

## Anchor Carehomes Limited

# Dearne Hall

### 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

We carried out this inspection on 16 August 2018. The inspection was unannounced. This meant no-one at the service knew we would be visiting.

Dearne Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Dearne Hall is registered to accommodate 48 older people. At the time of the inspection 44 people were living at the home. The home has three floors. The middle floor is for people living with dementia, the ground and top floor is for people who require personal care, some of whom are living with dementia.

Our last inspection at Dearne Hall took place on 5 and 15 June 2017. The service was rated Requires Improvement overall. We found the service was in breach of three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. Regulation 12, Safe care and treatment, Regulation 19, Fit and proper persons employed and Regulation 17, Good governance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions asking if the service was safe, effective, responsive and well led, to at least good. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we checked the improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of the Regulations.

There was a manager at the service who was registered with the CQC. 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 living at Dearne Hall told us they felt safe and they liked the staff. Relatives we spoke with felt their family member was in a safe place and did not have any concerns about their family member's safety.

Regular checks of the building were carried out to keep people safe and the service well maintained.

Staff confirmed they had been provided with safeguarding vulnerable adults training, so they understood their responsibilities to protect people from harm.

There were sufficient staff to meet people's needs safely and effectively.

The service used effective recruitment procedures which helped to keep people safe.

We found systems were in place to make sure people received their medicines safely.

Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people.

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

People enjoyed the food provided and were supported to receive adequate food and drink to remain healthy.

We found the home was clean, bright and well maintained.

People had access to a range of health care professionals to help maintain their health.

People were treated with dignity and respect and their privacy was protected. People, their relatives and health professionals we spoke with made positive comments about the care provided by staff.

A range of activities were available both inside and outside the home to provide people with leisure opportunities.

People living at the home and their relatives said they could speak with the registered manager or staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

Staff told us they felt they had a very good team. Staff, people and relatives said the registered manager was approachable and communication was good within 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 told us they felt safe. Safeguarding procedures were robust and staff understood how to safeguard people they supported.

Appropriate arrangements were in place for the safe administration and disposal of medicines.

There were sufficient numbers of staff available to keep people safe. The staff recruitment procedures and checks in operation promoted people's safety.

People had individual risk assessments and all identified risks were assessed and ways to reduce the likelihood of the person being harmed were considered.

### Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Staff knew about people's health needs and personal preferences and give people as much choice and control as possible.

People were provided with access to relevant health professionals to support their health needs.

The home was well maintained and comfortably furnished.

### Is the service caring?

Good ●

The service was caring.

People's privacy, dignity and independence were maintained by staff who knew people's preferences well.

People living at the home, and their relatives, said staff were very caring in their approach.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

People living at the home and their relatives were confident in reporting concerns to the registered manager or staff and felt they would be listened to.

There was a range of activities available to people to join in if they wanted to.

### Is the service well-led?

Good ●

The service was well-led.

The service promoted a positive and open culture, where staff, relatives and people living at the home had confidence in the registered manager and registered provider.

There were quality assurance and audit processes in place to make sure the home was running safely.

People and relative's views were actively sought to continuously improve the service.

Breaches in the regulations identified at our last inspection had been acted upon.

# Dearne 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 comprehensive inspection took place on 16 August 2018 and was unannounced. The inspection team consisted of two adult social care inspectors 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.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received, and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

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.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

At the time of our inspection there were 44 people using the service. We spoke with nine people living at the home, six relatives or friends of people and a visiting health professional.

We spoke with 14 members of staff, which included the registered and deputy managers, team leaders, the registered providers head of care and care and dementia advisor, support workers, maintenance, domestic and catering staff.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could

not talk with us.

We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission, some people's rooms.

We spent time looking at records, which included three people's care records, four people's Medicine Administration Records (MAR), three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

# Is the service safe?

## Our findings

We checked progress the registered provider had made following our inspection on 5 and 15 June 2017, when we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because people did not receive safe care and treatment and were not protected against the risks associated with the management of medicines. At this inspection we found improvements had been made to meet the requirements of Regulation 12.

We looked at three people's care plans in detail and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

Where accidents or incidents had occurred, detailed information had been recorded by staff and reviewed by the registered manager and provider to ensure appropriate action had been taken to keep people safe.

We asked people living at the service about the help they got with their medicines and they told us they were happy with the support they received. Comments included, "I always get my tablets and medicines in the morning (on time)" and "Staff make sure you get your medicines".

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a medicine's policy in place for the safe storage, administration and disposal of medicines so staff had access to important information.

We observed part of the morning and lunchtime medicines administration. We found that safe procedures were followed. Staff explained to people what medicines they were taking and asked if they needed any pain relief. People were provided with a drink to take their medicines with and staff were patient and respectful. We saw the staff member knelt next to a person at their eye level and carefully explained what each tablet was.

We found the four medicine administration records (MAR) checked had been fully completed. The MAR held photographs of the person, any known allergies and protocols for administering medicines prescribed on an 'as needed' basis. The medicines kept corresponded with the details on MAR charts. Medicines were securely stored in locked cupboards within locked treatment rooms.

At the time of this inspection some people were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the CD records checked. This showed safe procedures had been adhered to.



Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff told us a senior member of regularly observed them administering medicines to check their competency. We saw regular audits of people's MAR's were undertaken to look for gaps or errors and we saw records of monthly medicines audits which had been undertaken to make sure full and safe procedures had been adhered to.

The registered manager said the community pharmacist carried out checks of medicines and records. We saw a community pharmacist's report dated 1 August 2018 which did not highlight any concerns which required immediate action to improve medicines management

We checked progress the registered provider had made following our inspection on 5 and 15 June 2017 when we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed. This was because recruitment procedures were not sufficiently robust to ensure the right people were employed to work with vulnerable people. At this inspection we found improvements had been made to meet the requirements of Regulation 19.

We found the registered provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff. We checked three staff recruitment records. All contained all the information required by legislation. The records evidenced Disclosure and Barring Service (DBS) checks had been undertaken. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

People receiving support told us they felt safe living at Dearne Hall. Their comments included, "I feel safe and there are security cameras outside that's great, I like that", "I'm here for a rest and I feel safer here than at home", "I always feel safe here it's a safe place", "I feel very safe. I have my own hoist and I am happy because the staff know how to use it safely" and "I need two staff to move me safely and there are always two who come".

Relatives of people living at Dearne Hall said they had no concerns regarding safety. Their comments included, "I feel [name] is very safe, they keep a good eye on [name]", "I know that even when I'm not here they keep a good eye on him because he tells me they (staff) pop in and out a lot", "I know [name] is safe, no falls, no accidents in one and a half years", "I feel [name] is very safe,[name] wouldn't be here otherwise" and "[Name] is very safe, [name] was good at disappearing at home, but not here, I'm happy".

All staff spoken with confirmed they had been provided with safeguarding vulnerable adults training. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. This meant staff understood their responsibilities to protect people from harm.

We saw policies on safeguarding vulnerable adults and whistleblowing were available, so staff had access to important information. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff knew about whistle blowing procedures.

The staff training matrix and individual staff training records checked verified staff had been provided with relevant safeguarding training.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The registered manager told us they handled small amounts of money for people

receiving support. We saw that financial transaction records had been completed in line with the registered provider's policy. We checked three finance records. Receipts were retained and corresponded to the records held. This helped to keep people safe from financial abuse.

Staff rotas checked showed that sufficient numbers of staff were provided to meet people's needs. Staff were visible throughout the home and we saw them responding to people's requests quickly. Staff said there were enough staff to meet people's needs. People and relatives, we spoke with generally felt that there were enough staff to meet people's needs. People said, "I have a buzzer in my room and they(staff) answer it very quickly" and "There appears to be enough staff, but they can be a bit short when anyone's off sick or on holiday".

We looked at the safety of the building. Regular checks of the building were carried out to keep people safe and the home well maintained. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

We found a policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon. Housekeeping staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. We found the home was clean with no unpleasant odours observed in the areas we checked.

# Is the service effective?

## Our findings

We checked progress the registered provider had made following our inspection on 5 and 15 June 2017, when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because records maintained did not identify where decisions were being made about people and they did not verify who had the lawful authority to make those decisions. At this inspection we found improvements had been made to meet the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

Stakeholders we spoke with said, "[Name of registered manager] and staff have undertaken recent training with regard to DoLS and MCA".

People told us they felt consulted and staff always asked for consent. People's relatives also told us they felt consulted. The care plans we checked all held signed agreements to evidence their consent. This showed important information had been shared with people and they had been involved in making choices and decisions about their support. One person told us about staff supporting their choice, they said "I told staff I didn't want to be with the women at the hairdressers, so they found me the barbers across the road".

The staff spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes.

We checked progress the registered provider had made following our inspection on 5 and 15 June 2017, when we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because people did not receive safe care and treatment because staff had not put a plan in place to manage a person's specific health condition. At this inspection we found improvements had been made to meet the requirements of Regulation 12.

Health professionals and stakeholders, we spoke with said they had no current concerns about Dearne Hall and made positive comments including, "This is a good home", "Staff contact us when they need to" and "We have good communication (with staff)".

People told us their health was looked after. Comments included, "Staff organised the district nurse to do my bandages", "We get the chiropodist every six weeks, that's great" and "I see the doctor when I need to, they visit most weeks." The three care records checked showed people were provided with support from a range of health professionals to maintain their health. These included GPs, dieticians, and specialists at hospitals. The care records checked held clear details of people's health needs and how these were supported. This showed that people's health was looked after and promoted.

People we spoke with told us they thought the care staff were well trained and performed their jobs well. They told us the staff were very good at providing them with the support they needed. Comments included, "The staff are good they know what they are doing".

Relatives of people receiving support spoke highly of the staff. They told us the service delivered care in a way that met their family member's individual needs. They said care staff knew what support was needed and they had the skills to do their jobs effectively. Comments included, "We only have to ask, and it's done".

We found the service had policies on induction and training to inform practice. We checked the staff training matrix, which showed staff were provided with relevant training, so they had appropriate skills. Mandatory training such as moving and handling, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on person centred care and dementia awareness. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. This meant all staff had appropriate skills and knowledge to support people.

We found the service had policies on supervision and appraisal to inform practice. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period, usually annually. We checked the supervision and appraisal matrix. This showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to the registered manager and provider at any time. Staff were knowledgeable about their responsibilities and role.

People we spoke with told us that drinks and snacks were provided regularly throughout the day and we observed that people had hot or cold drinks in their rooms, next to them in the lounges and were offered them by members of the care team during the visit. People and relatives were very positive about the quality of meals and the mealtime experience. Comments included, "The meals are beautiful in here", "I get to pick what I want", "I always get what I have chosen", "The food is wonderful, always fresh and hot", "I can feed myself, but I see them (staff) helping others to eat", "The meals are varied and prompt", "Breakfast very good, I can have anything", "We can have seconds if we want", "Staff make sure [name] eats well and we bring [name] some of his special diet" and "There is always plenty of snacks about and then cake and biscuits served morning, afternoon and evening".

We observed lunch being served in all three dining rooms. The cook served the meals on the middle floor and care staff on the other two floors. The practice of the cook serving meals had recently been introduced so more staff could support people to eat. Cold drinks were offered throughout the meal. Once seated, people did not have to wait for their meals to be brought to them. It was very positive to see a member of staff going around with the two main meals plated up so that people could see the food and make their choice. The tables had clean clothes on and fresh napkins and the staff had aprons on. Suitable cutlery was available to assist the people who could eat unaided. Support to people who needed assistance was offered discreetly by staff and at a relaxed pace.

We found a varied and nutritious diet was provided to support people's health and meet their preferences. We spoke with the cook who was aware of people's dietary and cultural needs and preferences, so these could be respected. We saw people could have different to the menu if this was their preference. Some people had been assessed as needing their fluid intake monitored to minimise the risk of dehydration. We checked four people's fluid balance charts. These had been fully completed and showed appropriate levels of fluid were provided. The charts were checked and monitored by senior staff to ensure people were provided with enough to drink, and to maintain their health.

We found the accommodation was well maintained and well decorated, which provided a pleasant living space. The corridors were very wide which helped with the movement of people and equipment.

## Is the service caring?

### Our findings

People living at Dearne Hall made positive comments about the service. People told us they were happy and well cared for by staff that knew them well. They said staff were good at listening to them and meeting their needs. Their comments included, "I feel cared for", "I would recommend it here, staff really care", "They(staff) are really kind, all of them", "They are very kind to me, nothing is too much trouble" and "Staff are very friendly, lovely people".

Relatives of people receiving support told us the staff were caring and understood people's preferences and needs. Everyone said staff were respectful and kind. Comments included, "I can't praise the staff enough, they are brilliant", "I go home happy knowing [name] is well looked after", "[Name] is always clean and in his own clothes" and "Staff are marvellous they feel like my family. It's like one big happy family here".

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who we could not to speak with.

We saw people were cared for and supported by staff that were kind, patient and respectful. Staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and staff knew them well. People were relaxed in the company of staff. Staff reassured a person when they became a little anxious about a situation. This showed people were treated respectfully.

We observed that staff maintained the dignity and respect of the people living at Dearne Hall. We observed care staff always knocked before entering people's rooms. Throughout the day we saw staff seek the agreement of people before and during any care tasks being completed.

We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice. This also showed people were treated respectfully.

The registered manager told us a priest visited the home regularly and offered communion to some people and held a Christian service to meet the spiritual needs of some people at Dearne Hall. The registered manager told us the home was also creating links with a local pastor and members of that church choir had recently visited to sing with people.

In the reception area we saw there was a large range of information available for people and their representatives. This included: details of advocacy services, support organisations and the registered provider's complaints procedure. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

# Is the service responsive?

## Our findings

People living at Dearne Hall and their relatives said staff responded to their or their family member's needs and staff knew them well. People told us they chose where and how to spend their time and how they wanted their care and support to be provided and they were involved in reviews of this.

We looked at three care plans. They were all specific to the individual and person centred. All contained a range of information that covered all aspects of the support people needed. They included clear information on the person's identified need, interests, hobbies, likes and dislikes so that these could be respected. The plans gave clear details of the actions required of staff to make sure people's needs were met. This showed important information was recorded in people's plans, so staff were aware and could act on this. The plans seen had been regularly reviewed to keep them up to date.

The staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the health and personal care needs, history and preferences of the people they supported. This showed the care provided was person centred.

People we spoke with told us that there were activities for them to get involved with. People and relatives, we spoke with felt the frequency and number of activities available had improved over the last year.

People said, "They sometimes have a singer or play bingo", "My friend takes me out", "We don't go out but have some singers in sometimes", "Staff organised me a party. Some of our family were working and couldn't come, so they did it all again on the Saturday for them and us, that's kind".

Relatives said "[Name] is very happy and smiles and laughs a lot, he loves it when the singer comes", "[Name] likes to play dominoes with the staff" and "[Name] likes to spend a lot of time watching and chatting to the handyman, they are good mates".

We found a range of leisure opportunities were provided to promote choice. There were photograph albums in the reception area which showed a variety of activities which had taken place over the last few months. These included a visit from pet dogs, an Easter party and a royal wedding reception held in May for people and their families. For this event people had been helped to dress in their finery and a wedding photographer had taken various snaps of the reception celebrations which included a buffet for people and their family and staff. A summer fayre involving the local community was advertised the weekend following our inspection and some people were looking forward to a trip to the coast the day after our inspection with other people from the local area. We saw some people participated in arts and crafts, and some people were flower arranging on the day of inspection. We saw a poster was on display in the communal area showing pictures of the activities planned for that week. This showed important information was provided to people in a variety of formats to aid their understanding.

We found a system was in place to respond to people's concerns and complaints so that people knew they

would be listened to and taken seriously. People living at the home and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

Comments from people and their relatives included, "I had a complaint and my [name of relative] and had a word with the manager and she sorted it" and "[Name of registered manager] sorts things out and I could also talk to most staff if I was worried about anything".

The service provided end of life care and support to people when this was identified as needed. The registered manager informed us that the home liaised with relevant healthcare professionals to ensure appropriate care was provided. We saw end of life discussions between staff, people and relatives were recorded in the people's care plans we checked.



# Is the service well-led?

## Our findings

At our last inspection on 5 and 15 June 2017 we found the quality assurance and audit processes in place to make sure the home was running safely were not effective or acted upon to ensure care provided was adequately monitored, risks were managed safely, and the service achieved compliance with the regulations. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Governance. At this inspection we found improvements had been made to meet the requirements of Regulation 17. The service promoted a positive and open culture, where relatives and people living at the home, staff and health professionals had confidence in the registered manager and registered provider.

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

People living at Dearne Hall and their relatives knew the registered manager well. They spoke very positively about her and commented, "This place is well led, this new manager knows what she's doing", "Since [the registered manager] came it's been much better, she listens" and "It's great now [named registered manager] is here, the staff and residents are also happy".

Staff spoken with were fully aware of the roles and responsibilities of the registered manager, senior staff and lines of accountability. All staff said they were part of a good team and could contribute and felt listened to. All the staff spoken with felt communication was good and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. Staff told us they enjoyed their jobs and all the staff spoken with, irrespective of their role, displayed a commitment to and pride in their work. Staff said, "We can go to the manager for support", "I'm fine with the manager she supports us and is fair", "I wouldn't work anywhere else I feel proud to work here" and "I am passionate about my job I treat residents like I would my own family".

Discussions with staff and review of records showed that representatives from a variety of health and social care professionals were actively involved in supporting people. For example, GP, dieticians and speech and language therapists. This showed partnership working was promoted by the service.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified, and improvements made. We found that systems were in place to measure service delivery and make sure the service continually improved. We saw that checks and audits had also been made by the registered manager and provider. These included medication, the environment, care plans, supervisions and training. This showed that effective systems were in place to monitor the quality and safety of the home.

As part of the services quality assurance procedures, surveys had been sent to people living at Dearne Hall,

their relatives and staff. The results of the 2017 surveys had been audited and a report compiled from this so that information could be shared with interested parties. People and their relatives told us they met regularly with the registered manager and provider. Their comments included, "We have regular meetings and they ask for our suggestions", "We get a newsletter after the meetings", "They have regular meetings, about every two months", "We get a written report back" and "I have never been to any meetings but [name of relative] goes to them all".

We saw minutes of the meetings of the last two meetings which were held in April and June 2018. Minutes showed information from surveys was shared with people and discussions about future activities were held. We saw information requesting people and their families comment on the food menus and any changes they would like to see. This showed that the service used feedback from people using the service to improve service delivery.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.