

# Anchor Carehomes Limited

## Harden Hall

### Inspection report

235 Coalpool Lane  
Walsall  
West Midlands  
WS3 1RF

Tel: 01133853885  
Website: [www.anchor.org.uk](http://www.anchor.org.uk)

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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 07 and 08 August 2018 and was unannounced. At our last comprehensive inspection completed in March 2017, we rated the service as 'requires improvement' and identified three breaches of regulation regarding safe care and treatment, staffing levels and the overall management and quality control within the service. We returned in August 2017 and found improvements had been made and the legal requirements were being met. The service remained rated as 'requires improvement'.

Harden Hall is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 54 older people in one purpose built building. At the time of our inspection there were 52 people living at the service. Many of the people living at Harden Hall are living with dementia.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider and registered manager were making improvements to the layout and utilisation of the building in order to meet people's needs effectively. Positive changes were being made including the introduction of a pub area and redecoration within the service. At the time of the inspection some people had insufficient access to outdoor space which impacted on their wellbeing.

Staff knowledge around the Mental Capacity Act 2005 had improved, however, there were inconsistencies in the effective use of this Act. Appropriate consent and best interest decisions were not always consistently made.

People were supported by a staff team who understood how to minimise the risk of abuse and injury from accidents. Lessons were learned from any accidents or incidents that arose. This was used to drive improvements and minimise future risk. People received their medicines safely and as prescribed and were protected appropriately from the risk of infection. People were supported by sufficient numbers of staff who had been recruited safely.

People enjoyed the food and drink they received. People were supported to maintain their day to day health. A healthcare professional gave positive feedback about the support provided by staff. Improvements had been made to the quality of care people received.

People were supported by a staff team who were kind and caring towards them. People felt valued and important. People were supported to make choices about the care they received. People's independence was promoted. People were supported to receive visits from their friends and family.

People were involved in the development of their care plans and were consulted about the care they received. Where appropriate, people's relatives or representatives were involved.

People enjoyed access to a range of leisure opportunities and further improvements were underway. People were consulted about how they wished to spend their time and staff respected the differences between individual people.

People felt able to raise complaints and concerns. Where complaints had been raised an appropriate investigation had taken place and response sent.

People were cared for by staff who were supported, motivated and worked well as a team. People were involved in the development of the service and had a voice which was heard and acted upon.

The provider and registered manager had made improvements to quality assurance systems in the service. Where further improvement was required this had been identified and work on remedial action was underway. The provider was committed to providing a quality service to people and appropriate support systems were in place to drive improvements within the service. The registered manager was engaging with external partners and organisations in order to improve the service and quality of life of people living at 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?

Good ●

The service was safe.

People were supported by a staff team who understood how to minimise the risk of abuse and injury from accidents. People received their medicines safely and as prescribed. People were protected appropriately from the risk of infection.

People were supported by sufficient numbers of staff who had been recruited safely.

### Is the service effective?

Requires Improvement ●

The service was not always consistently effective.

There were inconsistencies in the effective use of the Mental Capacity Act 2005.

Improvements were being made to the utilisation of the building in order to meet people's needs, although some people had insufficient access to outdoor space.

People enjoyed the food and drink they received. People were supported to maintain their day to day health. Improvements had been made to the quality of care people received.

### Is the service caring?

Good ●

The service was caring.

People were supported by a staff team who were kind and caring towards them. People felt valued and important.

People were supported to make choices about the care they received. People's independence was promoted. People were supported to receive visits from their friends and family.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the development of their care plans and were consulted about the care they received. Where appropriate, people's relatives or representatives were involved.

People enjoyed access to a range of leisure opportunities and further improvements were underway.

People felt able to raise complaints and concerns. Where complaints had been raised an appropriate investigation took place and response sent.

**Is the service well-led?**

**Good** ●

The service was well-led.

People were supported by staff who were supported, motivated and worked well as a team. People were involved in the development of the service and had a voice which was heard and acted upon.

The provider and registered manager had effective quality assurance systems in the service. These drove improvements and minimised on-going risk to people.

# Harden Hall

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 06 and 07 August 2018 and was unannounced. The inspection team consisted of one inspector, a Specialist Advisor 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. The Specialist Advisor was a qualified mental health nurse with experience working with people living with dementia, mental health conditions and behaviour that can challenge others.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. They can advise us of areas of good practice and outline improvements needed within their service. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with nine people who used the service and nine relatives. We spoke with the registered manager, district manager, head of care, a regional support manager, a dementia and care advisor, a deputy manager, the maintenance person, the cook, domestic staff and eight care staff. We also spoke with a healthcare professional who gave positive feedback about the care provided to people.

To help us understand the experiences of people we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people living at the service. We also carried out observations across the service regarding the quality of care people received. We reviewed records relating to people's medicines, nine people's care records and records relating to the management of the service; including recruitment records, complaints and quality assurance records.

# Is the service safe?

## Our findings

At the inspection completed in August 2017 we rated the service as 'good' under this key question. At this inspection we found the service continued to be 'good'.

People told us they felt protected from the risk of abuse or mistreatment. One person told us, "They treat me really well, I feel looked after". A relative told us, "[Person's name]'s happy here, she's safe". Staff we spoke with were able to describe signs of potential abuse and the steps they would take if they were concerned about someone. We were told by the registered manager, and records confirmed, that where concerns had arisen the appropriate authorities had been alerted and action taken to safeguard people.

People also told us they felt protected from the risk of accident or injury. One person told us, "I've got my walker, there's a buzzer in my room and there's [a sensor mat] on the floor at night time". Relatives also told us they felt risks to people were managed effectively. Staff we spoke with were able to describe specific risks to people and how they protected them. We found records were in place, including risk assessments and care plans, outlining to staff how to manage risks including those associated with skin integrity or behaviours that may indicate distress. We saw appropriate actions were being taken during the inspection to manage risks to people, including the use of equipment, monitoring and staff support.

The registered manager had ensured risks to the premises and equipment were appropriately managed. Safety checks on equipment such as bath chairs had been completed and a schedule of safety and maintenance checks were completed to ensure people were protected from harm. The maintenance person had taken on additional responsibilities to provide training to staff on health and safety and fire safety. We saw risks to people due to the warm weather were being managed and steps had been taken to reduce the temperature in the building as far as practicably possible.

Systems were in place to enable learning from incidents that had arisen. This assisted the registered manager in reducing risks to people in the future. For example, an analysis of falls had been developed to review incidents over an extended period of time. This had allowed the registered manager to more accurately identify potential risks to people and take the appropriate action.

People and staff gave us mixed views around whether there were sufficient numbers of staff available. One person told us, "There is always someone [care staff] around, they keep an eye on me". Another person told us, "I don't think there are enough staff". We saw the provider had calculated the number of staff required on each shift with a dependency and staffing tool. We saw during the inspection that while care staff appeared to be busy, there were sufficient numbers of staff in place to keep people safe. We saw the provider had taken steps to ensure that all staff members were recruited safely and appropriate pre-employment checks had been completed.

People told us they were happy with the way care staff managed their medicines. One person told us, "They give it [medication] to me. [They've] never missed it!". Staff told us the registered manager ensured they were able to administer medicines safely before they could complete this task. One staff member said, "My

medication competency training was overseen directly by the home manager and I am now fully competent. I was under no pressure to do it too quickly I was given loads of time before I was asked to go it alone". We saw medicines being administered to people safely during the inspection and in a kind, patient manner. We found where medicines could pose increased risks, such as an increase in falls, this had been considered and appropriate risk assessments were in place. We found medicines were stored safely and where any issues had arisen in the administration or management of medicines, this had been identified by the district manager and remedial action was underway. People received their medicines safely and as prescribed.

We looked at how the registered manager ensured people were protected from the spread of infection. People told us and we saw, that the home was kept clean. We saw the practices of care staff minimised the risk of infection and appropriate protection was used as required, for example gloves and aprons. We saw domestic staff were involved in cleaning during the inspection and they were able to describe how they ensured good hygiene and infection control was upheld while they completed their duties. A deputy manager had been appointed the infection control lead for the service and had begun to complete regular audits and checks. Several actions had arisen from these checks and remedial action was underway, for example, deep cleaning and the replacement of certain furnishings. People were protected effectively from the risk of infection.



## Is the service effective?

### Our findings

At the inspection completed in March 2017 we rated the service as 'requires improvement' under this key question. The provider was meeting all legal requirements but further improvement was required around the skills and experience of care staff.

At this inspection, people told us they felt the care staff had the skills required to support them effectively. One person told us, "We are well looked after. I would moan if I wasn't until I was shifted". A relative said, "They seem to know what they're doing and if I ask they always can answer the question". Staff we spoke with told us they felt training was good. One staff member said, "The training is excellent...The quality of training has improved". Another staff member said, "I do have good support here. The training is much better than where I worked before". Staff gave us examples of where they had sought additional skills and were supported by the registered manager or provider. We saw care and dementia advisors were present within the service. One advisor explained their role to us and how part of this was helping to bridge the gap between training and the application of skills. We saw care staff during the inspection had the skills required to support people effectively. We did find that some improvement was required around the application of the Mental Capacity Act (MCA) in practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw where people had capacity, staff explained the support they wished to provide and people were asked for their consent. Relatives told us where people lacked capacity they were consulted around decisions about the person's care. Staff we spoke with could explain the basic principles of the MCA and staff were recording capacity assessments and decisions made in people's best interests. We saw however the application of the MCA was inconsistent across the service. We did find examples where people with capacity had not been fully consulted about decisions made; for example, their bedrooms being locked during the daytime. We also found some decisions had been made without fully exploring and documenting questions around the person's capacity and the process undertaken to make decisions in their best interests. We raised this with the registered manager and district manager who ensured areas of inconsistent practice were reviewed immediately and improvements made.

Where people had been deprived of their liberty, the appropriate authorisation had been applied for. We

saw there had been some delays in applications being made, but this had been identified by the quality assurance system and addressed prior to the inspection.

People and their relatives told us overall they were very happy with the care provided. One relative said, "[Staff] are all very nice to me and they look after [my relative]". Care staff told us, and we saw from records, that there was a holistic assessment of people's needs which enabled them to achieve effective outcomes for people. We saw technology was in place to support the care delivery of people including the use of sensor mats and call bells.

People and relatives told us they felt their day to day health needs were maintained. A healthcare professional told us, "[Staff] all know the patients really well". The professional told us they felt care staff alerted them appropriately with any concerns and that care staff followed any specific healthcare instructions given. We saw from people's care records there had been regular involvement with a range of healthcare professionals including district nurses, doctors and speech and language therapists to support people's needs. We saw how staff had worked effectively with healthcare professionals to resolve an issue with a sling which was preventing someone from getting out of bed. People's healthcare needs were supported effectively.

People told us they enjoyed the food they ate and their nutritional needs were met. One person told us, "When it was hot they kept saying you need to drink more". Relatives also told us they felt the food at the service was good. One relative said, "[Person's name] loves the meals, she's a good eater". Another relative said, "The meals look nicely presented. The fish and chips look nice and there is plenty to drink". Some relatives told us they were able to store cool drinks for people in fridges made available in people's bedrooms. We saw choices were being made available to people during the inspection. We saw people were consulted about menu choices during resident's meetings and the provider had plans in place to develop ways in which they could improve the involvement of people in menu creation. We saw the dining experience was valued and the district manager had recently made recommendations about how gravy could be served in gravy boats and people consulted about where on their meal this was poured if they required assistance. We saw this had been implemented during the inspection. We saw that snack stations and drinks were made available to people during the day. A person highlighted challenges in accessing this when they were using a walking frame. They also highlighted issues with obtaining a hot drink at certain times of the day. Both issues were raised with the provider who took remedial action immediately.

Most people told us they felt the layout of the service met their needs. One person said, "It's nicely laid out... My room's nice and private". Relatives also told us they were happy with the design and layout of the service. One relative said, "It's good! There's the quiet room and [my relative] likes watching the views from here in the lounge. We go in the garden and [my relative's] room is nice". Some people living on the first and second floor felt they were not able to sufficiently access outdoor areas. One person described how they wanted to feel the fresh air on their face. Another person told us, "They won't let you walk around outside. It's a feeling of being trapped sometimes." We discussed with the provider the restrictions with the layout of the building facilitating unrestricted access from these floor. They told us they would ensure people from all floor were able to access outdoor space. We will review this at our next inspection.

We saw the registered manager and provider were developing the service to make it more dementia friendly and to enhance the quality of life people experienced. Bedroom doors had pictures to help people identify their own room. The registered manager told us they planned to develop the use of dementia friendly signage to help promote people's independence. A pub had been created which one person had helped to wallpaper. Further developments were planned in the form of a cinema and the development of a shop and café. We saw work on the shop had commenced and a volunteer was supporting the service in making this

operational. The registered manager received delivery during the inspection of a 'Rempod'. This is a 'pop-up' room decoration pod that can assist in transforming living spaces for people with dementia.

## Is the service caring?

### Our findings

At the inspection completed in March 2017 we rated the service as 'requires improvement' under this key question. The provider was meeting all legal requirements but further improvement was required around the privacy, dignity and independence of people being upheld.

At this inspection we found people's privacy, dignity and independence was upheld. One person described their 'freedom' as one of the best things about living at the service. Work had been done to promote daily independence by involving people in day to day tasks around the home. We saw one person walking round with a dustpan and brush, a person helping to peel vegetables and we saw people helping to prepare sandwiches for the evening meal. The district manager told us one person assisted the handyman and they planned to extend this to areas such as laundry. People were encouraged to maintain their independence.

People also felt their privacy and dignity was respected and protected. One person told us, "They [staff] don't barge in". A relative said, "They knock and don't just walk in". A relative told us that staff always offered to take their family member to a private area to apply their cream. They told us they respected her choice if she chose to have it applied in a communal area. Another relative told us, care staff now support their family member with shaving and cleaning their teeth as they became unable to do this for themselves. This helped maintain the person's dignity. The provider had recognised there were some issues with the language used by staff in written records potentially being viewed as disrespectful. This had been addressed and improvements were underway.

People told us they felt care staff were very kind and caring towards them. One person said, "They treat me well...I feel comfortable". They also told us, "[Staff] are kind, very kind, I'm very happy". Another person told us, "[Staff] are [kind and caring] and we have a chat...You're treated as an equal". Relatives also shared this view. One relative said, "[Staff] are always cheerful, they don't belittle [person's name]. They know he has a good sense of humour...They always speak respectfully". Another relative said, "The [care staff] are lovely... It's lovely here. I'm very happy". A relative also told us how they'd seen improvements in the approach of care staff in recent months. Staff we spoke with were able to describe how they made people feel valued and important. One staff member told us, "We talk about photos, memories, give them choices, talk to them...Give them choice in their care". They also told us, "If they say they're worried about things, don't walk off, ask them [people] about it". We saw this approach reflected in the care we observed in the service. We saw warm and friendly interactions between care staff and people living at the service. We saw care staff chatting to people, offering choices and providing explanations where appropriate. We saw one member of staff holding the hand of a person who was upset their visitor had not yet arrived. The staff member talked to them encouragingly and distracted them positively with a task.

People told us they felt involved in making decisions about their care. We saw people were encouraged to have support from their friends and family where appropriate.

# Is the service responsive?

## Our findings

At the inspection completed in March 2017 we rated the service as 'good' under this key question. At this inspection we found the service continued to be 'good'.

People told us they had been fully involved in making decisions about their care and they were aware of their care plan. One person told us, "We went through it [the care plan] together... I'm involved in all of them [decisions]". Relatives were also involved in decisions and care planning where appropriate. One relative said, "They discussed [the care plan] with me at the start and still update it if it needs it. They involve me".

We found the care staff had a good knowledge of people; including their care needs and also their personal histories. One relative told us how care staff were able to easily answer questions about their family member's care. They told us how this had really improved in recent months. Another relative told us, "They [staff] all know [my relative], well all of the residents, really well". We saw work had been done to develop knowledge of life histories for people. Care staff could tell us how this impacted on their understanding of people's care needs. One staff member said, "They might get up really early as they were a milkman... [Person's name] was really active and likes to be now". Staff told us how they felt care delivery was now much more person centred. A staff member said, "The approach is different. Rather than telling people to sit down we can ask if they want to stretch their legs". We saw this reflected in the care delivery we saw during the inspection.

People told us they enjoyed some of the activities that were made available to them. One person told us, "We have a man come with his electric organ. He's very good... The children came from the school to sing. That breaks it up a bit". Relatives also told us they felt there were leisure opportunities available to people. One relative told us, "There's always something to do". We saw the registered manager had developed a pub room with the assistance of the provider and people at the service. They had set up a garden room and were making plans to develop the pub further, to make improvements to a shop that had been developed, launch a café and also a cinema room. Staff told us they felt improvements had been made. One staff member said, "[Staff name] is doing some gardening. We've made ice-creams. They've got the pub... The other week a lady's son in law played the guitar in the bar and people had a drink". We found a range of opportunities had been developed for people including visits from the ice-cream man, a trip to a dementia friendly cinema and links with a local museum for a presentation to aid reminiscence. The registered manager and district manager told us about plans they had to use people's life histories to help them develop a wider range of more personalised every day activities for people.

We saw people's preferences around their religious beliefs were acknowledged and respected. People at the service were predominantly of a Christian faith and due to requests from people the registered manager had arranged for a regular church service to take place on site.

Staff told us about recent training they had attended regarding 'end of life' care. One staff member told us, "I've just done 'end of life' training which really helped when we recently had someone approaching the end of their life, I felt more confident talking to the family after the training". We saw one person at the end of

their life receiving visits from their relative and family pet. Staff we spoke with could describe the needs of this person and knew about their history. The provider was in the process of developing their end of life care planning. They were implementing systems that would help staff to facilitate discussions about people's preferences around their care towards the end of their life. We will review the implementation of these systems at our next inspection.

People told us they felt able to speak to staff or the registered manager if they were concerned or needed to complain. Relatives also told us they felt happy to raise a complaint if required. One relative told us, "If I've got any issues, I can speak to [management and staff]". We saw a complaints policy was in place and the provider kept a record of complaints raised, investigation records and the outcome. We saw a representative had been selected to investigate complaints and an appropriate response was issued.

## Is the service well-led?

### Our findings

At the inspection completed in August 2017 we rated the service as 'requires improvement' under this key question. The provider was meeting all legal requirements but further improvement was required around records and quality assurance systems.

At this inspection we found the provider and registered manager had made improvements to the quality assurance systems. We found numerous audits had been completed which had identified improvement actions that were required. We found identified actions had either been completed or work was underway to evidence action was being taken. Where issues had arisen, learning was taken and used to drive future improvements. For example; issues raised in complaints or from incidents were used to reduce risk or improve the quality of life for people at the service. We found the registered manager and district manager had a good knowledge of where the strengths were in the service and the areas of improvement that needed to be addressed. We found in some areas of the home record keeping and documentation required improvement. This had been identified by the management team and remedial action was underway. Staff did feel the increased work due to improvements in record keeping was beginning to impact on staffing levels. The registered manager and provider confirmed this would be monitored and kept under review.

The current manager had been registered with CQC since December 2017. People and staff gave positive feedback about the registered manager and the positive impact they had made on the culture within the service. One relative told us, "[The registered manager] is approachable". Staff also told us they felt well supported, they were motivated and they understood the expectations of them. A staff member said, "[The registered manager] has got a high standard of care and you know what's expected of you". They also said, "She brings a supportive approach and new ideas". Another staff member said, "I love working here". This was supported by the improved result in the recent staff engagement survey. Staff also highlighted they felt the provider was committed to providing high quality services. They felt a strong staff team was being developed and they felt able to raise concerns within a safe environment. One staff member told us, "I would have absolutely no reservation in going to my manager if I needed to report poor care. All that matters to me is my residents". Another said, "I feel more comfortable with how the management is that I can raise concerns and something would be done." A third said, "If something isn't right here it gets dealt with quickly. I think we are responsive to people's needs here and we support each other like we will take on shifts for each other if needed. That's what you do if you're a team".

People told us they felt involved in the service and they felt their voices were heard. People felt they could raise concerns and these would be addressed. A relative told us, "[The registered manager] is a lovely manager. You can always talk to her". Staff told us they felt people were more involved. One staff member said, "There's a more constructive way of asking residents about what they want". We saw resident's meetings had been held and people's views on meal choices and activities were listened to. We also saw that people had been involved in decisions such as the decoration within the new pub area. We saw a relatives meeting was being advertised openly in the service scheduled to take place late August. We also found when we raised views and comments from people or relatives with the management team, they were genuinely interested and immediately began to take action.

The registered manager and provider were aware of their legal responsibilities and were taking action to address any areas of underperformance. Where performance issues had arisen within the staff team, appropriate action had been taken. The provider was ensuring sufficient support was in place for the registered manager and staff team. We saw a strong presence within the service during the inspection from supporting staff such as the district manager, care and dementia advisors and head of care. We saw robust improvement plans were in place not only to address issues and areas of risk but to enhance the quality of life for people at the service. For example, we saw work was underway to gain accreditation under the provider's specialist dementia home scheme in addition to plans to start 'Anchor Active' which was a scheme aimed at improving the health and wellbeing of people. The care and dementia advisor told us how the provider was currently piloting an electronic care planning and recording system in addition to electronic medicine administration records. If this was successful it would be implemented in Harden Hall to enhance care delivery. We also saw the service was engaging with external organisations such as the police. The registered manager had made arrangements for the police to visit people every three months for a coffee, chat and to discuss any worries people may have.

We found the management team were working hard to make improvements in the service. They were open and receptive to feedback given and took this as an opportunity to learn and to enhance the lives of people within the service.