

Anchor Carehomes Limited

Dearne Hall

Inspection report

St Andrews Square
Bolton-upon-Dearne
Rotherham
South Yorkshire
S63 8BA

Tel: 01709882090
Website: www.anchor.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 5 and 15 June 2017. The inspection was unannounced. An unannounced inspection is where we visit the service without telling anyone we are visiting. The service were aware we would be attending for a second day, they did not know when.

Dearne Hall is a residential care home registered to accommodate 48 older people. At the time of the inspection 45 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.

The service had a registered manager. 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.

On 5 July 2016 the Care Quality Commission carried out an inspection and found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we checked and found that whilst some improvements had been made, further work was required to fully comply with the regulations.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Systems were in place to manage risks to people and the service to ensure people, others and the environment were safe. The registered provider had not always been effective in managing risks to people, such as people's nutrition, moving and handling and pressure area care.

Health professionals were contacted in relation to people's health care needs such as doctors and community health teams. However, improvement was required to ensure staff carried out any changes that were made and that this was recorded accurately in people's care files.

Improvement was required so that medicines were stored safely and that better systems and processes were in place to monitor the recording and administration of topical medicines.

Information and documents in the recruitment of staff did not include all the required information to support a robust recruitment process.

There were systems in place to assess and monitor the quality of service provided, but these had not always been effective in ensuring compliance with regulations and keeping people safe.

Staffing levels were sufficient to meet people's needs, although some people felt more staff were required as staff were always busy and did not always respond to their needs in the time they felt appropriate.

There was a system in place for staff to receive training and supervision so they had appropriate skills to carry out their roles, but the implementation of the registered provider's annual appraisal procedures required embedding.

There were systems in place to make sure people were protected from abuse and avoidable harm.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. However, we found policies and systems in the service did not always ensure the service complied with the Mental Capacity Act.

Meal times were a positive experience for people, with choices available.

Staff had developed positive relationships with people. They provided not only the physical care people needed, but also considered the quality of life of each individual.

Some people and their families felt there could be more and a better variety of activities.

People and relatives told us staff were caring and treated them or their family member with respect.

People were confident in reporting concerns to the manager and registered provider and felt they would be listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Systems in place to manage risks had not always been effective in regard to people's nutrition, moving and handling, pressure area care and medicines.

Staffing levels were sufficient to meet people's needs, but people felt more staff would provide them with more quality time. Staff recruitment documentation continued not to include all the information required to ensure their suitability to work with vulnerable people.

There were systems in place to make sure people were protected from abuse and avoidable harm.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

There was a system in place for staff to receive training and supervision so they had appropriate skills to carry out their roles. The registered provider's annual appraisal procedure required embedding.

The service did not always have records to demonstrate they were working within the principles of the Mental Capacity Act 2005.

Meal times were a positive experience for people, with choices available for people to maintain a well balanced diet.

Health professionals were contacted in relation to people's health care needs such as doctors and community health teams. Improvements were required to ensure staff always followed advice from healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People told us they were supported by staff members who were

kind, compassionate and knew them well. We saw staff had developed positive, caring relationships with them.

Relatives told us staff were caring towards their family members and treated them with respect.

People told us they were involved in decisions made about their care and support and their privacy and dignity was respected and promoted.

Is the service responsive?

The service was not always responsive.

People did not always receive personalised care in accordance with their plan of care. There were activities available to stimulate people, although people felt this could be improved.

People and relatives told us their experiences were sought, through surveys and resident meetings.

People were confident in reporting concerns to the registered manager and provider, and felt they would be listened to.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

There were systems in place to assess and monitor the quality of service provided, but these had been ineffective in ensuring the required improvements to meet regulations and monitor risk.

Feedback from people, relatives, staff and other stakeholders confirmed there was a positive culture at the home. The registered manager provided opportunities for people, their families and staff to express their opinions about the service.

Requires Improvement ●

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 15 June 2017 and was unannounced. An unannounced inspection is where we visit the service without telling the registered person we are visiting. The service were aware we would be attending for a second day, they did not know when.

The inspection was carried out by 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 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 other information we held about the home. This included the service's inspection history and current registration status, death notifications and other notifications the registered person is required to tell us about. We also reviewed safeguarding information we had received.

We contacted commissioners of the service and Healthwatch to ascertain whether they held any information about the service. 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 used to assist with the planning of our inspection and inform our judgements about the service.

During the inspection we used a number of different methods to help us understand the experiences of people who lived in the home. We spent time observing the daily life in the home including the care and support being delivered. We also 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 spoke with nine people who used the service, four relatives and ten staff, including two deputy managers, a team leader, four care staff, the administrator, the handyperson and the kitchen manager. We also spoke with the registered manager. The district manager and head of service for the registered provider were also present for part of the inspection. We inspected the environment, including communal areas and people's rooms. We looked at a range of records including 12 people's care records, six people's medicine administration records, three people's personal financial transaction records and three staff files. We also looked at a sample of the service's policies and procedures and audit documents, training matrices and service documents.

Is the service safe?

Our findings

On 5 July 2016 the Care Quality Commission carried out an inspection and found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regard to safe care and treatment, properly maintained premises, employment of fit and proper persons and good governance. At this inspection we checked to see if sufficient improvements had been made, to meet regulations.

We checked the systems in place for managing risks to individuals to ensure people and others were safe. We also looked to see if actions identified after the last inspection had been implemented and sustained.

The action plan identified monthly weight trackers had been implemented to be reviewed by the registered manager and that care plans would be updated to evidence risks and reviewed monthly or sooner if required. It stated any referrals or advice received from health professionals would be followed up and documented in the appropriate section of the care plan and risk assessment.

At this inspection we found monthly weight trackers were in place. The registered manager told us information was recorded by deputy managers and they signed to say they had received the information not that they had verified the actions. We found in some cases the action taken was not reflected in people's care plans and risk assessments, and where other changes had been made, this had not been transferred to people's care files. We found similar examples of this in relation to risks around people's mobility and pressure area care. This meant that people were at risk of receiving unsafe care and treatment.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

People's risk assessments had been reviewed and information reported to the registered manager. This was in accordance with the registered provider's monitoring processes and action plan to address the breach of good governance. However, in some cases this had failed to ensure the appropriate monitoring of risks and that complete and accurate records were in place in respect of those risks. The registered provider took action immediately following the inspection to ensure any risks had been addressed and that records were accurate and complete.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

We checked and found the systems in place for managing risks to the service to ensure people and others were safe had improved and now met regulations in accordance with the registered provider's action plan.

Service records, environment checks and care home audits were provided to demonstrate safety checks were carried out. A fire risk assessment had been completed, together with all associated checks for fire maintenance. The fire risk assessment had identified actions were required to ensure people and staff were safe, within required timescales. Since the last inspection, the service had taken action to address those

risks.

An audit of environmental risk had been undertaken, which identified where action was required and an action plan implemented. At the time of this inspection the service had achieved 84%. The audit included risks associated with Control of Substances Hazardous to Health, legionella, scalding risk, carbon monoxide, wheelchairs, call systems, fire safety, falls from height, electricity, gas, equipment and staff training associated with those risks.

We checked that the recruitment of staff was safe and that the service had made improvements in accordance with their action plan.

The registered manager confirmed the recruitment process had changed since our last inspection to include a full employment history covering gaps in employment and references.

We inspected three staff files and found not all the required information as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were in place.

We inspected the registered providers recruitment policy and found it did not include reference to all information required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant staff did not have the correct guidance to follow to appoint staff with all the required information and documents in place. The registered provider was keen to meet regulations and we have liaised with them since the inspection to ensure a swift response.

This meant there was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

The above demonstrates the action plan to improve the system in place to ensure appropriate information was available for staff recruitment had been ineffective to achieve compliance.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

We checked and found that sufficient numbers of suitable staff were available to keep people safe and meet their needs.

Our discussions with people and relatives identified a varying response when we asked if they felt there were sufficient staff to keep them safe and meet their needs. Comments included, "I feel there are enough staff, but they don't have enough time to wait with you and chat", "I think there are enough staff really, you don't have to wait long", "Mostly I think there are enough staff, but in the mornings at breakfast time if someone is late then it's a bit of a problem as there are people in their rooms that need seeing to", "No, not really enough staff. They could do with more. If I say I want a cup of tea, sometimes it takes a while before they are back", "Some of the staff are very good. I shout, I ring the buzzer and sometimes they don't come. I could be dead up here", and, "I don't think there is enough staff really, but I'm happy here and feel safe".

We observed during the inspection that staff were available to meet people's needs, that staff were visible in communal rooms and that call alarms were not ringing for significant periods of time. We saw call alarms were positioned within reach and people were able to use them.

The registered manager provided the staffing tool used to identify the safe number of staffing hours required

by the service. This was identified as 833 hours per week. The registered manager stated they provided in excess of those hours. We inspected the staff rota for the week prior to the inspection and confirmed this to be the case. They also explained they recruited 10% above those hours to allow cover for staff holiday and sickness and other eventualities.

We checked and found people's medicines were managed so they received them safely, but improvements were required with the safe storage of medicines and the recording and administration of topical medicines (such as creams and ointments).

Discussions with staff confirmed those responsible for the management of medicines had received training and had their competency to deal with medicines assessed. This was confirmed when we inspected staff training records. We were also able to observe a member of staff having an induction in relation to medicines management.

We found the key to access rooms where medicines were stored were kept in a key safe. Staff explained this was so other health professionals who were attending to administer medicines to people did not have to wait for staff. We saw during the inspection that staff did not always lock the medicines trolley when administering medicines in the locked room and that other medicines were also available that were not stored in the locked medicines trolley. This meant there was access to medicines by staff for which the registered service had no responsibility for with the potential of medicines being removed or taken, with no audit trail. This was not in accordance with the service's medication policy. Immediately after the inspection the registered provider confirmed they key safes had been removed and visiting professionals no longer had direct access to the room.

We found there were two different processes for the administration of topical medicines. One type were recorded and signed as administered on the medicines administration record and the other on a separate topical medicines record. We found where the responsibility for topical medicines had been delegated to care staff the topical medicines record did not identify how often the medicine needed to be administered. We found gaps in the administration and days where the topical medicine had not been administered in accordance with the prescription label. This meant people were at risk of not receiving their topical medicines as prescribed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

We saw when staff administered medicines they were taken to people directly from the treatment room. This minimised interruptions for the staff member during this time so they could concentrate on getting the medicines for people right. Medicines were placed in individual pots and a drink made available. When staff went to the person to administer their medicines, we saw they greeted the person and observed them while they took their medicines. Staff were patient and caring when administering medicines and this was done in a courteous way. For example, we saw the staff member take one person their medicines. They spoke gently to the person and encouraged them to take their medicine, but they refused by spitting them out. The staff member knew the procedure for disposal of the medicines and explained they would try to administer the medicines again later as often it did take two or three times before the person took them.

When we observed staff administering medicines we saw people's medication administration records (MAR) were signed after the person had taken their medicines. This meant an accurate record was made of the person taking their medicines. However, for people on nutritional supplements the MAR was signed, but we saw people had not taken all of the supplement. A separate record for fluid intake was not maintained,

which meant there was potential of inaccurate recording.

We found people's allergies to medicines were recorded and monitored.

We saw controlled drugs were in use at the service. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are stored and dealt with. We found controlled drugs were dealt with in accordance with the legislation.

We checked and found systems were in place to protect people from harm and abuse.

When we asked people if they felt safe they commented, "It's a very pleasant place. I feel safe, I am safe. I like it. It's not overpowering, it's calm. I like it, I've no complaints at all," "I think its brilliant here. I feel quite safe," "Oh yes I feel safe here. I sleep in a chair sometimes if I want to. I couldn't manage at home any more" and "You must be joking, I'm in bed on my own with the door open and a fella walks in, it's frightening. I understand some are confused, but I can't say I'm settled really". We saw that people were relaxed in the company of staff and there were friendly interactions between them.

There was a system in place to respond to and record safeguarding vulnerable adults concerns. Notifications we received from the service about allegations of abuse, told us those systems were followed in practice.

Staff received training in safeguarding vulnerable adults and were aware of how to raise any safeguarding concerns. They were confident the registered manager would take any concerns seriously and report them to the relevant agencies.

We checked the systems in place for safeguarding people's money and found this protected people from the risks of financial harm. We found individual records were in place, with a running balance of the money people had available. Receipts of financial transactions were in place and were audited to minimise the risk of any errors and protect people from financial abuse.

Is the service effective?

Our findings

We checked and found people received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities, although improvements were required to ensure appraisals were carried out in accordance with the registered provider's processes.

When we spoke with staff they told us the training they received provided them with the skills they needed to do their job. The registered manager was able to provide training statistics that showed the current situation in regard to staff training. The registered manager had the facility to access further details electronically if required, but their knowledge of this required improving. The training statistics confirmed staff had received training relevant to their roles. This included awareness of the safe handling of medicines, the control of infection, dementia awareness, equality and diversity, fire safety and evacuation, and safeguarding adults.

Staff told us they received regular supervision and were given opportunities to discuss any concerns and share information; they said the registered manager was always approachable. Supervision describes planned and recorded sessions between a staff member and their manager. It is an opportunity for staff to discuss their performance, training, well-being and raise any concerns they may have. We were able to confirm from the supervision schedule and inspecting staff files that staff did receive supervision.

Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually annually. These are important in order to ensure staff are adequately supported in their roles. The registered manager told us staff had not received their annual appraisal as the organisation were currently training staff who would carry out those appraisals.

We checked that systems and processes were in place to verify people consented to care and treatment in line with legislation and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 application 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.

There were people at the service who had authorisations that deprived them of their liberty. This showed

that where people were being deprived of their liberty the service had taken the required action.

We did not see people having restrictions placed upon them that had not been authorised as part of the MCA process.

Staff confirmed that they had been provided with training in MCA and DoLS and by discussing examples were able to demonstrate they had some understanding of the principles of the MCA and DoLS and what this meant for people who lived at the home. Comments by staff members included, "You need to assume people have capacity and respect their choices. It's for you to support them and do what is right in the best interest of the person and the least restrictive practice as possible" and "Always assume people have capacity. Support the person to make decisions themselves and if you need to make a decision for them do it in their best interests". Staff in more senior roles were able to describe situations when best interest decisions had been made for people.

When we looked at people's care files they sometimes contained inaccurate information about who had the authority to consent to care or treatment on their behalf and information about any authorisations in place where people's liberty was being restricted. However, we found people's consent to care statements were generic and that consent had not been signed as agreed by the person and/or others after a mental capacity assessment to assess their lack of capacity to consent.

We found inconsistency where best interest decisions had been made when there was no evidence a person had been assessed as lacking capacity in accordance with the mental capacity act principles.

Prior to the last inspection on 5 July 2016 we had received a notification from the service that identified concerns around decision making for a person who used the service. At this inspection we found the learning from that experience had lapsed. This was because the admission assessment for one person identified they had a lasting power of attorney in place in regard to decision making. When we asked staff if this had been verified they did not know. There was no documentation to support the lasting power of attorney and telephone calls to the family during the inspection highlighted that this may not be the case. This meant the learning from the previous incident around decision making placed the service in the same position as previously, where decisions were being made and they were unable to verify who had the lawful authority to make those decisions.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

We checked and found people were supported to maintain a balanced diet.

The dining rooms were comfortable, homely, well used, clean and bright and had sufficient tables for everyone to be seated for meals, if they chose to do so. The rooms were large, airy and pleasant. Tables were set with table cloths, napkins, flower arrangements and crockery.

People told us that the meals were 'OK'. They told us they were able to choose what they wanted to eat and we saw at meal times they were shown the meals on offer. This meant the service had acted on feedback that asking people with dementia to choose a meal the day before was not the best way because of their cognitive impairment. Comments included, "I don't eat much, I don't feel like it, but they try to get me to eat more. I like toasted tea cake and bananas for breakfast and they will always bring it me" and "Meals are not bad, but I don't eat a lot. I have Weetabix for breakfast".

We observed aspects of mealtimes during the inspection. We saw staff served meals to people. The staff chatted with people and people chatted and held conversations with each other, with friendly banter. The atmosphere was relaxed. One person told us how another person sitting next to them had improved over the time they had been at the service and that they were now joining in conversations.

We saw where people required assistance to eat staff sat with them, encouraged them to eat and made polite conversation. The staff were attentive and courteous and offered people a range of drinks and food choices and replenished when people wanted more. We also saw people ate their meal in the way they preferred and for some people this was without the use of cutlery. Lounges had baskets of crisps, a bowl of fruit and fruit juice for people to help themselves to if they wished.

We checked and found that people were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. However, improvements were required to ensure staff acted on this information and the information was accurately recorded in people's care files.

Our discussions with people confirmed they saw a health professional if needed. One person told us of a health condition that was monitored by the hospital on a daily basis using telehealth/telecare. They were delighted with the help and support from the staff to self-monitor and report to the hospital. They said they had felt safe and cared for during a very difficult period in their life.

In contrast we spoke with another person who told us their eyesight had deteriorated and were worried because of a health condition they had and that they had not seen an optician for a long time. We inspected this person's care file and found two health conditions that had the potential to affect the person's sight. The person's communication care plan included for the person to have an annual eye check, but their admission assessment did not include information about when their last eye check had been. There was no specific plan for the management of one of the health conditions directly associated with the person's sight. This meant the person was at risk of receiving unsafe care and treatment.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Is the service caring?

Our findings

We found staff respected people and their privacy and dignity and supported them to express their views and be involved in making decisions about their care, treatment and support.

People and their family members told us staff were kind and caring. Comments included, "I have never seen anyone cheeky. They have a laugh with you. There's nobody bad here", "The care is very good. They are very caring. They look after [relative] very well. I think its excellent here", "They have a laugh with you", "Very caring. Excellent. All the staff are good, some better than others. It makes you feel better", "Staff know me and my wife. They understand the situation", "It's very good. They seem to be very caring. [Relative] appreciates the furniture and decorations, they are very well co-ordinated and nice colours and [relative] says how nicely decorated it is, but wouldn't do for them as it's no good for coal dust! [Relative] is always dressed lovely, which is nice as they were very smart" and "Staff are caring, yes and respectful, like when I have my shower they take care of me".

Information about what dignity means and how staff might treat people with dignity was displayed in the entrance hall for people and others to see. It identified dignity 'do's', 'the dignity tree' and 'person centred values'.

We saw in the different lounges information for people and their family members about which staff were on duty, the day and the date. This showed the service had considered that some people may need prompting with this information.

We saw staff knew the best ways to communicate with people. For example, staff knelt down beside people before speaking with them, so that people were more able to see and hear what was being said. Staff approached people in a casual way, knowing people's names and having some shared history with them as well as knowing what their likes and dislikes were. People were relaxed in the company of staff and the relationship between them was friendly and open. We observed staff communicated with people in a kind manner, smiling and taking time to listen to what they wanted to say. One member of staff took a lady a cup of tea and spoke with her whilst ensuring she was able to reach and get her tea. On one occasion a member of staff said to someone who used the service, "What a lovely smile you have". The person responded and laughed saying, "Well at least I have something!"

Staff we spoke with were able to describe how they maintained people's dignity and respect and gave examples of how they would implement this. This included practice such as ensuring personal care was provided discreetly and maintaining people's privacy.

When we spoke with staff about what motivated them to care or what it meant to care they said, "Treat residents as family and build up a good rapport with them" and "I love it. I love doing care. I like to make it fun. If I make someone smile, it makes my day". We saw a comment by a health professional in the services feedback book that said, 'Friendly staff, very caring attitude. A credit to Barnsley'. We saw that private information about people was locked away to maintain their confidentiality.

The registered manager told us the majority of people had support from family and friends and did not use any formal advocates, but if people wanted this or if decisions required to be made where they lacked capacity they said they would facilitate this. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options. Advocacy information was available for people and their family members in the entrance corridor of the home.

Is the service responsive?

Our findings

We checked to see if people received personalised care that was responsive to their needs.

In our conversations with people they indicated they were well cared for and they felt staff were responsive to their needs. This was also confirmed by people's family members. This was summed up by one person who said, "It's a decent place, because you are well looked after".

Another person described they now went out on their own to the post office to draw their pension. They said, "The first time I asked they told me a member of staff would come with me as I was unsteady on my feet, but now I tell them as they have to let me out, as the doors are locked and then they look out for me coming back".

When we spoke with staff they were able to describe how they responded to people's needs. We found this did not always match information in the person's care plan. For example, one person's care plan identified they preferred to eat their meal in the lounge. We saw they were being assisted to eat in bed. Their plan also identified they were able to mobilise when in fact we were told by some staff they were being cared for in bed, because of risks presented that had been assessed by a health professional. Other staff told us the person had a shower. On investigation the health professional's advice did not include assessment for them having a shower. When we discussed this with staff they accounted for this by saying the information had not been shared with them and it might have changed because they had not been at work. This meant the system for sharing people's changing needs so that staff responded in accordance with the care plan required improvement.

We saw people kept in touch with families and friends. There were many visitors during the inspection.

The environment had 'themed areas' and 'reminiscence areas' to aid engagement with people and rummage boxes were available to provide therapeutic interventions with people. A rummage box is a means of tapping into memories from the past and helps people with dementia feel empowered and secure in familiarity.

The registered manager and staff told us she was responsible for providing activities and therapeutic stimulation for people. Our discussions with people and their families told us they felt activities for people could be improved. People we spoke with said that they enjoyed the external activities when they were arranged such as singers, musicians and a male choir.

We saw the activities board showed daily activities and we observed one member of staff in the lounge trying to organise a game of 'hangman'. They pulled up a white board and started the game with three people. The staff member was not focused on the activity and left a couple of times to attend to other duties. One person who had been involved with the activity later told us "If there's one thing lacking here it is entertainment. That game I was playing this morning, only three of us could play, so what happens to the rest". Another person said, "There's not a lot to do during the day". One relative said, "I think there should be

more funding for outside trips".

The service's survey report supported what people had told us with comments including, "[My relative] has only been on one outing in 15 months. More outings are required", "I have had concerns over staff moral and lack of activities since Anchor took over the home. The staff seem to have responded positively to my comments about this and improved their interaction with residents recently", "More activities could take place on the dementia floor, but lack of funding doesn't help staff" and "Trips out of the home".

We did see that staff engaged people on an individual basis to encourage them with therapeutic activity. However, we saw that once the person began to show interest they left them, which meant the person lost interest and became withdrawn or shut their eyes again. During the inspection we heard music playing at different points during the day. We also saw care staff singing and dancing on a couple of occasions with people. Two people were also playing a game of dominoes. On one of the afternoons when we sat in one of the lounges a film was playing on the television. No-one was watching the film, but during it one person began singing along to one of the tunes. In another lounge we saw that staff put on a film that was requested by a person who used the service.

During our SOFI observation, which lasted for an hour we observed 13 interactions from staff with people. Whilst we did not see any poor interactions, eight of the interactions did not improve the person's wellbeing. For example, assisting a person to transfer to their wheelchair, checking a person was comfortable and singing, touching the person as they were going by.

A person we spoke with told us there were meetings and the last one focused on menus. We saw this when we reviewed a resident and relatives meeting minutes. In addition we saw plans were being followed to introduce a 'committee' to discuss how funds raised for residents were to be spent and for this to be managed by residents and relatives themselves. We also saw activities were discussed at resident and relative meetings. We saw where ideas had been suggested these were implemented. For example, one person had requested to go to a garden centre and the home had facilitated this. This meant people and relatives were provided with an opportunity to express their opinions in the running of the service.

We checked how the service listened and learnt from people's experiences, concerns and complaints. We saw there was a complaints policy/procedure in place and that this was publicly displayed in the corridor areas of the home. People and relatives said that they would be able to complain if they needed to. No-one was able to give any examples as they said that they were happy with the service. One person told us the registered manager had told him that this was their home, you pay our wages, if you need anything or are not happy you must say and that he was pleased with that comment. Another person said, "If I had a problem I would speak to someone or speak to my daughter".

The registered manager provided a record of complaints that had been made to the service. The record for 2017 only identified one complaint. There was evidence the complaint was acknowledged and a response of the investigation and outcome sent to the complainant. The record lacked detail about the full information about the complaint or where this information was recorded. We found that action from the complaint to improve practice and staff's knowledge and skills had been carried out.

Is the service well-led?

Our findings

We checked the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering. The registered provider, Anchor Carehomes Limited is part of the wider Anchor brand. Under this legal entity the registered provider has 24 locations. At the time of this inspection, eleven were rated good, thirteen requires improvement and one inadequate.

It is a requirement for all organisations regulated by the Care Quality Commission (CQC) to have a statement of purpose. This is a document which describes what the service does, where it is provided and the people who might be eligible to use the service. We saw the service had a Statement of Purpose. The statement of purpose required review to include where documents, such as inspection reports from CQC could be sent. The district manager sought advice and took action to resolve this.

It is a condition of the registered provider's registration that they have a registered manager in place. The service had registered the manager since the last inspection.

It is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that a service displays their most recent rating on their premises and on every website maintained by or on behalf of any service provider. The ratings were displayed on the provider's website and at the service as required.

Discussions with people, relatives and staff confirmed they were aware of who the registered manager was. Comments included, "I think the leadership is good. I used to be a manager so I have an idea. I think the staff respect the manager. I have never seen any fallout between the staff. I think they get on together quite well", "I think the care home is excellent. I've had a questionnaire once I think, but they get things done", "I like it. I think it's a good home. We're a good team. [The manager] knows what she's doing. She does things correctly. She's open and transparent, I've no problems", "I love it, it's a nice place to work, because everyone's not moaning. [The manager] is very approachable" and "I think it's well managed. I've not asked, but I'm not bothered".

We found the leadership and staff team were helpful and open when we asked them for information about the home. The registered provider had a quality assurance system in place, with key milestones and quality measures identified. This included, the statement of purpose, and other audits and checks to ensure an identified quality and safe service was provided.

There was a monthly district manager visit to monitor the quality of the service provided. These included operational observations, under a set of identified criteria, with some mirroring of CQC's key question areas. Any action required was identified in an action plan at the end of the report, including who it had to be completed by and when. There was a further column to be completed when the action had been completed. We checked the last two months district manager reports and found the action to be taken was monitored, with this being addressed further if the action had not been completed.

We found staff meetings had been held, which meant staff were provided with an opportunity to share their views about the care provided. Staff we spoke with stated they were able to voice their opinions about the service at those meetings.

We also saw that staff were provided with an opportunity to have their say about the organisation via a staff survey. The results identified less satisfaction than the previous year and were not reflective of the overall result from care homes within the group. This included comments about recommending Anchor as a great place to work, feeling valued and recognised by Anchor, overall pace of change and whether it is safe to speak up and challenge the way things are done in Anchor. The survey identified being part of Anchor was what required improvement, but key strengths were senior management and customer focus. There was no action plan attached to the survey. When we spoke with managers about this they told us the survey had been carried out at the end of 2016, so the service were six months on, but the results had only been received last week. After the inspection the district manager submitted an action plan to CQC about how they were going to address the outcome of the survey.

The service carried out surveys with people and their families to assess the quality of the service. We saw that information was displayed about what people and families had said and what the service had done in response. We saw the results for the 2016 survey identified 100% of people and their relatives were happy living at the home and satisfied with the overall standard of care. Comments included, "Excellent home. You should be very proud of all the staff. So pleased we chose this home for mum", "Dearne Hall is very warm and welcoming in atmosphere. The staff are cheerful and extremely kind in their handling of residents. Extremely pleased with the care of [relative] and could not wish for better" and "This home is superior to any I've lived in".

Whilst quality assurance systems and processes were in place we found they had not always been effective in ensuring risks relating to the health, safety and welfare of people were appropriately monitored with action taken with supporting complete and accurate records. Also the improvements that had been made had been insufficient to drive improvement so that all regulations were met, in accordance with the registered provider's action plan. For example, people's nutrition, moving and handling, pressure area relief, monitoring of health conditions, medicine storage, ensuring documents and records support decision making when a person lacks capacity and ensuring all the required information is available for staff recruited.

This is continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance

During and after the inspection the district manager updated us with the actions taken in response to our feedback. This shows the registered provider demonstrated commitment to meeting regulations.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed All information specified in Schedule 3 was not available in relation to each person employed.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not always effective in ensuring compliance with the regulations.

The enforcement action we took:

Warning Notice