

Sanctuary Care (South West) Limited

Lake and Orchard

Residential and Nursing

Home

Inspection report

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13 December 2018

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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

This inspection took place on 10 and 13 December 2018 and was unannounced.

Lake and Orchard Residential and Nursing Home is registered to provide residential and nursing care for up to 99 older people who may be living with a physical disability or dementia. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Accommodation is provided across two units 'Lake' and 'Orchard', both spread across two floors. Lake provides residential care, whilst Orchard provides nursing care. Both units support people who may also be living with dementia. At the time of our inspection, there were 61 people using the service; 30 people living on Lake and 31 people living on Orchard.

The registered manager had left the service shortly before our inspection. A new manager was in post who told us they were going to apply to become the registered manager. A registered manager is a person who has registered with the CQC 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. A 'peripatetic manager' had also been working at Lake and Orchard Residential and Nursing Home since our last inspection and they were supporting the new manager during their induction period. The management team were also supported by a regional area manager and two deputy managers; one who worked on Lake, and one who worked on Orchard.

At the last inspection completed in April 2018, we rated the service requires improvement overall with inadequate in well-led. We identified three breaches of regulation relating to person-centred care, staffing and the governance of the service. Following the inspection, we met with the provider and asked them to take action to make improvements, and this action has been completed.

Work was ongoing to improve the service. Significant progress had been made since our last inspection, but further improvements were needed to achieve a good rating.

Sufficient staff were deployed, but improvements were needed to the way staff were organised, supervised and deployed at busy times and to support with meals on Orchard.

There remained some inconsistencies in staff's approach. Some staff did not always offer people choices and worked in a more task orientated way. Greater supervision and leadership was needed to monitor and address these inconsistencies and to promote good person-centred care.

Areas of the service were tired, worn and in need of redecoration. There were other environmental and

maintenance issues throughout the service that needed to be addressed. The manager and peripatetic manager were aware of these issues and outlined the plans in place to address this. Renovation work was taking place at the time of our inspection to improve the dementia nursing unit, but further improvements were needed.

The overall rating for this service is 'requires improvement'. Whilst this is the sixth consecutive time the service has been rated inadequate or requires improvement overall, the continued improvements and trajectory showed positive leadership. The provider had made significant progress since the last inspection and was now compliant with the fundamental standards of quality and safety. This progress demonstrated an ability and ongoing commitment to improving the service. We will continue to work with the provider to monitor progress and support improvement to achieve at least a good rating overall.

We received positive feedback about the new manager and the positive impact and changes being made. The provider was embedding a more robust system of audits.

Staff were safely recruited. They were trained to recognise and respond to safeguarding concerns, and told us they felt confident the new manager would listen and respond to any concerns they had. Risk assessments were regularly reviewed and updated. They contained relevant information about risks and how these should be managed. The manager was developing systems to help audit accidents and incidents to identify patterns and trends. Medicines were managed safely.

Staff completed regular training. We received mixed feedback about supervisions. Work was ongoing to embed a system of regular supervision and appraisals.

The food provided looked and smelt appetising. Staff weighed people regularly and worked with professionals to make sure people's nutritional needs were met.

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. Staff had taken appropriate steps to assess people's mental capacity and make best interest decisions when necessary. Appropriate applications had been made to deprive people of their liberty.

People gave positive feedback about the kind and caring staff who supported them. Staff encouraged people to maintain their independence. They understood the importance of treating people with respect and worked to maintain people's privacy and dignity.

Care plans contained more person-centred and detailed information to guide staff on how best to meet people's needs. They were regularly reviewed and there were systems in place to make sure staff had up-to-date information as people's needs changed.

Improvements had been made with activities and there were more opportunities for meaningful stimulation.

People told us they felt able to raise any issues or concerns. Action had been taken to respond to complaints about the service.

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 always safe.

Improvements were needed to the way staff were organised, supervised and deployed to complete tasks.

Work was ongoing to address issues with maintenance and the decoration of the service.

Staff were trained to identify and report safeguarding concerns. Staff told us the new manager listened to them and responded to their concerns.

Systems were in place to make sure people received their medicines safely.

Requires Improvement ●

Is the service effective?

This service was effective.

Staff completed regular training.

Work was ongoing to embed a system of regular supervision and appraisals.

Staff supported people to make sure they ate and drank enough.

People had consented to the care staff provided. Staff had taken appropriate action where people lacked mental capacity or were deprived of their liberty.

Good ●

Is the service caring?

This service was caring.

Staff were more engaged and there were overall improvements in the quality of care provided.

People gave positive feedback about the caring staff.

Staff supported people to maintain their privacy and dignity.

Good ●

Is the service responsive?

The service was responsive.

Care plans contained person-centred information to guide staff on how best to meet people's needs.

There were more opportunities to take part in activities.

People told us they felt able to raise any issues or concerns. Action had been taken to respond to complaints about the service.

Good 

Is the service well-led?

The service was not always well-led.

Work was ongoing to improve the service. Significant progress had been made, but further improvements were needed to achieve a good rating.

At times staff lacked supervision, leadership and direction when completing tasks.

We received positive feedback about the new manager and recent changes made.

Requires Improvement 

Lake and Orchard Residential and Nursing Home

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 was 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.

Inspection site visits took place on 10 and 13 December 2018. The first day of our inspection was unannounced, the second day was announced.

The inspection was carried out by two inspectors, one assistant inspector, an inspection manager and two experts by experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service. The experts by experience who supported this inspection specialised in care for older people, people living with dementia and people who had nursing needs. They spoke with people who used the service and visitors to understand their views on the service. They also observed interactions including the care and support provided in communal areas, with activities and at mealtimes.

Before the inspection, we reviewed information we held about the service. This included notifications the provider sent us about certain changes, events or incidents that occurred and which affected their service or the people who used it. We contacted the local authority adult safeguarding and quality monitoring team as well as Healthwatch England, the national consumer champion for health and social care, to ask if they had any information to share. We used information the provider sent us in the Provider Information Return. 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.

During the inspection we spoke with nine people who used the service and nine visitors who were their relatives or friends. We observed care and support provided in communal areas, with activities and at lunchtime and also 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 spoke with the manager, peripatetic manager, regional area manager, deputy manager and ten staff including nurses, senior care workers, care workers, the activities coordinator and a cook. We also received feedback from two visiting health and social care professionals.

We had a tour of the service, which included people's bedrooms. We reviewed seven people's care plans and risk assessments and looked at how medicines were managed on both Lake and Orchard units. We reviewed recruitment records for three members of staff, as well as training, supervision and appraisal records for the staff team. We looked at meeting minutes, maintenance records, quality assurance audits and a selection of other records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection completed in April 2018, we identified concerns about staffing. At this inspection improvements had been made and the provider was now compliant with this regulation.

Staff provided consistently safe support for people to transfer, with hoisting and to move about the service. Staff had completed moving and handling training and their competency had been assessed.

The provider used a 'dependency tool' to help work out how many staff should be on duty on each unit. In total, during the day there were two nurses and 12 care staff on duty; at night this reduced to two nurses and seven care staff. The provider also employed staff to work in the kitchen, laundry, to clean and maintain the service, lead on activities and support with administrative tasks.

The manager used agency staff when needed to help maintain safe staffing levels. A more robust system was in place to make sure agency staff were suitable. The manager had agency profiles to show staff were safely recruited and had completed training. Staff documented an induction with all agency staff to make sure they had the information needed to work safely at the service.

During our inspection there were sufficient staff on duty, but they were not always effectively organised and deployed on Orchard unit. Staff were very busy, particularly at mealtimes, and this impacted on the quality of care people received.

We spoke with the manager about improving the supervision, coordination and leadership of staff during mealtimes and at busy periods. This was important to make sure people were not left unsupervised in communal areas and staff were available to provide attentive support when needed. The manager told us they were looking at whether 'kitchen assistants' could help during mealtimes so care staff had more time to support people.

There were noticeable differences in temperatures in some areas of the service. The peripatetic manager said there were issues with the heating system, which were being investigated. In the meantime, staff used portable heaters in people's bedrooms. However, there were no thermometers for staff to check and make sure rooms did not get too cold, particularly at night. We spoke with the manager about monitoring room temperatures, where there were concerns. Individual risk assessments were not in place to assess and manage any risk of people burning themselves on the hot surface of portable radiators. The peripatetic manager acknowledged our concerns and took immediate action during our inspection to address this.

Checks completed in October 2018 showed a number of fire extinguishers needed to be serviced. The provider had a fire risk assessment, which identified actions which needed to be completed by the end of December 2018 to improve fire safety. We spoke with the peripatetic manager who acted to address these issues.

Work was ongoing, but further progress was needed to address numerous minor maintenance and

environmental issues throughout the service. Areas of the service were tired, worn and in need of redecoration. Walls, skirting boards and door frames were scuffed or damaged and in need of repainting. Some mattresses needed replacing. There were minor issues about where and how things were stored. Cupboards were not always locked. Towel rails and toilet roll holders needed repairing and there were other minor maintenance issues in some people's bedrooms.

At the time of our inspection, communal areas in the dementia nursing unit were being redecorated and there were signs of redecoration and repainting in other areas of the service. The manager and peripatetic manager explained the work they were doing and planned for 2019 to continue to assess, identify and address issues throughout the service to improve the home environment.

Staff had completed infection control training and used gloves and aprons to minimise the risk of spreading germs. The provider employed 'housekeeping' staff to routinely clean and deep clean the service.

Each person who used the service had a Personal Emergency Evacuation Plans (PEEPs). This set out the support they would need to safely evacuate the building in an emergency. There were records of regular fire drills, and checks and tests of door closers, emergency lighting and the fire alarm to make sure these were in safe working order.

The provider continued to follow safe recruitment practices. New staff employed had completed an application form, had an interview and given references from previous employers. The provider made sure Disclosure and Barring Service (DBS) checks had been completed before they started work. DBS checks help employers make safer recruitment decisions by checking staff are not barred from working with adults who may be vulnerable. The peripatetic manager had regularly checked with the Nursing and Midwifery Council (NMC) to make sure nurses employed at the service had professional registrations to practice.

We received generally positive feedback about staffing levels. Staff told us new staff had started and gave positive feedback about the reduction in in the number of agency staff used.

People who used the service told us they felt safe with the care that staff provided. Feedback included, "I feel safe because the staff look after me" and "These people really look after me." Relatives of people who used the service commented, "Here [name] is much safer as there is always someone about. We don't worry about them anymore" and "They are much safer and look so much happier here."

Staff had assessed each person's needs to identify the support they required and any risks to their safety. Risk assessments were comprehensive and provided appropriate guidance for staff on how to minimise risks. They showed staff had used nationally recognised tools, such as the Malnutrition Universal Screening Tool, to assess the level of risk and to make sure appropriate control measures were in place to help keep people safe. Positive behaviour plans included clear instructions about how staff were to safely support people with their dementia and if they became anxious or upset.

Staff had been trained to recognise and respond to safeguarding concerns. They understood what constituted a safeguarding alert and what to do if they suspected someone was experiencing abuse. The provider had a policy and procedure to further guide staff on how to respond to safeguarding concerns. Staff told us they felt confident that the new manager would listen and respond to any concerns they raised.

Staff kept a record of any accident or incident that occurred. This included basic information about what had happened and how they had responded. The manager completed monthly audits to help identify any patterns or trends in the accidents or incidents that had occurred. They also shared a tool they planned to

introduce to further improve the monitoring of accidents or incidents.

Medicines were managed and administered safely. The provider had a medicine policy and procedure. Staff responsible for administering medicines completed training and their competency had been assessed. This helped make sure they understood and followed best practice guidance when they administered people's medicines.

Medicines were securely and safely stored. Staff had completed regular checks to monitor stock levels. They kept accurate records of medicines in stock, those administered and any medicines people refused. There were clear instructions for staff to follow on when to administer medicines prescribed to be taken only 'when needed'. The manager completed regular audits to monitor and make sure medicines were administered safely.

Is the service effective?

Our findings

At the last inspection completed in April 2018, staff did not provide skilled and effective care. Moving and handling practices were not always safe. This was breach of regulation relating to staffing. At this inspection, improvements had been made and the provider was now compliant with this regulation.

New staff completed an induction programme and shadowed other members of the team to learn how to support people. Staff completed a range of training courses. This included practical training on topics such as moving and handling, first aid and communication and behaviour, as well as online 'eLearning'. Staff told us they preferred 'face to face' training to eLearning courses, but that the range and quality of training was improving.

At the time of our inspection, staff had completed 83% of the training the provider considered to be mandatory. The manager showed us how they monitored staff's training needs and the actions they had taken to ensure gaps in training would be updated.

The provider had a supervision and appraisal policy in place. Staff told us they felt supported by the new manager, but provided mixed feedback about whether they received regular supervision. Records were not always available to give a clear picture of supervisions and appraisals completed, or when these might be due or overdue for different members of the team. The manager explained the work planned to address this, and we saw evidence that recent supervision meetings had taken place. We have addressed these concerns in more detail in the well-led domain.

The provider had introduced a system of clinical supervisions for nursing staff. Nurses completed additional training in specific clinical skills to support their continued professional development and meet the revalidation requirements.

Work was ongoing to develop and maintain a dementia friendly environment. Bedroom doors included more dementia friendly and person-centred decorations to help people find their rooms. Some contrasting colours had been used to help people with a visual impairment see handrails and doorways. There was dementia friendly signage to help people find toilets and bathrooms. The provider explained the work they were doing to further improve the signage. There were safe and accessible outdoor spaces for people to use and enjoy.

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation

of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

People who used the service had signed their consent to the care and support staff provided. Staff had documented people's mental capacity to make particular decisions in their care plans. Mental capacity assessments and best interest decisions had been completed and appropriately recorded when people were unable to make particular decisions. The manager had made applications when necessary to deprive people of their liberty.

People who used the service gave positive feedback about the range, quality and amount of food available. One person told us, "I have enough to eat and the food is good, they do very well." A visitor said, "The staff look after them as there is always plenty to eat and drink especially in the afternoon with the large cakes they get."

Staff explained how they encouraged people to enjoy a varied and balanced diet. There was a choice at each mealtime. Food served looked and smelt appetising. People were provided soft or pureed diets when necessary. Drinks, fruit and healthy snacks were available on each unit.

Care plans recorded person-centred information about people's food preferences and any allergies they had. Staff monitored what people ate and drank and weighed people weekly or monthly depending on the level of risk. This helped them to make sure people's nutritional needs were met. Staff liaised with healthcare professionals where there were concerns about people's weight and supported people with food supplements when needed.

There were two 'handover' meetings at the beginning and end of each shift to share important information amongst the staff team. Staff also kept an up-to-date daily record of the support provided to each person who used the service. They included information about how the person was, what support had been provided, whether they had joined in with any activities and if they had had any visitors. This helped ensure staff were informed and aware of important information when people's needs changed.

Staff supported people to see their GP or to access healthcare services when needed. A person who used the service, "I was unwell and the staff called an ambulance who took me to hospital. They also contacted my [relative] and they were already at York hospital to meet me."

Staff kept a record of professional's visits and the outcome. This showed people had been visited by chiropodists, opticians, their GP, tissue viability nurses and community nurses. Staff had also contacted the emergency services in response to accidents and incidents to make sure people received urgent medical attention.

People's care plans included advice and guidance from healthcare professionals. For example, people's nutritional care plans included information from dieticians about how to promote weight gain and speech and language therapists about managing the risk of choking. This supported staff to provide effective care.

Is the service caring?

Our findings

People told us staff were caring. Comments included, "The staff really do care for me, I get all the care I need" and "I have enjoyed every minute I have been here, because the staff are all so friendly and kind." A visitor said, "The staff always seem friendly and kind and [Name] is always up, dressed and clean when we visit."

People's care plans included a 'resident profile' with basic information about them. This recorded details about where they were born, had worked and their family history. This helped staff get to know people and develop positive caring relationships with them.

Staff spoke positively and warmly about the people they supported, which showed us they cared. They told us there had been a reduction in the number of agency staff used, which had helped to improve the consistency of the care people received.

People who used the service responded positively to staff showing us they liked seeing them and valued their company. A person who used the service said, "I enjoy their company and the carers are so kind."

Staff had assessed people's communication needs to make sure information was provided in an accessible way. People's care plans gave guidance for staff on how to communicate with them so that people could be supported to express their wishes and views. For example, they included details about whether people used hearing aids, which side to sit and speak with them and whether written word or pictorial forms of communication were more effective.

Staff were aware of people's communication needs and tailored their approach accordingly. They explained how they showed people options, could use picture cards or simple sign language to make sure people had choices about what to eat and drink, what to wear or how to spend their time.

Information about advocacy services was clearly displayed in the entrance to the service. People's care plans also recorded when they had the support of an advocate and included guidance for staff on when to contact them if needed. An advocate is someone who supports people to make sure their wishes and views are heard.

Whilst overall there had been improvements in the way staff approached and supported people to make decisions, there remained inconsistencies. Some staff were very skilled and effective in the way they offered people choices. They knelt down to their level and were very patient and kind in the way they encouraged people to make decisions. Other staff were more instructional in their approach and did not always offer people choices or involve them in making decisions. We have addressed these inconsistencies in the well-led domain.

People who used the service told us staff treated them with dignity and respect. Staff explained how they helped maintain people's dignity by treating them with respect. They told us how support with personal

care was provided in the bathrooms or people's bedrooms with the doors and curtains closed. They explained how they spoke quietly with people when they were in public areas to maintain people's confidentiality.

Staff respected people's privacy and personal space. They knocked on people's doors before entering their bedrooms. They spoke with people in a respectful way and supported and encouraged people to be independent to help maintain their dignity. People confirmed that staff helped them maintain their independence. Comments included, "The staff help me to exercise when I want to" and "They help me to be as independent as I can be. I have arthritis and move slowly, but staff really encourage me."

Staff had completed equality and diversity training. People's care plans included information about their personal beliefs and staff understood the importance of respecting people's diverse needs. Equipment and adaptations were in place to help people move around the service and to make sure people were not unduly restricted. Staff provided support for people to take part in activities if they wanted to. This helped make sure people were not discriminated against based on a disability.

Is the service responsive?

Our findings

At the last inspection completed in April 2018, there was limited meaningful stimulation or activities for people who used the service. This was breach of regulation relating to person-centred care. At this inspection, improvements had been made and the provider was compliant with this regulation.

There were a range of activities on offer which provided opportunities for meaningful stimulation. The provider employed two activities coordinators and was in the process of recruiting a third. The activities coordinators used their time to organise activities and encourage people to socialise to prevent isolation.

Activities schedules were displayed throughout the service with organised activities including, dominoes, bingo, baking, quizzes, film afternoons and trips out in the mini-bus. The provider had also created an 'activities room', which people could visit to join in activities. The activities coordinator used a newsletter to advertise events and encourage families to attend and join in.

On the day of our inspection organised activities included making Christmas decorations and a singer visited to entertain people. People who used the service clearly benefited and enjoyed these activities. The activities coordinator showed great care, compassion and understanding towards people who used the service and provided very person-centred care to encourage people to participate.

Overall, staff were more engaged and spent more time speaking with people on a one to one basis. Whilst there were marked improvements in the level and quality of person-centred care provided. There remained some inconsistencies with some staff and some interactions on Orchard still brief and task-based at times. The manager told us about plans to complete further training to improve staff's knowledge and understanding of effective dementia care. We have addressed these inconsistencies in more detail in the well-led domain.

Staff assessed people's needs and used this information to develop care plans and risk assessments. Staff had reviewed and updated people's care plans and risk assessments since our last inspection. They contained more detailed and person-centred information about people and to guide staff on how their needs should be met. They included information about people's preferred daily routines, what they liked to do and how they liked to be supported, with details about their likes, dislikes and preferences.

Appropriate management plans were in place to guide staff on how to meet people's specific needs. This included plans related to people's diabetes, continence management or behaviours that may challenge. For example, where people had issues relating to their skin integrity, information was recorded on 'body maps' showing where any wounds were and the treatment plans in place. Notes indicated the types of dressings used, how often they had been changed and a description of the wound each time it was seen. Records showed specialist advice and care had been sought when necessary.

Staff documented any wishes people had about the care and support approaching the end of their life. People's care plans recorded when people had made decisions to refuse resuscitation - if the need arose.

Staff explained how they made sure people were as comfortable as possible and worked with professionals to get anticipatory medicines if needed. These are medicines people may need to make sure they remain comfortable and pain-free approaching the end of their life.

People's care plans were up-to-date and reflected their needs and wishes. Staff reviewed people's care plans and risk assessments each month or more often if people's needs changed or issues arose.

Care and support was provided in line with people's assessed needs and as set out in their care plan. Staff explained how they read people's care plans and spent time with them to find out how they wanted and needed to be supported. They also spoke with people's relatives about how they wanted to be cared for and this detail was then recorded in their care plans. People's relatives told us they felt involved in decisions about the care and support provided. A relative said, "[Name] is no longer capable of making any decisions themselves, but the management and staff include us in any decisions which affect them or their care."

Staff helped people to have regular contact and maintain relationships with their family and friends. People regularly visited the service throughout our inspection and staff were warm and welcoming to them. Visitors told us, "We are able to come to see them any time and stay as long as we want to" and "I can come and go as I like and the staff welcome me."

The provider had acted on feedback and opened separate entrances to Lake and Orchard units. This gave easier access to visitors. Plans were also in progress to install a canopy at the front of the service so people would not get wet if it was raining and they were waiting to be let in. This showed us the provider had listened and responded to people's feedback to make improvements.

People told us they felt able to speak with staff or the new manager if they needed to raise any issues or concerns. A person who used the service said, "If I had a complaint I would speak to a member of staff, but I don't have to as I love living here." A visitor said, "We haven't experienced any problems, but I think we could approach the staff if we had."

The provider had displayed their policy and procedure for managing and responding to complaints in the entrance to the service. Records showed complaints had been investigated and written responses provided. Responses included information about the actions taken to address the concerns and what people could do if they were unhappy with the outcome.

Is the service well-led?

Our findings

At the last inspection in April 2018, there was inadequate leadership and governance at the service. We found three breaches of regulations relating to person-centred care, staffing and the governance of the service. At this inspection, improvements had been made and the provider was now compliant with these regulations.

The registered manager left the service shortly before our inspection. A new manager had been recruited and was being supported through their induction by a peripatetic manager. There were also two deputy managers in post, one for Lake and one for Orchard. A regional area manager provided additional guidance and support to the management team. There had been no changes to the provider's nominated individual since our last inspection.

Although the new manager had only been in post for a short period, staff gave us positive feedback about the changes and improvements they had seen. They told us there was an improved atmosphere and drive to make improvements. Staff told us management were supportive and they felt able to speak with them about any issues or concerns and that these would be acted on. They told us leadership and organisation had improved.

Improvements had been made in a number of areas since our last inspection. For example, staff consistently used safe moving and handling practices. There had been improvements in the range and availability of meaningful activities. Documentation provided a more consistent and contemporaneous record of the care and support provided. Systems were in place to help make sure care plans contained person-centred information and were reviewed and updated as people's needs changed.

There had been a reduction in the number of agency staff used. More robust systems were in place to ensure the quality of care and support provided by agency staff. Staff told us they felt well supported and noted improvements that had come with recruiting a new manager and more permanent nursing staff.

Overall, staff were more engaged and more regularly provided effective and person-centred care to meet people's needs. These changes showed positive progress. However, this work was ongoing and had not been completed at the time of our inspection.

There remained some inconsistencies and variation in the quality of care individual staff provided. Some staff were very person-centred, other staff, whilst not unkind, did not always offer people choices and provided support in a task orientated way. At mealtimes on Orchard, staff lacked leadership and direction. Greater coordination and direction was needed to ensure work was organised and staff effectively deployed to complete tasks. Stronger supervision of front line staff was needed to encourage good practice and challenge inconsistencies in staff's approach.

Work was ongoing to embed systems to audit and monitor the quality of the service. Management completed a range of audits. These included audits of care plans and risk assessments, medication

administration, food and the mealtime experience, infection control, the kitchen and laundry and mattresses.

Audits had been very effective in some areas. For example, the peripatetic manager had used robust care plan audits to ensure sustained improvements had been made to care planning documentation and risk assessments. However, more work was needed in other areas. For example, audits had identified mattresses needed to be replaced, but action had not been taken to address these concerns. Work was ongoing to develop the home environment and address minor maintenance and environmental issues throughout the service.

Records were not always available to give a clear picture of supervisions and appraisals completed. We were concerned about the lack of management oversight regarding who might be due or overdue a supervision or appraisal. The manager explained they were aware of this issue and were working to implement a more robust system to monitor this.

Whilst this is the sixth consecutive time the service has been inspected and rated inadequate or requires improvement overall, the provider had made significant progress since the last inspection and was now compliant with the fundamental standards of quality and safety. This showed positive leadership and an ability to respond to feedback to continually improve the service.

There had been a range of meetings held at Lake and Orchard Residential and Nursing Home. These included staff meetings, nurse's meetings and residents and relative's meetings. Minutes showed meetings were used to share information, discuss any issues and concerns and the ongoing changes and improvements being made. Residents and relative's meetings provided an opportunity to gather feedback about the service including about activities, the meals provided and any changes that could be made to improve the service.

The provider had completed a survey since the last inspection to gather feedback from people who used the service. The results had been collated and analysed with information displayed in the entrance to the home about the feedback given and any actions taken. This showed us the provider was committed to listening and learning from people's experiences to improve the service.