Anchor Trust

Barnfield

Inspection report

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Ratings

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

Overall summary

Barnfield provides care and accommodation for up to 63 people who are elderly and frail and may be living with dementia. The home, which is set over two floors, is divided into seven units, each with their own lounge and dining area. Each unit accommodates approximately eight people. There is also a main dining and lounge area on the ground floor and a level garden to the rear of the building. On the day of our inspection, 59 people were living in the home and four people were receiving respite care.

This inspection took place on 2 October 2014 and was unannounced.

The home is run by a registered manager, who was present on the day of the inspection visit. 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 and associated Regulations about how the service is run.

People said that they felt safe in the home and staff had written information about risks to people and how to manage these in order to keep people safe.

There were a high number of falls recorded for the service. The registered manager and staff recognised this and were investigating alternative ways to reduce these falls and we heard that more work was needed. Our observations identified a need for additional members of

Summary of findings

staff to be on duty as there were times when we found no staff available to assist people or keep them safe. During a fire alarm we were told staff remained in each unit, however we did not find this to be the case. One unit had people who required two staff to support and move safely each person, however on the day of our inspection there was only one staff on duty.

While some people were very happy, others were not. One person told us they may have to, "Wait longer in the morning because staff were busy." One relative said, I often have to go and find staff." Another told us, "They are very short staffed, especially at the weekend."

Although people told us they were happy living at Barnfield, we did not observe staff consistently demonstrating kind or empathetic care to people. We saw some people sitting for long periods of time with little interaction from staff and one person told us staff had forgotten to take them to the day centre despite asking them to do so.

Activities were limited to people who had capacity to become involved. We did not see any specific activities or pastimes which would be suitable or appropriate to people living with dementia. Although each unit had an 'activities' box, we did not see any staff carry out activities with people. Staff told us, "I try to do something, but I won't have time today" and, "I feel my role is very task orientated."

Staff recruitment processes were robust to help ensure the provider only employed suitable people. Staff had been trained in safeguarding adults, and discussions with them confirmed they knew the action to take in the event of any suspicion of abuse.

Medication processes and procedures for the safe administration of medicines were in place. Records were up to date and staff checked they gave the correct medication to the right person.

Staff were provided with a full induction and training programme before they worked unsupervised. Other training was available to staff should they request it and the staff had a 'train the trainer' programme which meant staff could carry out training in-house.

The registered manager and staff explained their understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They current had no one living at the service who was restricted in any way.

People were provided with a choice of meals each day and facilities were available for staff to make or offer people snacks at any time during the day. We heard how relatives could join their family member for lunch if they wished. Staff respected people's choice in where they ate their meal. Generally People felt the food was good.

We read in people's care plans staff ensured they were given access to healthcare professionals when needed. For example, the doctor or district nurse. A healthcare professional told us staff referred people to them appropriately when they had concerns.

Care plans were individualised and contained information to guide staff on how someone wished to be cared for. Staff knew people well and were able to describe detailed information about people. Care plans were reviewed regularly although we did find some care plans which needed updating.

People's views were obtained by holding residents meetings and sending out an annual satisfaction survey. Complaint procedures were up to date and people and relatives told us they would know how to make a complaint, although we heard from one relative they felt their complaints were not always responded to.

The registered manager told us how they were involved in the day to day running of the home. They said they had breakfast in each unit in turn during the week in order to talk to people.

Staff were supported to develop professionally and progress in order to improve their skills and working practice. Staff meetings were held on a regular basis and one care staff told us they were encouraged to, "Suggest new ideas."

The provider had effective quality assurance systems in place to audit the home. This included regular audits on health and safety, infection control and medication. The registered manager met CQC registration requirements by sending in notifications when appropriate. We found both care and staff records were stored securely and confidentially.

Summary of findings

We found the registered manager had undertaken a lot of work since starting at the service and improvements had been made. However, we felt through our observations and by speaking to both people and staff that further work was needed to ensure the service was consistently well-led, cared for people in a way they should expect and provided people with meaningful activities.

During the inspection we found breaches of Regulation 17 and Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report in relation to the breaches in regulation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe as the provider had not ensured there were enough staff on duty to meet people's needs.

Staff left people unattended and during the inspection we observed occasions when staff could not be found.

Risk assessments were in place for people and falls were audited each month. However, more work was needed to reduce the number of falls to help keep people free from injury.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the service.

Is the service effective?

Good

The service was effective. Staff were suitably trained and supported to deliver care effectively.

People were offered a range of different foods and were involved in making decisions about the menu.

Staff ensured people had access to external healthcare professionals, such as the doctor or district nurse when they needed it.

The registered manager had a good understanding of DoLS and the Mental Capacity Act. We were shown evidence that staff had received training.

Is the service caring?

Requires Improvement

The service was not always caring. Staff were not as attentive as they could be and we observed occasions when staff did not treat people as though they mattered.

People were encouraged to make their own choices and were given privacy when they wanted it.

Staff let people make their own decisions about their care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. Although people were encouraged to raise their concerns or complaints, not all relatives told us their complaints were listened to.

People were able to express their views through the residents meetings.

Not all care plans had been regularly reviewed to help ensure that staff had up to date guidance on people's needs.

People were not always supported to take part in activities and we observed no individualised activities for people.

Summary of findings

Is the service well-led?

The service was not consistently well-led. Although a lot of work had been undertaken by the registered manager, we found there was further work to do.

Staff were encouraged to develop their skills to improve their working practice.

There were effective systems in place for monitoring the quality of the service provided.

Requires Improvement

Barnfield

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.

This inspection took place on 2 October 2014 and was unannounced. The inspection team consisted of two inspectors.

During the inspection we spoke with nine people who lived at Barnfield, seven care staff, two relatives, the registered manager and one health care professional. We observed care and support in communal areas and looked around the home, which included people's bedrooms, the different units within the building and the main lounge and dining area.

We reviewed a variety of documents which included 12 people's care plans, 10 staff files, training programmes, medicine records and some policies and procedures. We asked the registered manager to send us some additional information following our visit in relation to survey responses which they did.

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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We last carried out an inspection to Barnfield in October 2013 when we had no concerns.

Requires Improvement

Is the service safe?

Our findings

We found the service was not safe because there were not consistently enough staff to care for people and keep them free from harm. Although the registered manager had stated in the PIR, "There are always sufficient staffing levels" during the inspection we found at times the lounge areas of the individual units had no staff present. For example, on two occasions during the inspection we observed staff were going to take their break and leave units unattended. We spoke to the senior carer about this who arranged staff cover during this time.

During the inspection the fire alarm went off. Staff immediately moved to the entrance area of the home and one team leader took responsibility for investigating the situation. Two–way radio communication were used to liaise with staff in the unit concerned, until the team leader was satisfied it was a false alarm and staff were instructed to return to their units. The registered manager told us one member of staff had remained on each unit to check people remained safe. However, when we returned to one of the units, we found it empty and it was several minutes before a member of staff appeared which meant staff had not ensured people were being looked after during the fire alarm.

We were told by two staff members, "We are really busy" and, "There are not always enough staff." Other comments we received about staffing included, "I am the only person on the unit and I have a lot to do, so if I am helping someone it means someone else may have to wait" and, "There are days I am rushed and we need more staff to ensure people are kept safe."

One unit had seven people with high mobility needs requiring two staff to support each person. On the day of our inspection there was only one staff on duty on this unit. This meant they had to call for support of staff from other units to assist with the personal care needs of people. A staff member told us, "We have a lot of people with physical needs in this unit, who need two members of staff to assist them. I regularly have to call a team leader or another member of staff to help me because I am on my own." We observed one person who had to wait 20 minutes to be assisted to the toilet as staff were busy. This meant that people may not receive the appropriate support to meet their needs.

The insufficient numbers of staff to safeguard the safety and welfare of people is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager told us they monitored staffing levels by completing a dependency chart each month. This indicated whether a person was of low, medium or high dependency. As a result, they (the registered manager) had put in a request for additional staff for the whole of the home (both day and night) to meet the needs of the people currently living at Barnfield.

We were told nine staff would be on duty during the morning, eight in the afternoon and four at night. Day shifts included staff from the management team (registered manager and deputy manager) and care team (team leaders and care staff). There were medications leads and health and safety leads available each day. This meant that there was the right mix of skills, experience and knowledge.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at Barnfield. Staff files included a recent photograph, written references and a Disclosure and Barring System (police) check, in addition to other required documentation.

People and relatives told us that they felt safe living at Barnfield. A relative told us how they witnessed a member of staff ensure their family member used their walking frame when they walked across the room to avoid them falling.

Most people told us staff helped them when they needed it and they didn't have to wait. Although one person told us it did, "Depend." We asked them if this was because staff were busy and they told us it was and at particular times of the day they may have to wait longer. For example, in the morning. One relative reiterated this. They said, "There are times I cannot find any staff. It's not because they're not doing anything though, it's because they are attending to someone." Another relative told us, "They are very short staffed, especially at the weekend." They added, "I often have to go and find staff and to find a team leader you have to go searching. When I was in there yesterday I saw one carer for nine residents."

Records indicated there were a high number of falls at the home. The registered manager said they audited this each month and although they felt the number of incidents was

Requires Improvement

Is the service safe?

declining, we read that 26 falls had occurred during September. We asked the registered manager what action had been taken to reduce the number of falls and whether this information was shared with their district manager and head office. We were told work was underway with the falls team (a support team who give advice to help prevent further falls). This was in addition to people's medication, footwear and other health indicators (for example, if a person had a urinary tract infection) being checked and reviewed by staff.

People at high risk of falls had been identified and staff were reviewing their care plans to look at alternative options to prevent or reduce the falls. For example, one person was at risk of falling out of bed. We read that staff had introduced a sensor alarm, in consultation with the falls team, to alert staff if this person sat up in bed. This meant staff were more likely to get to the person before they fell. Another person had trouble standing up from their chair. Staff had put plastic cone risers on to the chair legs which meant the person found it easier to rise from the chair without falling forward. We read in the PIR and were told by the registered manager they had recently installed keypad entry boxes on all access to all back stairways to reduce risk of falls on stairs.

The Anchor Trust care and dementia adviser was present at our inspection. They told us nationally focussed work was being done to identify the causes of falls and to consider alternative options to reduce the risks for people. Barnfield had a service improvement plan in place which had been developed to monitor progress on this which highlighted areas of concern and actions taken.

Care plans included written information about risks and additional guidance to staff on how to manage these when appropriate. For example, if a person was at risk of choking, poor mobility or weight loss. Bedrooms had people's pictures and names fixed to their bedroom doors. This helped people identify their own bedroom and reduced the risk of them going into someone else's private space.

Staff were aware of people's risk assessments and provided care in line with these assessments to help keep people safe and free from harm. For example, we saw the records for one person who had recently had a fall. Their assessment had been reviewed for the appropriateness of bed rails and pressure sensor mats to ensure appropriate preventative measures were in place. People who used the home for respite care had their needs assessed before their stay to make sure they could enjoy their break with minimum risk to themselves or others.

Staff had received training in safeguarding adults and demonstrated to us they had a good understanding of the different types of abuse to be aware of and what to do if they had any concerns. One member of staff told us, "There is a hotline we can use to report abuse which I would use." The registered manager audited the number of accidents, incidents and safeguarding concerns to make sure action was taken when necessary. For example, by arranging additional training to staff or moving people to separate areas of the home where there had been incidents of unfriendliness between people.

There were safe procedures in place for the administration of medicines. In the clinic room there were copies of the latest professional guidance about the safe handling of medicines. Medicines stored in the fridge was dated and staff recorded fridge temperatures daily to ensure items were being stored appropriately.

Medication care plans were up to date and had been reviewed regularly and we observed people being supported to take their medications safely. A relative said they heard staff ensure they were giving the correct medication to their mother. One person told us, "I go away quite a lot and the staff help me manage my medications myself."

All medicines in the home were securely stored and there were policies in place to make sure medicines were safely administered. Medication administration records were held to ensure medicines entering the home from the pharmacy were recorded when received and when administered or refused. We saw the recent pharmacy audit of the service which resulted in no actions for the registered manager. This gave a clear audit trail and enabled the registered manager to know what medicines were on the premises.

Good

Is the service effective?

Our findings

People expressed their satisfaction with the quality of the food. One person said, "The food is okay – I am not a fussy eater." Another person told us, "You have a choice in the food and they will make you something else if you want."

We observed lunch in two units. Everyone was able to eat independently and did not need assistance, but staff were available to provide people with additional drinks and food when they required it. Some people had chosen to eat in the rooms or the main dining area and this was respected. A 'day centre' was open in the main dining area and people from the local community attended to participate in activities and eat lunch. Relatives also told us they could join their family member for lunch. One relative said, "If we want to we can eat with mum. And whenever I visit I get offered a cup of tea."

People could have food or drink at a time which suited them. People were offered two menu choices at lunch time, this included one vegetarian option. Staff told us there were facilities to provide people with alternative options if they did not like what was on the menu. We were told the chef left a tray of sandwiches and bowl of fruit each evening for staff to give to people if they felt hungry later on. Each unit had its own kitchen area where staff could make hot drinks. We saw that staff frequently offered people hot drinks and biscuits during our visit.

Food looked appetising and we saw people who required assistance to cut up their food or had a pureed had it served to them in an appealing way.

The registered manager told us every Wednesday the chef had a 'food taster' afternoon when they cooked new dishes. People were invited to make comments and if a dish was popular, it was included on the new menus. The menus provided a good variety of food to promote a nutritious diet for people. Staff carried out nutritional assessments for people, and obtained advice from health professionals such as dieticians where this was needed. We read evidence of this in people's care plans.

Staff were given the opportunity to speak to their line manager on a one to one basis, in private, to discuss their work, achievements, training requirements or concerns. Staff said they were supported through regular supervision, annual appraisals and staff meetings. We read that individual units had staff meetings to discuss areas of good practice, share their views and express any concerns. Staff told us they were encouraged to participate in these meetings. We looked at staff files and read that, all but one member of staff had received an appraisal in the last 12 months. The registered manager told us they would ensure a date was arranged for this member of staff to have an appraisal.

Staff are supervised, trained and supported to provide effective care. New staff members were allocated a 'buddy' to support them during their induction period of three months. Induction training included working through the Skills for Care common induction standards which are the standards people working in adult social care should meet before they can safely work unsupervised. All staff were expected to keep their essential training up to date, such as safeguarding, medication and risks assessments and we saw evidence it was. The registered manager said they had introduced a 'train the trainer' programme for some specific role-related training such as dementia, pressure care and food, hygiene and nutrition. Team leaders, undertook the training and, in turn, trained care staff. Some staff told us they had received dementia training and one staff member said they had attended end of life training. Staff told us they felt supported and could ask for additional training. They said, "I could ask for specific training if it helped me in my role and I am sure I would be able to attend it" and, "I feel supported by Anchor. I haven't asked for additional training, but know I could."

Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager demonstrated their understanding of DoLS as they explained they were about to submit an application in respect of one person. She also told us that people who were able to access outside safely were not restricted in using the front door. Regular reviews were carried out on people's care plans and staff said where a person did not have capacity they ensured they involved family members or other healthcare professionals to make 'best interest' decisions for people. We saw evidence of this in some of the care plans we read. One relative told us, "Decisions have fallen to me and we have meetings with the manager and the social worker to make decisions." They added, "It is not a prison, people can come and go."

Good

Is the service effective?

Staff responded to changes in people's health needs quickly and supported people to attend healthcare appointments such as to the dentist, doctor or optician. We read staff made referrals to other health professionals such as the speech and language therapist, falls team, district nurse or the dementia nurse when required. One relative told us, "My mum's back was hurting and I phoned staff, but they had already called the doctor for an appointment the next day." Another relative said, "Staff have requested a hearing aid for my mum to improve her quality of life. They have even chased this up for her." One healthcare professional said staff had referred a person to them who was overweight. They added that staff had followed their guidance as this person was successful with their weight loss.

The registered manager gave us an example of one person who showed signs of being unwell. Staff alerted the registered manager to their concerns and the GP was called to assess the person. Following the GPs assessment, a new bed was organised for the person in order to relieve their symptoms.

We read in the care plans that people's consent had been obtained for support with their care and treatment.

Requires Improvement

Is the service caring?

Our findings

One person told us, "It's pretty okay here. Staff are generally good." Another person said, "The staff are nice and you don't have to wait to be helped." Two other people commented, "I'm happy here – no complaints" and, "I have been here 12 years; I am happy here - I do feel I am treated with respect." A relative told us staff treated their family member with kindness and said, "Staff are warm." They added, "I often pop in unexpectedly and hear staff speaking with kindness and care." Another relative said, "Because my mother is deaf, staff have to shout, but I have never had an experience of them being rude or unkind to her."

Although we observed staff treat people with dignity, we did not observe this was always consistent. A clear example of good practice was when one person removed some of their clothing and staff accompanied them to their room in order to support them to get dressed again. On another occasion however, we heard staff with raised voices discussing an injury to a person over the person's head which showed a lack of respect for them and their privacy. We observed one staff member offered a cushion to a person but did not wait for their response before returning with a cushion and putting it behind their back. Slightly later, this same member of staff suggested the same person may like to put their legs up and, without waiting for the person's response, brought over a stool and raised the person's legs. Staff were seen to put on the television or radio without asking people if they would like them to.

During our inspection, we observed staff did not always show kindness or respect to people. We spoke with one person whilst they were sitting at the dining table. They talked to us about the bird in the cage in the lounge area. We had not seen staff speak to this person or move them in order they could see the bird which they obviously got pleasure from. Another person asked staff for assistance to go to the toilet but staff did not assist this person until 20 minutes later.

Staff did not always make people feel they mattered. At 2.15pm, we returned to one unit and found a person still sitting in front of their half-eaten lunch which had been served at 1pm. Staff seemed unaware of this person until we alerted them. Once we did, a member of staff went over to the person asked if they had finished and took the plate away. The person was not offered to have the meal reheated or something alternative. On two other occasions, we saw a person sitting in their wheelchair in front of a table with their head bent over for several hours. Staff told us they were, "Asleep." We carried out a SOFI on this person and it was evident they were awake. We did not see staff interact with this person until one staff member accidentally knocked into their wheelchair and the person sat up. Staff were heard to say, "Oh, you're awake, shall we go to your bedroom and get you changed?" During the same period staff had asked everyone what they wished for supper. We drew staff attention to the person in the wheelchair and asked why they had not been asked. Staff told us, "We'll ask them later."

Staff did not always spend time with people in a social manner. We did not see many occasions when staff sat with or interacted with people. Staff said, "I feel my job is task orientated, rather than having time to interact with people." When we asked relative's views on this, one told us, "I don't think they spend too much time – I don't think they have the staff numbers."

The lack of consideration and respect to people is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff supported people's privacy. They knocked on people's doors before entering; where people liked their doors to be left open, the staff knocked and called to them before entering the room. Some people chose to spend most of their time in their rooms and staff respected this. Staff let people make decisions or choices about their own care, for example when they wished to go to bed or get up in the morning. One person told us, "I like to sit quietly and observe. This is my choice and staff let me do it. Staff also let me go to bed when I like." Another person told us, "I can stay in bed (in the morning) if I want to." A further person commented, "I am given choices."

However, during lunch we heard some staff chat to people and show and interest in them and their past histories, such as their job. One member of staff smiled and spoke to each person in turn, leaning in and bending down to ensure same level eye contact and speaking in a quiet voice. We saw them touch each person gently to attract their attention as they spoke with them. They gave people choices and offered suggestions on what they may like to do, eat or drink.

Requires Improvement

Is the service caring?

We saw relatives visit during the day and observed people moving between units or going downstairs to the main dining room/lounge area. One person told us, “I like to have a wander in the garden.”

Requires Improvement

Is the service responsive?

Our findings

We found staff we not always responsive to people's needs. One person told us they needed assistance to get to the main lounge area where the 'day centre was'. They said to us, "I have asked (staff) to take me to the day centre, but staff have forgotten to take me." A relative said their family member joined in with the bingo sessions twice a week, but apart from that they felt there was little for them to get involved in.

We read in the PIR that people were informed of the activity schedule two weeks in advance via the activity boards, 'in a format that the customers could understand'. However, we found the activities schedule in each unit was displayed on an A4 piece of paper which may be difficult for people to read. Each individual unit had an 'activities' box, however we did not see staff carrying out activities with people. Most of the activities took place in the main lounge area and although there were activities taking place on the day of our inspection, this mostly involved people from the local area who were visiting the 'day centre'.

The registered manager said activities were planned from people's living stories in their care plans and staff were in the processing of reviewing and updating these with the help of relatives. We asked staff about individualised activities and were told by one staff member, "Most of my work is task orientated." Another member of staff said, "I try to do activities with people, but I haven't had time today." The registered manager told us we would see staff sitting looking at photos or reminiscence books with people. However, we did not observe this or any specific activities or events which would be relevant to people living with dementia meaning people could be left socially isolated.

The lack of appropriate opportunities for people to promote their independence and community involvement demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they did not remember being involved in developing their care plans. However we heard from two relatives that staff had included them in discussions about care and they were invited to review meetings.

One relative told us their family member was very independent when they moved into Barnfield and staff had respected this over the years. This ensured this person was provided with their freedom to maintain their quality of life. The registered manager said where possible, restrictions would be minimised to give people freedom and choice. For example, if a person wished to smoke or eat unhealthily, they would not be prevented from doing so, but a risk assessment would be developed in order to support them safely to do this.

The care plans we read were personal to the individual and included information on a person's preferences, background and specific needs. Staff demonstrated to us they had a good knowledge of people. Staff were able to tell us detailed information about how people liked to be supported and what was important to them.

Staff at Barnfield had guidance to support people's individual needs or behaviours which meant people were cared for appropriately. We read that one person displayed behaviour that was challenging to others. Guidance was provided to staff in this person's care plan to indicate what the person may need depending on the behaviour they displayed.

Although we found the majority of care plans had been regularly reviewed, two had not. We spoke with the senior carer and the registered manager about one of these care plans as the records indicated the person had lost 11kg of weight in one month. The registered manager told us they would have the needs of the person reviewed immediately and check the scales to ensure they were calibrated correctly. The registered manager reported to us at the end of our inspection that this person's weight had not been recorded correctly. The person had lost a small amount of weight and staff had referred them to the speech and language team and the doctor. The registered manager agreed this was not evident from the records which meant staff who did not know this person would not necessarily know what care and support this person was receiving.

People's views were obtained through residents' and relatives meetings and the use of an annual survey. We read the results of the last survey and saw of the 23 responses received, people said they 'tended to agree' they were happy with staff and care and 'home comfort' and 'strongly agreed' they were happy with choice and 'having a say and quality of life'. We read in the notes from the most recent residents' meeting that food, activities and people's views on the décor of the home had been sought. The home refurbishment was also discussed in the relatives meeting.

Requires Improvement

Is the service responsive?

Most people told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, “The staff are always asking if everything is okay. They want to know if we’re not happy and I would tell them.” The complaints policy was displayed in the foyer, in individual units and in each person’s user guide which was in their bedroom. We read in the PIR the registered manager had received three formal complaints in the last 12 months, all of which had been resolved. It was also stated in the PIR, “Feedback forms, comments books for customers/relatives to complete to highlight any concerns.”

One relative told us they had made a complaint about the laundry and staff had discussed this with them and changed the system in relation to their mother to resolve the issue. However, another relative said they had, “Given up complaining, as we don’t get anywhere.” They told us they had made a complaint and although they had been told action would be taken to resolve their complaint, they felt it had not. They (the relative) explained how staff had not followed their specific requests for their family member, even when this had been raised with the deputy manager. We asked how staff responded to this and were told, “Not much of a response from the carers. They say they’ll get it done, but it doesn’t happen. Things don’t happen as promised.” This indicated to us that although most people were happy with the complaints system the registered manager needed to ensure all complaints were responded to in a way that satisfied people.

Requires Improvement

Is the service well-led?

Our findings

One relative told us, "I feel the manager is aware of what is going on." All staff commented favourably in terms of the support they received. They told us, "I feel supported by Anchor" and, "We are supported to suggest new ideas."

The registered manager told us they got involved in the day to day running of the home. For example, they occasionally helped with the laundry, as this enabled them to experience first-hand the tasks carried out by the care staff. The registered manager said she was visible in the home and interacted with staff and residents each day. She had breakfast in a different unit each day which gave her the opportunity to speak with people who lived at Barnfield and obtain their views.

We found and heard from staff the registered manager, who had only been at the service a few months, had made some good improvements but we felt more work was needed. The registered manager said during staff supervision she stressed the importance of the personal touch and the need to ensure care was not just task orientated. She told us, "If I don't show value, how can they?" However our observations did not always support this. The registered manager also told us she walked around and observed care throughout the day and yet we had seen staff treat people with a lack of dignity or respect or in a way that made them feel they mattered. This told us the registered manager needed to work harder with staff to ensure they consistently displayed a compassionate and considerate attitude towards people.

People were encouraged to be actively involved in the home through discussions at residents' meetings and with the registered manager during breakfast. For example, we read and heard people's views had been sought on the refurbishment plans in terms of the décor within the home.

New staff had a full induction programme, which included a training programme to support the skills required to maintain effective practice whilst at the home. The registered manager said they led by example by ensuring they were up to date with their training and were familiar with all of Anchor's policies and procedures. Staff received supervision which helped support them to do their work and the home was audited by the registered manager and the deputy manager on a regular basis to ensure any poor or unsafe practice was picked up and addressed immediately. Staff were encouraged to develop professionally and learn new skills. For example, we were told the activity coordinators were currently undertaking an activity & social provision Business & Technology Education Council (BTECH) Level 2 course which would develop their skills to make activities within the home more effective. This supported staff to develop skills to improve their working practice.

Staff meetings were held on a regular basis, together with heads of department meetings and one to one meetings which meant they could share concerns or information about people. It also meant staff were kept up to date with what was going on in the home. The registered manager understood their responsibilities and were supported by other managers, where appropriate. For example, we saw the district manager was in the home during our inspection and we were told they visited regularly and the registered manager felt supported by them.

We spoke with the care and dementia adviser and both they and the registered manager had a shared understanding of the key challenges, concerns and risks in the home. For example, they both raised the high number of falls and how this was being addressed by staff and management. We were told how the introduction of the service improvement plan provided a supportive framework to the team to work towards improvement in this area as it meant the registered manager and senior management of Anchor Trust monitored progress against the actions

The provider had systems in place for monitoring the management and quality of the home. These included audits for different aspects of the work, for example, care plans, health and safety, housekeeping, catering, infection control and medication. We read in the most recent medication audit carried out by the local pharmacy there were no actions required of the registered manager. We asked the registered manager how actions from other audits were dealt with and how they ensured actions were completed. We were shown during a recent head office 'inspection' visit staff had acted on actions related to food, seals on doors and reviewing personal plans. We were told all outstanding actions were fed into the service improvement plan and monitored regularly by her for progress and completion.

Requires Improvement

Is the service well-led?

The registered manager stated they had recently introduced an 'employee of the month' award. Staff could nominate other staff who they felt deserved this recognition. The registered manager told us they thought it would felt this made staff feel valued.

The registered manager told us how they had recently commenced regular meetings with the district and community nurse teams to ensure they worked collaboratively with other health care professionals.

We saw care records and staff records were stored securely and confidentially but accessible when needed. The manager and staff were able to provide us with all the documents we requested without any difficulty in obtaining these showing us they were aware of processes and systems which were in place for the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing The health, safety and welfare of service users was not safeguarded because there were not sufficient numbers of staff employed for the purposes of carrying out the regulated activity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services The respecting and involvement of people was not met as staff did not always treat service users with consideration and respect. The provider did not ensure they provided appropriate opportunities and support in relation to promoting community involvement.