staff knew people well and understood for some people how to intervene to reduce feelings of anxiety. We saw this worked well. For other people who refused support or were not able to understand staff requests we observed staff found the situations more challenging to deal with. When we spoke with staff they told us they did not always feel confident particularly if people were aggressive. One member of staff told us, "When people show aggression I don't know how to deal with it. I don't think I have been given the skills to deal with it properly." People did have their needs met, however, if staff were more confident it would mean support would be delivered more effectively for people.

There was no specific care plan which outlined the behaviour staff may see and how they should intervene to support the person in the most successful way. Some people were prescribed medicine to support them when they were anxious on an 'as and when required' basis. Protocols were not in place to ensure the medicine would be given at the appropriate time to be effective. We made a recommendation that staff received appropriate training and that a care plan format be devised to support staff to know how to intervene effectively when people displayed behaviours which may challenge the service.

Following the inspection, the provider told us such training had been sourced and staff would be supported to attend.

Arrangements in place for the management, storage, recording and administration of medicines were safe overall. Regular audits picked up concerns and action was taken to reduce the likelihood of a reoccurrence. Staff who supported medicines administration had been assessed as competent. Where people were prescribed medicines on an 'as and when required' basis not all of them had a protocol to describe to staff when to administer them. The registered manager told us this would be reviewed following the inspection.

When staff supported people to take their medicines, they did this with patience. They provided the person with details of their medicines and what they were for. People had the option to refuse if they chose to. People told us, "I get my medicines on time. Staff always stand by you to make sure you have taken them" and "I can take them myself. Staff give them to me and I take them."

The staff recruitment process was safe. It included completion of an application form, a formal interview, previous employer reference and a police check. Where nurses were employed a check with the Nursing and Midwifery Council (NMC) had been completed to ensure there were no restrictions on their ability to practice.

Not all the records included a full work history or where there were gaps in employment these were not explained. We discussed with the registered manager the need to do this as part of their process. They agreed to do this in future.

Where agency workers had been used full details of their skills, qualifications, identity and character had not been received. During the inspection the registered manager and administrator started to compile such details to ensure they had robust records to evidence safe recruitment of agency workers.

The registered manager was confident about safeguarding adults and the action they would take if they witnessed or suspected abuse. All incidences had been appropriately reported and action taken minimise the risk of a reoccurrence.

Staff said they would have no hesitation in reporting safeguarding concerns and they described the correct process to follow. Staff had been trained to recognise and understand all types of abuse. Relatives told us they felt their family members were safe and treated equally in the service. One relative said, "I am very happy with the care here. I feel my family member is safe, I can relax when I go home. The staff are lovely." People told us they felt safe and that their personal belongings were kept safe. One person said, "I have never felt unsafe."

Arrangements in place to manage risk were robust so the likelihood of harm to people was reduced. 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. This enabled staff to have the guidance they needed to help people to remain safe. One relative told us about their involvement with staff to assess the risk for their family member and their agreement with the solution.

Records confirmed appropriate checks of the building and equipment were carried out to ensure health and safety. Including safe arrangements for the management fire safety. Personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service.

Systems were in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw documentation was appropriate and the registered manager reviewed patterns and trends alongside the provider.

Everyone we spoke with felt the environment was clean and free from malodour. Staff had appropriate access to personal protective equipment (PPE) to support them to control and prevent the spread of infection. One relative told us, "I think the place is spotless."

## Is the service effective?

### Our findings

Positive initiatives had been implemented to manage risk in conjunction with the local NHS. Such as 'React to red' which aims to increase staff knowledge of pressure area care. We saw people did not suffer from pressure ulcers, in part because staff responded immediately to alter their approach to care if a person's skin was noted to be red. This was a positive outcome for people. A visiting professional told us, "Considering the amount of people who are immobile, the staff have been excellent in maintaining good skin care."

Another initiative was called the 'Fluid watch'. This had supported the team to understand the amount of fluid each person required, based on their weight, height and medical condition. Staff then monitored fluid intake and watched for signs of dehydration. The registered manager told us this had supported the team to feel more confident and had reduced the amount of ill health related to poor hydration, such as urine infections and delirium.

The team worked closely with all professionals and relatives. They understood the benefit of joint working to improve the health and wellbeing of people. One relative told us about a recent hospital admission for their family member which had been made less stressful due to staff support and their positive relationships with professionals. Each person had a document which outlined their needs, likes and dislikes and this was passed to other professionals if the person required a hospital admission. For one person this was important as their religious beliefs impacted on the type of medical attention they would accept. Staff were aware of this and knew to pass the information to all medical staff.

The service was supported by a nurse advanced practitioner who visited regularly for advice and support. In addition, local links with the GP services meant people received good access to health professionals. One person told us, "You tell the nurse and she will get in touch with the doctor." A relative told us "It is all arranged quickly."

An electronic care plan system was being introduced when we visited and the registered manager told us it would be easier to navigate the health records for people and support staff to know when appointments need to be made.

As people's health deteriorated their posture and ability to sit comfortably to eat or relax had been affected. Some people did not look comfortable in the seating they used. We discussed this with the registered manager who told us on day two a specialist assessment for some people had been requested.

Staff new to care were undertaking the care certificate. The care certificate sets out learning outcomes, competences and standards of care that are expected. All staff received an induction which included shadowing more experienced staff and attending training in the classroom or completing training via the computer. The registered manager knew the staff who needed to complete refresher training and the provider monitored progress when they visited.

Agency workers had received an induction but this had not been recorded. The registered manager started to make records of inductions for agency workers during the inspection.

A variety of topics such as dementia awareness, first aid, person centred care and moving and handling were provided. Staff told us they saw the value in all the training they received. One member of staff said, "I'd had dementia training in a previous job, but the one here was different, it was really good." As outlined in the safe section of this report additional training around how to intervene when people are anxious or distressed was required.

Nurses were supported to maintain their professional competence through clinical supervision and training. One of the nurses told us, "I have had excellent support regarding my nurse re-validation which is due. I feel confident this will be successful." The chef explained they had been supported to access specialist training around food preparation for people who find it difficult to swallow. They told us, "I learned lots of things. I found it interesting. You take it for granted but there is quite a bit that goes into it."

People and their relatives felt staff were trained to deliver effective support. One person told us, "They (staff) are doing training all the time." And a relative said, "I think staff are trained. At one time it didn't seem to be so. It all seems on the up now."

Staff we spoke with during the inspection told us they felt well supported and that the management team were approachable if they had any concerns. Support was provided through day to day discussions, team meetings, handovers and formal recorded one to one sessions. The registered manager explained they understood which staff were due a formal one to one session and that they had a plan to ensure each member of staff had received a session six times per year. A member of staff told us, "We talk about what has been going on at the front line, if we have any concerns, what positives have happened and any training we want and any areas we can do better." All staff who had been in post longer than 12 months had been supported to receive feedback on their performance via an appraisal, where they planned their development aims for the coming year.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions for people who did not have capacity. We saw appropriate documentation was in place for people who lacked capacity. In one of the care records we looked at we saw a multidisciplinary team and family members had been involved in such decision making. This had enabled a person to eat food they enjoyed improving their quality of life, even though there was a risk to their wellbeing by doing this.

Staff we spoke with had a good understanding of DoLS. Three people were authorised to be deprived of their liberty and applications for a further 34 people had been made to the local authority for authorisation.

The whole team focussed on people's hydration and nutrition due to the complex needs of the people supported. This included the kitchen staff, care workers and nurses. People had their weight monitored and referrals to professionals were made when required. The registered manager also provided oversight in this area. People who required specialist diets due to the risk of choking were catered for but they felt more choice should be available for people. The registered manager told us this was something they would work to improve.

Where people had preferences such as vegetarian diet, or a dislike of a food item they were listened to and the kitchen catered for this. People told us they had a choice and access to snacks and drinks always. We observed people requested snacks and drinks and staff responded in a timely way. Although meal service was observed to be slow, people received their meal with the correct support in a patient and respectful way. People told us, "The food is ok" and "We always get a choice and something else if we don't like the options."

The building was undergoing a refurbishment which had meant people now had access to en-suite facilities, in addition to the communal areas being upgraded. This was on-going and thought had been put into making the environment more accessible to people living with dementia who may require signage to find their way around the service. We saw bedroom doors painted in bold colours, in addition to photographs and name plaques which supported people to find their own room. A secure garden area meant people could spend time alone in the fresh air enjoying the space. We saw this area was well used in the warm weather during the inspection visit.

## Is the service caring?

### Our findings

People and their relatives told us staff were caring. People said, "Yes I think staff are really caring. Since [Name of registered manager] came here, the atmosphere is so different" and "The staff are lovely and they do their best for me." A relative told us, "There have been changes for the better, it is now a nice relaxed atmosphere, a lovely home. People are very well looked after, excellent staff who work hard. They deserve a medal."

A visiting professional said, "I always get help from staff I need. I have no issues, the home is always clean and tidy, one of the better care homes I visit. People are treated with respect."

A member of staff told us they felt the care had greatly improved in the time since the registered manager had been employed. They attributed this to an open way of working and leadership from the registered manager around delivery of person centred care. We observed staff had a good understanding of people's life history. Staff worked with families to understand people's histories and they used them to build relationships with people. One relative had made a blanket which depicted the person's life history and staff were able to tell us about it.

We observed staff taking on board people's wishes and using them to care for people in a way they preferred. One relative told us, "Staff know my family member and they use what they know to care for them well. I know they get distressed during personal care, but when I visit they are always content." Staff were concerned for people's wellbeing and we saw they looked for solutions when people were anxious or distressed. For example; one person was visibly upset as they remembered parts of their life they found distressing. Staff were observed offering verbal and physical reassurance, they stayed with the person until they relaxed and calmed. Staff knew the individual ways people communicated and they used this knowledge well to provide support and guidance.

Support was always offered at the pace of the person being cared for. One relative told us, "They take things at the person pace." This displayed compassion and respect. It meant people were more likely to accept support such as personal care and that they ate and drank sufficient amounts. We observed staff encouraging people to eat and drink in a very calm and relaxed manner. Support was dignified, private and respectful. We saw staff offered people choices, knocked before they entered people's personal space and sought agreement before they supported people. People confirmed they were treated with dignity and respect, one person told us, "Yes I am treated with respect and dignity. I haven't had any problems with staff." A relative said, "Yes, staff treat my family member well." Another relative told us, Staff treat people with dignity and respect and they are always calm. People display upset and there is never a cross word from anyone. [Name of staff] the nurse deals with it straight away."

People were supported to be as independent as possible. We saw people had free movement around the service and could choose where to sit and spend their recreational time, including using the secure outdoor garden. The service was spacious and allowed people to spend time on their own if they wanted to. We saw people could go to their rooms at any time during the day to spend time on their own. This helped to ensure

people received care and support in the way they wanted to.

People and their relatives told us when agency workers were used it can at times alter their experience of good care. They explained this was because the agency workers do not know them. We discussed agency usage with the registered manager and they explained they had been successful recruiting a staff team and agency usage had reduced.

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.

## Is the service responsive?

### Our findings

At our last inspection in March 2017 we recommended that the provider worked with the activities staff to explore how to provide meaningful and stimulating activities for people.

At his inspection we looked at how the provider had approached this. Two activities workers were employed and they had received additional support and coaching in their role. People and their relatives told us they were pleased with the progress made towards supporting people to have fulfilled lives. A wide variety of activities were on offer for people to choose from and some of them had been specifically designed to help people continue with their hobbies and preferences. For example, people who were religious had access to their chosen service. Another person who enjoyed practical things had been supported to paint the garden shed. The activities worker told us, "[Name of person] has painted the shed outside. They loved it. Their daughter told us it was a brilliant idea because their family member would do things like that at home."

People told us, "They (activities staff and staff) do try. They come and cut our nails. If they can, they take me out in the garden. Now we have two lovely activities ladies. They work wonderful together. I did tapestry and if they are having a quiz, I can do that so I go down to it. I think they do try", "I do craft work mainly. I do a lot of crocheting, crosswords, code words and quizzes. I like to keep my brain active" and "One person's family looks after the garden. We've planted some seed, we've done some lavender." A relative told us, "I cannot praise the activity staff enough, we have been to the park. Two people are always supported out on a Tuesday. We have tea, coffee and cake up there. Everyone has been outside in the warm weather, we had a meal outside also. For the royal wedding we had flags and balloons, people loved it."

A relative told us their family member had enjoyed a recent outside entertainer who visited the service, they said, "They have singers and my family member likes the entertainment. There was a singer a few days ago who was extremely good. My family member loved it." Lots of activities were on offer which one person described, they said, "The activities lady is willing to learn and do things. We're learning to make rag-weeds, one of the cleaners taught me how to do it. There's table games, dominoes or snakes and ladders, skittles. We have loads of entertainers in."

The registered manager and activities workers were clear that the activities provision was a work in progress. People who were cared for in bed or those who chose not to join group activities did receive a small amount of one to one time. We observed one person enjoying a hand massage.

However, for every person to benefit from meaningful activities they wanted the care workers to become more involved. This was something people and relatives also told us, one person said, "I'd like to see the carers involved. They disappear sometimes, surely they have five minutes to spend with us." An outside organisation was due to visit to support staff around using every day activities to enhance mental, emotional and physical wellbeing for people. The registered manager told us they wanted to move away from a task orientated routine to a more meaningful approach. The approach also aims to reduce the likelihood people will become socially isolated.

The provider had introduced a new care plan system which was computer based. Staff were working with both the new and old system whilst it was introduced. The registered manager explained how the new computer system allowed them to monitor people more closely. Care plans held on paper had lots of details about how people preferred to be care for and their chosen routines. When we spoke with staff they held a greater knowledge of people. The registered manager explained staff would be involved in transferring the paper records onto the computer system to ensure all their knowledge was recorded.

Relatives explained they were fully involved in their family members care and support. One relative told us, "As relatives we are absolutely involved. They (staff) support me with my family member, listen to me and phone me when they are ill. During a recent episode of ill health staff couldn't have been better. Familiar faces help my family member and staff made sure they had them." Although relatives all told us of the involvement they had we saw this was not recorded in care plans or reviews all the time. The registered manager told us they would focus on this in future.

Regular reviews of people's care were carried out to ensure staff understood progress and or deterioration. We saw where changes were needed that care plans were updated and communicated to staff. Review records did not reflect that staff had looked at whether support was successful, around behaviours which may challenge the service and activities. Looking at the day to day records made when a care plan is reviewed helps to understand the experience people have had of the service. The registered manager told us this was an area they would focus on when the new electronic care plans were implemented.

A new initiative called 'Resident of the day' had been introduced. Everyday there is a focus on one person to ensure their care was reviewed. Feedback was sought about the service by all heads of department, including domestic and catering. This approach had led to more involvement of relatives and people, also ensured reviews of care were completed.

When we visited people were being supported with palliative care. Their care plans included details of the wishes around their preferred place of care and end of life preferences. A multi-disciplinary approach was in place with the advance nurse practitioner from the NHS supporting the service to ensure people received a pain free and dignified end of life.

We saw where concerns or complaints had been received that they were dealt with appropriately and people or their relatives had received a response from the registered manager or provider. Everyone we spoke with told us the registered manager was always available and approachable to listen to their concerns. People knew how to raise concerns. One relative said, "Yes they listen to me if I have concerns. I can always go in and see the manager they're helpful." One person told us, "Yes they have to listen. I'm funny with food. I've been to the management about it. They've asked the assistant cook to see me every morning to make my choices."

We saw the team had also received compliments about the service they provided. One compliment read, 'To [Name of registered manager] and all the team at Sutton lodge. Just wanted to say a massive thank you for all that you do for our family member. They are so special to us we couldn't ask for a nicer home for them to live in'.

## Is the service well-led?

### Our findings

Without exception everyone we spoke with complimented the leadership displayed by the registered manager. People and their relatives also recognised that the deputy manager and senior staff now all worked as a unit to provide a better service for people. Relatives said, "Since [Name of registered manager] started the service has gone right back up again. I was seriously thinking of moving my family member, but now it is home from home again. I am happy again. [Name of registered manager] has motivated everyone, it is brilliant, the carers and nurses are wonderful because the service is well led. I am one happy relative. I feel very strongly about good leadership", "I think [Name of registered manager] is lovely. Better than the last one, very open and always deals with things you ask" and "Staff listen to me. I have seen [Name of registered manager] today, they show so much compassion to my situation."

The registered manager and deputy told us their focus for the past 12 months had been to stabilise the team, improve morale and they felt this had improved the service for people. Staff agreed that morale had improved and that they felt valued. Staff also agreed that the service had improved for the better. One member of staff told us, "I feel very supported, staff morale is good and recruitment is underway. I enjoy coming to work now. I feel the manager leads by example." Another member of staff said, "I really like [Name of registered manager], they are really hands on, very approachable and just lovely really. It's nice when you enjoy coming to work." Another member of staff could describe how the registered manager had made them feel valued and appreciated, they said, "I've had times where the manger has called when they have received positive feedback from a relative about my work. The manager called to say 'thank you' which I liked. When I go into the office the manger says I do a really good job. I feel appreciated by the manager." We saw the chef had been a finalist in an award for 'Catering hero', this demonstrated the registered managers approach to recognising good practice and motivating the team of staff.

The registered manager had provided staff, relatives and people formal opportunities to give feedback via surveys and regular meetings. Relatives and staff could give examples where they had raised concerns, were listened to and where the registered manager had reacted to make improvements. One example was when a member of staff raised their concerns about equipment safety. Immediately the registered manager responded and sought professional advice. We saw action plans were in place following all the feedback received to ensure continuous improvements were made.

The registered manager and senior team understood their responsibilities and they worked in a transparent and open way. The provider and registered manager checked the quality and safety of the service through a variety of audits such as, medicines, health and safety and mealtime experience. The checks effectively highlighted the areas for improvement. The registered manager held a central action plan where they monitored progress. Most of the areas we have highlighted within this report were known by the provider and plans were in place to make improvements. The approach the provider had to quality assurance had seen improvements made to the service since we last visited. Where the audits had not picked up on areas for improvement that we noted the registered manager was quick to think of ways they could adapt the system or feedback to the provider to ensure continuous improvement.

The registered manager was keen to be involved in the local community and to welcome people to the service. They also felt it was important that the changes they had made to the quality of care were celebrated and known by people in the local community. They had joined an initiative called 'Craven Communities Together'. This had led to a local school visiting to take part in activities and people joining the school assembly, also a visit to the local fire station for a coffee morning. The next event was a 'Bake off' and one of the people who lived at the service was keen to take part because they were previously a master baker. Working with local healthcare professionals was also key to the success of the service and the registered manager had implemented initiatives from the NHS to improve staff knowledge and people's wellbeing.

People and their relatives said, "I think it is a good place" "I'm happy enough. You can talk to people, it is very good" "The staff are lovely. I get on well with them. They greet me and say Hello" and "They make me as welcome as they can. They are friendly and if you complain they react." These comments demonstrate our findings that the service has made significant improvements and people, their families and staff both recognise and appreciate that. We were confident improvements would continue to be made.