

# Anchor Hanover Group

# Herries Lodge

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Herries Lodge is a care home providing personal care for up to 47 people. Some people using the service were living with dementia. At the time of our inspection there were 45 people using the service.

### People's experience of using this service and what we found

People were safeguarded from the risk of abuse. Risks associated with people's care were identified and managed to keep people safe. Accidents and incidents were monitored, and trends and patterns identified to mitigate future risks. People received their medicines as prescribed by staff who were competent in the safe handling of medicines. Maintenance of the building and equipment took place at regular intervals to ensure safety. We saw there were enough staff to respond to people's needs in a timely way.

A pre-admission assessment form was in place which looked at all aspects of care and where support was required. It also detailed people's preferences. We saw some supervision sessions and performance reviews had taken place. There was no tracker in place for staff supervision, but the registered manager had identified this and had put this on their action plan to be addressed.

We observed lunch being served and found people were offered choices and their preferences were acknowledged. There was appropriate signage around the service and a menu was displayed on the notice board along with activities and photographs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We observed staff interacting with people and found they were kind, caring and considerate. People and relatives, we spoke with were complimentary about the care they received.

The provider and the management team were dedicated in providing person-centred care which met people's needs and ensured their choices were respected.

Several audits were in place and the registered manager ensured any actions were addressed and used to improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 6 May 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 7 September 2018.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Herries Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Herries Lodge is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Herries Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spent time observing staff interacting with people. We spoke with 7 people who used the service and 2 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, team leaders and care staff. We reviewed a range of documentation. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. We looked at a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse.
- People and their relatives told us they felt safe. One person said, "Oh yes, I feel safe; it's because everyone's on a level with me. It's lovely, it's comfortable." Another person said, "I'm perfectly safe, because I am happy. I have never thought about being safe; I have no qualms."
- Staff were knowledgeable about safeguarding and knew what actions to take if they suspected abuse. Staff were confident the management team would take timely and appropriate action to keep people safe from harm. One staff member said, "My job role involves helping the residents we care for feel safe and secure in their home."

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and risk assessments were in place to safely manage them.
- Risk assessments gave information to staff which guided them to meet people's needs safely.
- Risks in relation to building management and maintenance were identified and actions taken to ensure the building and equipment was safe.

Staffing and recruitment

- The provider's recruitment policy enabled the management team to recruit suitable staff safely. Pre-employment checks were carried out such as Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed staff interacting with people and responding to them in a timely and appropriate way. One person said, "They [staff] have been stretched but they are first class, lovely; some come in on their day off."
- Staff told us they received an induction which prepared them for their role. One staff member said, "My induction was 2 weeks. I would shadow the staff working with others to get to know the residents, read through the policies which are in the office. I read through care plans and look at all of the different paperwork."

Using medicines safely

- People's medicines were stored and administered safely, and people received their medicines as prescribed.
- People told us they received their medicines from staff who were trained and competent to administer them. One person said, "I get my tablets on time."

- Staff received training in the safe handling of medicines and knew how people liked to receive their medicines. For example, one person's care plan stated they liked to have a drink to take their medicines with.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to maintain contact with their family and friends, and they were free to visit the home.

#### Learning lessons when things go wrong

- The registered manager had a system in place to monitor accidents and incidents. This helped to identify trends and patterns and mitigate future risks.
- The provider and registered manager took appropriate actions to learn from situations which had gone wrong. Lessons were learned and practices changed to improve the service as required.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A pre-admission assessment form was in place which considered at all aspects of care and where support was required. It also detailed people's preferences.
- People's assessments were reviewed regularly to ensure any changes were identified and care was delivered in line with current guidance.
- People felt involved in their care and support and told us they were happy living at the home.

Staff support: induction, training, skills and experience

- Staff received training and support to carry out their role effectively. One staff member said, "I complete online training regularly this includes infection control, using my PPE correctly and when to use it. PPE is always readily available for us in the home."
- Staff felt supported by the registered manager and felt able to raise concerns and suggest new ways of working. Staff felt their suggestions were listened to and taken seriously.
- New staff received an induction which included training, shadow shifts and reading policies and care plans.
- People told us staff were knowledgeable about their job. One person said, "They [staff] are very good, they know what they are doing." Another person said, "Oh yes they [staff] know what they are doing. They are very dedicated."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a healthy diet.
- Snacks and drinks were available at all times throughout the service.
- We observed lunch being served throughout the home and found there was a pleasant atmosphere. People were offered show plates to assist them in choosing the meal their preferred.
- People told us meals were nice and they enjoyed the menu choices on offer.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals as required and their care plans reflected advice that had been given.
- Staff could explain how they worked with other professionals to ensure people received the care they required.
- People felt supported to access healthcare services. One person said, "The doctor comes once a week."

Adapting service, design, decoration to meet people's needs

- The home was a purpose built home which provided accommodation and communal areas on 3 floors. The ground floor provided residential care, middle and top floor provides care and support to people living with dementia.
- There was appropriate signage around the service to assist people to navigate around the home.
- All bedrooms were ensuite and had shower facilities, however, bathrooms were limited due to them being used for storage purposes.
- The home had a cinema room a bar and a café which people enjoyed using. People also had access to outside space and had completed a garden project in the spring to improve the garden area.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff were knowledgeable about the MCA and DoLS.
- Where people lacked capacity, best interest decisions had been made with relevant parties to ensure people's preferences had been considered.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a respectful and caring way, ensuring people's dignity and respect were maintained.
- Staff told us how they closed curtains and doors when providing personal care to preserve people's dignity. One staff member said, "I learn about residents likes and dislikes by asking them or reading their care plan or speaking with their family members."

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people in the decision making process and people' preferences were respected.
- People felt included in their care. One person said, "They [staff] are first class, very good. They always talk and ask people if they want anything." Another person said, "They [staff] are lovely, very kind, never a cross word. They [staff] always say please, thank you and you are welcome."

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported to live a full and inclusive life where their needs were respected. One person said, "A minister comes from the cathedral to give me communion."
- People's preferences and social and cultural needs were documented well in their care plans.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care from staff who knew them well and understood their needs.
- Staff were passionate about providing person-centred care and support. One staff member said, "Person-centred care to me means everyone is individual and not everyone likes the same things. For example, some residents like dancing to Elvis Presley and others might like peace and quiet sitting and reading that is why we give choices."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included information about how to communicate effectively with them. This included ensuring people had access to communication aids such as spectacles and hearing aids.
- Information displayed around the home was in a format people understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and have access to social stimulation and interests.
- Some people told us they preferred not to partake in social activities but preferred spending time in their bedrooms. Some people had access to a library and selected books on a monthly basis.
- The registered manager evidenced people received several types of activities. For example, some people were involved in a garden project last spring and planted seeds to make the garden more appealing. People had also been involved in making Christmas gifts which were on sale in the home.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was used to address any concerns received. The provider used the process to learn and develop the service.
- People felt able to raise concerns but told us they were satisfied with the home and enjoyed living there.

End of life care and support

- Peoples care plans included information about their end of life care needs. One relative said, "They [staff]

have spoken to [relative] about arrangements for the end of her life and have told us about it."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team and staff were passionate about ensuring people received person-centred care which met their needs.
- People and their relatives spoke positively about the home. One person said, "It's very nice and clean and very sociable." Another person said, "I've met the manager, there nice and I can talk to them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their roles and their legal responsibilities and were open and honest with people when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a process for gathering feedback about the home. Comments were used to develop the service.
- Staff felt supported by the management team and felt they worked well as a team. One staff member said, "I can speak to my deputy or manager and team leaders whenever I need help, support or just some advice. The management have always been approachable when needed. I feel staff morale at Herries is good always. I enjoy working and the team I'm with we all support and help each other."

Continuous learning and improving care; Working in partnership with others

- The provider had an effective system in place to ensure the quality of the service met the expectations of the provider.
- A range of audits took place and identified areas for improvement which were addressed in a timely way.
- The registered manager worked in partnership with other to ensure people received a good quality service.