

Anchor Trust

Prior Bank House

Inspection report

74 Cherry Tree Road
Nether Edge
Sheffield
S11 9AB
Tel: : 0114 2552115
Website: anchor.org.uk

Date of inspection visit: 23 & 24 April 2015
Date of publication: 21/08/2015

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 

Overall summary

Our inspection of Prior Bank House was unannounced and was undertaken on 23 and 24 April 2015.

Prior Bank House was last inspected by the Care Quality Commission (CQC) in September 2013 and was found to be meeting regulations relating to respecting and involving people who use services, care and welfare of people who use services, meeting people's nutritional needs, assessing and monitoring the quality of the service and records.

Prior Bank House is a large converted Victorian house which provides accommodation for up to 31 older people who require nursing or personal care, some of whom are living with dementia. The home was fully occupied at the time of our inspection.

Each bedroom had an en-suite shower room. There were also shared bathrooms and toilets situated throughout the home. Accommodation was provided over two floors, accessed by stairs and a lift. There is a large lounge which has a smaller lounge attached to it. There was also

Summary of findings

another small lounge where people can spend time with those important to them. The dining room was situated at the back of the home and overlooks a pleasant garden area.

A registered manager was in place. 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 told us that they felt safe living at Prior Bank House. For example, one person told us, "I feel safe and very content here." We found that there were sufficient staff to meet people's needs and keep them safe. Conversations with staff and the registered manager demonstrated that they were aware of local safeguarding procedures and had the necessary knowledge to ensure that vulnerable adults were safeguarded from abuse.

Our conversations with the manager, staff and our review of records evidenced that the home had an effective process to ensure that employees were of good character and held the necessary checks and qualifications to work at the home. Staff were provided with a range of training to help them carry out their roles and received regular supervision and an annual appraisal.

People told us that they received their medicines on time. Our observation of the tea-time medication round, together with our review of records provided evidence that medicines were safely administered, recorded and stored.

Equipment within the home was clean, well maintained and was fit for purpose. Appropriate signs and adaptations were in place to promote people's independence within the home and support and orientate people living with dementia. For example, there was a dementia friendly lift which played calming music and was spacious, brightly lit and contained items to orientate people such as a large clock.

People's physical health needs were monitored and clearly documented. Referrals were made when needed to health professionals.

There were sufficient care staff to meet people's nutritional needs. Staff were aware of people's nutritional needs and food preferences. Our observation of a mealtime, conversation with the cook and our review of nutritional records evidenced that people received a choice of suitable, healthy, homemade food, snacks and drinks throughout the day.

Conversations with staff and observations throughout our visit showed us that staff offered and involved people in a range of day to day decisions. The registered manager and members of staff demonstrated a clear understanding of the requirements of the Mental Capacity Act, 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The correct procedures were followed in order to meet the DoLS and ensure that people's rights were protected.

Our observations together with conversations with people and those important to them provided evidence that the service was caring. We saw that staff across the home spent time sitting and talking with people. Members of staff spoken with on the day of our inspection had a good understanding of people's individual needs and preferences and knew how to respect people's privacy and dignity.

We found that Prior Bank House acknowledged and provided a broad range of meaningful activities to support people to maintain existing interests as well as access differing activities and community resources.

Staff were positive about the registered manager and the way in which she led the service. They told us that the registered manager was always around, was approachable and had made a number of improvements since being in post.

A range of regular scheduled and unscheduled checks were undertaken to monitor the quality of the service. People, their friends and family and staff were encouraged to provide feedback by attending meetings and completing surveys about the care and support provided at Prior Bank House.

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?

The service was safe.

There were sufficient staff to meet people's needs and keep people safe. Staff had a good understanding of abuse and were aware of their responsibilities in reporting any concerns about possible abuse.

People's medicines were safely stored, administered and recorded.

Individual risks, incidents and accidents were assessed and analysed.

Good



Is the service effective?

The service was effective.

Regular supervision and training were provided to support staff to fulfil their roles and responsibilities. Staff had received training and demonstrated a good understanding of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how these applied in practice.

People were offered varied, balanced and nutritious meals. Our lunchtime observations demonstrated that people were appropriately assisted to eat and drink.

Support plans contained detailed information about people's healthcare needs. These were regularly reviewed and updated in order to ensure that they were accurate.

Good



Is the service caring?

The service was caring.

People told us the staff were kind and caring. Observations and conversations with staff demonstrated that they had a good understanding of people's individual needs and preferences. We saw that staff showed patience, gave encouragement and were respectful of people's privacy and dignity.

Conversations with the registered manager and members of care staff and health professionals demonstrated that Prior Bank House were committed to providing compassionate, person centred end of life care.

Good



Is the service responsive?

The service was responsive

Staff responded to people's needs in a timely way and were committed to gathering information about people's preferences and backgrounds in order to provide person centred support.

People's support plans were amended in response to any changes in need. Staff told us that they were informed of these changes during staff handovers.

A range of activities and meaningful experiences were provided to meet the differing needs and interests of people living at Prior Bank House.

Good



Summary of findings

Is the service well-led?

The service was well-led.

A range of checks were undertaken to monitor the quality of the service.

The manager was visible and provided opportunities for people, relatives and staff to provide feedback and influence the service.

Staff felt supported by the registered manager. They enjoyed working at Prior Bank House and said they received feedback about their practice.

Good practice initiatives such as Dementia Friends were promoted and there were established links with the local community and other organisations to inform the community about Prior Bank House, the needs of the people they supported and promote the delivery of high quality person centred care.

Good



Prior Bank House

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 23 and 24 April 2015 and was unannounced and was undertaken by an adult social care inspector.

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. Prior to our inspection visit we reviewed the information included in the PIR, together with information we held about the home. This included information from a relative who contacted us in order to provide positive feedback about the care and support their family member had received at Prior Bank House.

Healthwatch and local authority commissioners were contacted prior to our inspection in order to gain their views about the care provided by Prior Bank House.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services. Neither of these organisations expressed any concerns about Prior Bank House.

During our inspection we used different methods to help us understand the experiences of people living at Prior Bank House. We spoke with four people who lived at Prior Bank House and with three visiting relatives. We also undertook a number of formal and informal observations throughout our inspection. The formal observation we used is called Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Our observations enabled us to see how staff interacted with people and see how care was provided.

We spoke with the registered manager, deputy manager, one team leader, two support workers, the cook, the housekeeper, the handyman and the home administrator in order to ask them about their experience of working at Prior Bank House.

We reviewed a range of records during our inspection visit, including five support plans, daily records of people's care, four staff files, staff training records, quality assurance documents and a number of policies and procedures.

Is the service safe?

Our findings

When asked if they felt safe at Prior Bank House, one person replied, “Without a doubt.” In response to the same question, another person stated, “I feel safe and very content here.” Relatives spoken with during our inspection were similarly positive about the safety of their family members. One relative commented, “[My family member] wouldn’t have been here for nine years if we’d had any concerns.”

We spoke with four members of staff about how they safeguarded people. Each member of staff was able to tell us about different types of abuse and describe the possible indicators of these. They were clear about the actions they would take if they suspected that any form of abuse had taken place and were confident that the deputy manager and registered manager would take action and appropriately report any concerns.

Prior Bank House managed small amounts of money for some people. We observed the home administrator undertaking their second weekly audit of people’s monies. Upon completion the audit document was also checked and signed by the registered manager. This demonstrated that appropriate systems were in place to safeguard and manage people’s finances.

People told us that they received their medicines on time. We observed the tea-time medication round and found that medicines were safely dispensed and administered. The medication round took just over an hour to complete and was clearly centred upon the needs of people living at the home. For example, one person’s medication took 20 minutes to dispense and then administer. This was because the medication took several minutes to dissolve and the person needing support and encouragement to take their medication. A number of people were prescribed as and when required (PRN) medicines. The carer undertaking the medication round knew who was prescribed PRN pain medications and asked people if they required them.

We looked at the medication administration records (MAR) for five people. There was an information sheet prior to the MAR detailing people’s dates of birth, any allergies and how they liked to be supported to take their medicines. The sheet also included a photograph to ensure that

medication was given to the correct person. There were no gaps in the MAR charts reviewed and we saw that the way people’s medicines were administered corresponded with the above information.

In order to ensure that the medication in stock corresponded to that recorded within the MAR charts we reviewed the stock of five different medicines and found one inconsistency. A person’s MAR documented that 50 paracetamol tablets should be in stock, yet our count identified that 56 tablets remained. Some people living at Prior Bank House were prescribed controlled drugs. These are medicines which are subject to regulation and separate recording. We checked the controlled drugs book and found that these medications were recorded correctly and that the medication in stock corresponded with that recorded in the book.

We observed three people being supported to move using different hoists. Each person was supported safely and at their own pace. For example, whilst informed of why they needed to be moved, one person became a little agitated. The staff supporting them took time to kneel down next to them and repeat why they needed to be moved and how this would be done. This visibly lessened the person’s anxieties and resulted in them being moved safely and calmly.

The care staff we spoke with were positive about the moving and handling training they received with one member of staff describing it as, “Thorough.” They were also positive about the benefits of a colleague providing this training and said that this meant that they could quickly access advice and support for any day-to-day moving and handling issues.

We looked at two mobile hoists and two specialist baths. Each item was clean, was in good condition and fit for purpose. Our conversations with the handyman and registered manager, together with our review of records provided evidence that regular checks took place to ensure that equipment with the home was properly maintained and in safe working order.

The handyman was also responsible for undertaking a number of other checks in relation to the safety of the premises. These included fire checks, water checks and window checks. Our conversations with the registered manager also demonstrated that they received alerts from a national body about accidents or near misses relating to

Is the service safe?

premises and differing pieces of equipment. These were considered and fed into their regular checks if needed. The handyman told us that any shortfalls arising from their regular checks were documented on the 'manager's action log' and were actioned quickly by the registered manager.

Our review of support plans provided evidence that risk assessments were completed on people's admission to Prior Bank House and were updated or created following any accidents, incidents or changes in need. We found that an effective system was in place to record, analyse and identify ways of reducing risk. Staff spoken with were clear about the accident and incident reporting processes and how to complete accident and incident forms. These were then reviewed and, if needed, investigated further by the deputy manager. Measures to reduce the risk and any lessons learnt were implemented and documented.

The registered manager undertook a monthly review of accident and incident forms in order to see if there were any recurring patterns and risks. Our conversations with them demonstrated a person centred and anticipatory approach to risk. For example, they told us that their analysis of falls had identified that one person was susceptible to falls at a certain time of day. In order to reduce risk, a member of staff now supported this person

at the time they were most vulnerable to falls. The registered manager said this had been successful in reducing this person's falls. We reviewed this person's risk assessment and found it reflected the fact that their mobility varied throughout the day and the additional support they needed at certain times of the day to reduce the risk of falls.

Our observations and our check of the staffing rota showed that there were sufficient staff to meet people's needs and keep them safe. Throughout our inspection the staff carried out their duties in a relaxed, unhurried manner. We saw that the differing staff roles on duty at the time of our inspection spent time sitting and talking with people. For example, we observed the cook sitting in the lounge area speaking with people.

We looked at the recruitment records of four members of staff. These, together with our conversations with staff and the manager evidenced that an effective process was in place to ensure that employees were of good character and held the necessary checks and qualifications to work at Prior Bank House. The registered manager told us that the same checks and pieces of information were obtained to ensure the suitability of volunteers as well as students who often undertook placements at the home.

Is the service effective?

Our findings

People we spoke with were positive about the support and care they received at Prior Bank House. One person commented, "I find it alright living here. The girls are lovely and really know me." A second person told us, "I like everything here. Well, what is there not to like?" People's relatives were similarly positive. One relative told us, "The staff work really hard and everything has been perfect for [my family member]."

Relatives spoken with during our inspection felt that the home sought support from healthcare professionals when needed. Our review of support plans provided evidence that people's healthcare needs were met by GP visits, as well as referrals to, and visits from, a range of health and social care professionals such as speech and language therapists, social workers and dentists. Visits from these professionals were recorded in people's care plans and the plans were updated to reflect any advice given.

Our review of support plans also provided evidence that a number of documents were in place to monitor people's health needs and ensure they received the correct support. For example, risk assessments about pressure areas were completed if needed and detailed any equipment needed to reduce risk as well as any physical support needed, such as being moved and turned to relieve pressure. Records showed that people were regularly turned and repositioned and that pressure relieving equipment was in place. We also saw assessments of people's nutritional needs and documents detailing the support and monitoring people required to maintain a balanced diet.

When talking about the food at Prior Bank House, one person told us, "I find the food fine; it's very much to my liking." We observed the evening meal at Prior Bank House. On finishing their main course, one person stated, "That was lovely." On hearing this, a member of staff said, "Would you like some more?" The person said that they would and was quickly brought a second portion.

Our observation evidenced that the mealtime experience was positive, well organised and relaxed. People were given a choice of mushrooms on toast, lasagne or sandwiches and salad. Tables were nicely set, meals were served quickly, looked appetising and were well presented. There were sufficient staff to ensure that people were supported

to eat at the same time. We visited the home on a warm day and noted that people were offered hot and cold drinks throughout the day and that glasses and jugs of juice were left within people's reach.

The cook told us that they provided a seasonal, home cooked menu which people were involved in choosing. The cook was aware of how to meet people's different nutritional needs and the preparation and presentation of diets for people who had swallowing difficulties. For example, they told us how they met the nutritional needs of people with diabetes and how they increased the calorie content of food for people who were frail or had small appetites. They also told us that they ensured that fresh fruit and high calorie foods such as cakes and cheese and biscuits were placed on the tea-trolley in order to ensure that people's nutritional needs were encouraged and maintained throughout the day.

Prior Bank House is a large converted Victorian house with a number of corridor areas. We saw that a number of aids and adaptation had been made to ensure that the environment promoted people's independence and met the needs of people living with dementia. For example, there were contrasting handrails in corridor areas as well as large print directional signs and signs on doors to support people to identify key rooms within the home. There was also a dementia friendly lift to support people to access the upper floor of the home. The lift played calming music and was spacious, brightly lit and contained items to orientate people such as a large clock.

The support plans of people living with dementia contained person centred information about the support they may need to orientate themselves within the home. For example, the support plan of one person living with dementia stated, "I can't always remember the layout of the building here, so if I seem lost please offer to direct me."

We spoke with staff and looked at a range of records relating to The Mental Capacity Act (2005), (MCA), and Deprivation of Liberty Safeguards (DoLS). The MCA promotes and safeguards decision-making. It sets out how decisions should be taken where people may lack capacity to make all, or some decisions for themselves. It applies to decisions relating to medical treatment, accommodation and day to day matters. The basic principle of the act is to make sure that, whenever possible, people are assumed to have capacity and are enabled to make decisions. Where this is not possible, an assessment of capacity should be

Is the service effective?

undertaken to ensure that any decisions are made in people's best interests. The DoLS are part of the MCA and aim to ensure that people are looked after in a way which does not inappropriately restrict their freedom.

The registered manager and members of care staff had a good understanding of the requirements of the MCA. They were clear about when capacity assessments and best interest decisions may be needed and how these should be recorded. The registered manager said that raising staff awareness and knowledge about DoLS was an area they had been working on. Our conversations with care staff showed us that this had been successful. Care staff spoken with were able to identify situations which may highlight the need for a DoLS referral to be made and were aware of people who had DoLS in place and the details of these.

Clear records were maintained about people's capacity. The registered manager also maintained clear records about any DoLS referrals made, if these had been authorised and the conditions of the authorisation. Relatives were positive about the way in which the registered manager had informed and discussed the above legal frameworks with them. One relative told us that a DoLS was in place for their family member and said, "The manager had a meeting with us, she informed us what it was all about and showed us the paperwork so we understood why it was needed."

We found that staff received a comprehensive induction to familiarise themselves with their role. A twelve week induction process was in place which corresponded with Skills for Care's Common Induction Standards. These are a set of recognised standards for people working in adult social care. The induction process included four weekly meetings to review progress and discuss any support needed, as well as mandatory training and shadowing established members of staff in order to get to know people's needs and how the service operated.

The provider's training matrix showed that staff had received a range of relevant training courses. Training provided included: dementia, moving and handling and nutrition. Staff were positive about the opportunities they were given for further training and personal development. One member of staff stated, "The face to face training is good. It's in layman's terms." Another member of staff was positive about the training they had received about behaviours which may challenge others and said this had supported them to know how to assist people. A number of staff were less positive about e-learning. The registered manager was aware of this and said that they provided updates about particular subjects and areas of practice in team meetings in order to meet staff member's different learning styles.

Is the service caring?

Our findings

People were positive about the care they received at Prior Bank House. One person told us, “The manager and staff here really care about me.” Another person described the staff as, “Great” and continued, “They’re all very good.” Relatives were also positive about the care their family members received at the home. One relative commented, “The care is excellent. [My family member] gets all the care they need and more.” A second relative was complementary about their family member’s room and the finishing touches within it and said, “It’s like a posh hotel, there are always flowers in the room and drinks. They are details that show they care about [my family member].” A third relative stated, “100% care at all times.”

One relative was positive about the way in which Prior Bank House encouraged and promoted their family members independence. They told us that, whilst their family member was living with advanced dementia, they were encouraged and supported to do as much as they could. We saw evidence of people being supported to maintain their independence during our inspection. For example, we observed a member of staff assisting and encouraging one person to walk. The member of staff had a patient and caring approach and supported the person at their own pace whilst also encouraging them to stop for short breaks. The member of staff was also observant and, on seeing the person dragging their foot slightly, encouraged them to stop and praised the progress made by stating, “Well done, that’s the best I’ve seen you walk in a while.”

Staff spoke fondly, knowledgably and in a caring way about people living at Prior Bank House. Each member of staff spoken with during our inspection told us of that they enjoyed working at the home. For example, one member of staff told us that they worked elsewhere but had maintained some hours at Prior Bank House as, “I love it, it’s the best and I love coming to work here.” Another staff member stated, “I love Prior Bank, I’m passionate about it.” This person and another member of staff told us that their colleagues had nominated them for the 2014 Yorkshire and Humberside British Care awards.

Observations throughout our inspection demonstrated that the staff were caring. When undertaking our SOFI observation in the lounge area, we noted that the staff starting their shift greeted each person in turn and asked

how they were. Similarly, the staff ending their shift said goodbye and told people when they were next on shift. It was evident that people living at Prior Bank House mattered to the staff, for example, on leaving their shift and saying goodbye to a person, one member of staff said, “I enjoyed our trip out today, let’s see if we can do it again.”

During our inspection we also heard members of staff asking people about the people and things which mattered to them. Our observations and conversations with relatives also demonstrated the way in which the home supported people to maintain contact with their relatives and friends. For example, we observed staff preparing a tray of tea and placing this on a table in front of one person in readiness for a daily visit from a family member. Another relative told us that they often had breakfast with their family member before starting work. Relatives spoken with during our inspection told us that there were no restrictions upon visiting times.

Throughout our inspection we saw that care staff respected and preserved people’s dignity and privacy. For example, we saw staff knocking on people’s doors before entering, addressing people by their preferred names and discreetly adjusting and covering people’s clothing when needed. One relative was positive about the unobtrusive way they had seen staff support a person following an episode of incontinence. On noting that the person needed support, they said the staff obtained a blanket which they wrapped round the person in order to preserve their dignity.

We found that Prior Bank House respected people spiritual and religious needs and provided opportunities for people to practice their faith. The registered manager told us that both Anglican and Catholic church services took place each month. They also told us that they had good relationships with the local clergy and arranged individual visits if needed, for example, when people were at the end of their life. We noted that people’s support plans included information about any spiritual and religious needs.

Throughout our inspection we saw that Prior Bank House involved people in decisions and also explained any care or support they provided to people. For example, there were a number of different evening meal options on the day of our inspection. In order to make an informed choice, members of care staff supported people to make this decision by

Is the service caring?

physically taking and explaining each option to each person. We also noted that the staff did not rush people and gave people time to respond to information and/or any choices presented to them.

We found that people's views and involvement was sought in relation to making decisions about a number of areas of the service. For example, the registered manager told us that people were consulted about and involved in choosing the colour schemes and fittings in the recently upgraded bathrooms.

During our inspection we noted that a range of accessible information was provided to meet the differing needs of people living at Prior Bank House. For example, in addition to being provided with a written welcome pack, we noted that people were also provided with written and pictorial information about who their keyworker was and an explanation of this role.

The registered manager was knowledgeable about the differing types of advocacy services to support and enable people to express their views and promote their rights. Where people lacked capacity to make specific decisions we saw that their support plans included information about these decisions, any legal arrangements in place, such as powers of attorney and the people who must be consulted about these decisions.

People's support plans contained information about their end of life wishes and the people who should be involved and consulted about decisions relating to medical interventions. For example, one person's support plan detailed a discussion with the person and a family member about their wish to receive end of life care at Prior Bank House instead of being admitted to hospital. Their support plan also clearly documented their wish not be resuscitated in the event of cardiac or respiratory arrest.

The registered manager told us that all the staff had recently undertaken an end of life training course provided by the charity Macmillan. They told us that members of staff were keen to maintain their knowledge about this area of practice and that they were looking at developing end of life champions to support this. Staff spoken with during our inspection were positive about this training course. One member of staff commented, "I enjoyed every minute of the end of life course. The scenarios we talked about helped me so much."

Our conversations with staff and the registered manager provided evidence of the homes commitment to providing good end of life care. For example, one member of staff told us, "People aren't on their own when they're coming to the end of their life, we sit with them and we support each other to do this, especially if a member of staff has known the person for a long time."

Is the service responsive?

Our findings

People and relatives spoken with during our inspection frequently described the staff at Prior Bank House as, “Observant.” For example, when speaking about the pain often experienced by their family member, one relative told us, “As soon as they spot that [my family member] is in pain they have [them] on bed-rest.” Observations during our inspection corresponded with the above. We saw that the staff were observant and intervened quickly if people seem to need any assistance.

We spoke with the registered manager about how people’s needs were assessed, planned and reviewed. On receiving an enquiry, the registered manager told us that they sent out an information brochure and invited the person and/or their friends or family members to visit the home. During this visit, the registered manager said they would talk further to explain the service and undertake a pre-assessment form in order to see if they were able to meet the person’s needs. If appropriate, the person’s name was then added to the home’s waiting list. The person was then contacted upon a bed becoming available.

Should the person subsequently move to Prior Bank House, their pre-assessment form was developed into a comprehensive support plan as the home got to know more about their needs and preferences. The registered manager told us that this plan was in place within four weeks of the person going to live at the home.

The registered manager said they had been supporting staff to write more person centred support plans since joining the staff team approximately two years ago. In order to support staff to do this they said they had arranged and delivered face-to-face training sessions as well as coached staff by including time to discuss and write support plans within their supervision sessions.

We reviewed the support plans of five people and found that they were person centred, with each plan providing information about how the person liked to be supported, their likes and dislikes and the people and things which were important to them. For example, one person’s support plan talked about the importance of supporting them to attend their grandchildren’s school plays. Each person’s support plan also contained a one page profile. These documents listed significant information about the persons

past and their preferences. Person centred information such as this can be a key aid to prompt conversations with people new to the service and with people living with dementia.

Relatives spoken with during our inspection told us that they were able to access their family members support plans at any time and felt that they reflected their needs. One relative commented, “I can read it anytime and it shows me how [my family member] has been.” Relatives also told us that they were informed of any changes to their family member’s needs, either during their visits to the home or by telephone calls. Staff told us that they were informed of any changes to people’s needs during the handover meetings which took place between each shift.

The registered manager told us that people’s support plans were reviewed every month or following any changes in order to ensure they accurately reflected people’s needs. People and relatives spoken with told us that they were involved in these reviews. One family member was positive about the fact that these meetings took their availability into account and stated, “The review meetings are arranged at a convenient time for me and either take place by me visiting or over the telephone if I can’t make it.” We reviewed the minutes of a recent review and saw that the views of the person and their relative were clearly recorded.

People’s support plans included person centred information about their hobbies, interests and the activities they enjoyed. Our inspection provided evidence of how people were supported to pursue these interests. For example, one person’s support plan stated their love of gardening and that they grew plants within the home’s garden. Our conversation with the handyman confirmed this. They told us that they enjoyed being able to spend time supporting people in the garden and said that people had been involved in planting the home’s hanging baskets as well as growing, cutting and arranging the fresh flowers which were present throughout the home.

We found that a broad range of meaningful and differing activities were provided within and outside of Prior Bank House. An activity coordinator was in post and staff also provided support to enable people to access activities and community resources. For example, on the day of our inspection a number of people told us that they had enjoyed walking to a local café for a cup of coffee. One person commented, “It was nice to get out in the sunshine.”

Is the service responsive?

The registered manager said this had been the first time people had accessed this café and, on finding it suitable, said it would be added to the home's resource file as an appropriate, accessible place to visit.

There was information throughout the home listing the activities planned during the month of our

inspection. Weekly planned activities included a pub quiz and an exercise session. In addition to this a number of visits from entertainers and musical groups, such as 'Lost Chord' took place. People and relatives told us about their enjoyment of the differing activities provided. One person told us that they had enjoyed a visit from a local pet therapy zoo. A relative was positive about the visit from a local hip-hop dance group which was arranged after people had expressed an interest in this style of dance after seeing it on television talent shows.

We found that people were supported to maintain their hobbies and interests. For example, one person told us, "I'm a nature lover and I sit for hours looking at the birds and squirrels. The staff come and check on me and I tell them what I've seen." The registered manager told us that a large, raised bird table had been specifically built to enable this person and others to be able to observe the wildlife around the home.

We looked at how the home gained the views of people, visitors and relatives. There were notices around the home which stated, "We'd love to hear your thoughts and

opinions on living here so we can improve the service we provide." The registered manager said that monthly residents and relatives meeting enabled them to engage with people and their friends and relatives in order to seek feedback about the home. They told us that these meetings were based on a cruise ship theme. It also provided people and those important to them with a social opportunity to experience the food and music of the country the imaginary ship had stopped at. For example, the theme for the next meeting was France and would involve cheese and wine tasting as well as French music

People and relatives spoken with during our inspection were positive about the registered manager and felt able to raise any concerns or issues with her. One relative told us, "Overall I'm extremely happy with the standard of care. On the very rare occasion when I've not been so happy I've raised things with the manager and things have been dealt with in a really professional way." We saw that the provider's complaints procedure was displayed around the home. There were no complaints at the time of our inspection. The registered manager informed us that they had received two complaints within the past year. They said the complainants were happy with the way in which their complaints had been investigated and addressed. Our review of records showed that the registered manager had investigated and responded to complaints in accordance with the home's complaints procedure.

Is the service well-led?

Our findings

People, relatives and staff were positive about the registered manager and the way in which she led the service. The registered manager was visible throughout our inspection and spent time interacting with people, visitors and relatives. We saw that she had an open, helpful and caring approach. For example, on seeing visiting relatives passing her office window the registered manager frequently stopped what she was doing in order to greet them and invite them into her office should they have any concerns or questions about their family members care.

Staff told us that it was usual for the registered manager to be so visible. One member of staff commented, “The manager is always out on the floor, she knows what’s going on.” The same member of staff described the registered manager as, “Straightforward and willing to listen.” We received similar positive comments from other members of staff spoken with during our inspection. For example, another member of staff described the registered manager as, “Good and straight to the point. She asks your opinion and listens to what you’ve got to say.” When commenting about the improvements they had seen since the current registered manager had been in post, a third member of staff stated, “The manager has taken Prior Bank to great heights and done a really good job.” A visiting relative described the registered manager as, “An outstanding leader who is firm fair and very professional.”

Members of staff spoken with on the day of our inspection said they felt valued by the registered manager. They also told us that the registered manager acknowledged and praised good practice. For example, one member of staff told us that people had told the registered manager how much they had enjoyed an activity they had organised and commented, “The manager called me into her office and thanked me for what I’d done and told me it was much appreciated.” Members of staff spoken with on the day of our inspection also told us that the registered manager provided feedback as well as supervision sessions should they observe or become aware of any practice which could be improved.

Staff were aware of the provider’s set of values and one member of staff described the registered manager as, “Living the company’s values.” The registered manager told us that the provider’s values and behaviours acted as a guide for staff within the entire organisation. They told us

that these values were embedded and promoted within the organisations processes. For example, values such as being respectful were incorporated into observations of staff practice.

We saw that there was a system in place to continually monitor and assess the quality of care provided at Prior Bank House. The registered manager told us that they and other members of the management team undertook a number of daily, weekly and monthly audits. For example, the housekeeper undertook a range of audits about the prevention and control of infection and the handyman undertook a range of audits about the safety of the premises. The registered manager also told us that a range of spot checks and other checks took place to assess the quality of the service were also undertaken. These included observations of care staff undertaking specific tasks such as administering medication, unannounced night-time checks and a daily ‘walk round’ of the home by the registered manager. The results of the above audits fed into a monthly announced audit visit undertaken by the district manager.

We reviewed a copy of the audit tool provided by the district manager who visited the home on the second day of our inspection. We found that it detailed a number of key areas of the service and enabled the district manager to monitor and identify any particular area of risk. For example, it included data about complaints, safeguarding, medication and staffing hours. The district manager’s visit also included an unannounced themed audit of a particular area of practice each month.

We noted that Prior Bank House communicated information about the service by a regular newsletter and by holding regular resident, family and friends meetings. We reviewed the minutes of the most recent family and friends meetings. We found that people were provided with information about the recruitment of staff and also asked their opinions about the food at Prior Bank House as well as suggestions about activities. The opinions of people and staff were also gained by annual surveys. We saw that the results of these surveys were positive and that an action plan had been developed to respond to any suggestions made within the surveys.

Our review of records and conversations with staff provided evidence that a range of meetings took place to discuss, consult and update staff about the home. For example, we saw that management meetings, care team meetings, night

Is the service well-led?

staff meetings, domestic meetings and kitchen meetings took place throughout the year. Staff told us that they were able to raise issues within these meetings and felt that that their views and contributions were listened to.

Information reviewed prior to and during our inspection showed us that the registered manager submitted statutory notifications about safeguarding alerts and for incidents affecting the service. Records reviewed during our visit demonstrated that these and other concerns were appropriately reported to other agencies, such as the local authority safeguarding team.

During our inspection the registered manager told us about a number of examples of partnership working with other organisations. Our conversations with the registered manager provided evidence that a number of these links supported Prior Bank House to develop and continually improve and deliver high quality, person centred care. For example, the registered manager told us that people, those important to them and staff were currently involved in developing and piloting an electronic care plan in

partnership with the University of Sheffield. Members of staff had also been involved in a Sheffield University research project about dementia and communication difficulties.

During our inspection we also heard about a number of ways in which Prior Bank House had raised awareness about the needs of older people and people living with dementia within and outside of the home. For example, people, those important to them and staff were offered the opportunity to attend an information session about people living with dementia and become a Dementia Friend. The Dementia Friends programme is an initiative run by the Alzheimer's Society and aims to change the way people think, act and talk about dementia. We saw that people living at Prior Bank House had participated in a Dementia Friends session and had written ways in which they could support their fellow residents living with dementia. The registered manager also told us that the home created links with the local community by being involved in the annual National Care Homes Open day and by inviting immediate neighbours to Christmas events and to their summer fayre.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.