

Mr. Malcolm Haigh

Anley Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Anley Hall is registered to provide nursing care for up to 54 people, some of who may suffer from memory impairment, dementia, a physical disability or be terminally ill. The service is divided into two separate units; one is specifically used for people who are living with dementia. The service is a stone built country house, previously a private dwelling and is situated in a rural setting on the outskirts of the market town of Settle in the Yorkshire Dales. There are communal areas for dining and relaxation. Car parking is available in the grounds. On the day of our inspection 46 people were living in the service.

This comprehensive inspection took place on 16 August 2017 and was unannounced. At the last comprehensive inspection in May 2015, the service was rated Good. At this inspection we found the service remained Good.

The service was safe. Care staff had received training to ensure they knew how to recognise and report potential abuse. Risks to people were identified and these were monitored to enable trends to be identified and plans developed to help manage these from reoccurring. There were sufficient numbers of care staff available to meet people's needs. Medicines were managed in a safe way and checks were carried out to ensure care staff were competent to administer people's medication.

The service was effective. Care staff were provided with a range of training, and development opportunities to enable them to effectively support people's needs. Whilst staff had not always received regular professional supervision, plans were in place to address this in the future. People were assisted to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. A variety of food and drinks were provided to enable people to have choices about their meals to ensure their nutritional needs were appropriately supported and maintained. People's medical needs were supported with input from relevant health care professionals when this was required.

The service was caring. People were treated with dignity and respect by care staff who provided their support in a caring, kind and compassionate manner. People and their relatives were included in decisions about the way their support was provided. People were able to live their lives how they chose, although some relatives wished care staff would spend more time engaging with people.

The service was responsive. People received their support in an individualised way, which was personalised to meet their needs. A variety of opportunities were provided for people to enable them to have meaningful social interaction and reduce potential risks of social isolation. People's care plans were evaluated and reviewed to ensure they accurately reflected their wishes and preferences. People were happy with the service delivered and were able to raise their concerns and have these investigated and where possible resolved.

The service was well-led. The service had an open and inclusive culture and people, their relatives and staff were positive about the way it was managed. People's opinions and views about the service were valued and considered to enable the service to learn and develop. A range of systems were available to enable the quality of service people received to be assessed and monitored to help the service to continually improve.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Anley Hall Nursing Home

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 comprehensive inspection took place on 16 August 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting. The inspection team consisted of one adult social care inspector, a specialist advisor with experience of dementia nursing and end of life care and an expert by experience who also had experience of dementia care and social care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our pre inspection process we contacted the local authority safeguarding and contracting teams to obtain their views about the service. We also looked at the information we hold about the registered provider, including people's feedback and notifications of significant events affecting the service. We looked at the Provider Information Return (PIR). This is a form we ask the registered provider to give key information about the service, what the service does well and what improvements they plan to make.

During our inspection we observed how staff interacted with people and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with 10 people who used the service, seven visiting relatives, four members of care staff, a training coordinator, an activity coordinator, a quality manager, the registered manager, an administrator and two members of ancillary staff. We spoke with an external training assessor who was visiting and also contacted a local GP in order to obtain their views about the level of service provided.

We looked at the care files belonging to four people who used the service, four staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information about staff rotas, meeting minutes, incident reports, recruitment information and quality

assurance audits. We also undertook a tour of the building.

Is the service safe?

Our findings

At our last inspection we found the service was safe. At this inspection we found the service continued to be safe.

People who used the service were protected from risk of abuse and avoidable harm. People told us they felt comfortable and safe and liked the staff and trusted their skills. One person told us, "I definitely feel safe and have never felt otherwise. I can lock my bedroom door if I want." Another person commented, "I am not worried about my safety at all."

Visiting relatives told us they felt the service was safe. Their comments included, "Staff look after them well", "We feel they are safe because there's 24-hour nursing, which is what they need", "Care staff respond quickly to take them to the toilet and get the nurse when needed. They got the doctor out to [name of person] last week" and, "I can put my head on the pillow at night and know they're well looked after."

Care staff had been safely recruited, with relevant checks carried out to ensure they did not pose an identified risk to people who used the service. Care staff had been provided with training on the protection of vulnerable adults to ensure they knew how to recognise and report incidents of potential abuse. Care staff had confidence the manager would take appropriate action to follow up safeguarding concerns. There was evidence the manager checked nurses had a valid registration with the Nursing and Midwifery Council on a monthly basis and had instigated use of disciplinary measures when this was required.

The service encouraged people to make decisions and choices about their lives and a positive approach to risk management was adopted to ensure people were kept safe from potential harm. Incidents and accidents were regularly monitored and investigated to enable the service to identify potential themes and take action to minimise them from reoccurring again. Regular checks were completed to ensure the environment and equipment was well maintained. We found a robust approach to the upkeep of the building and saw that contracts were in place with suppliers of equipment, together with up to date certificates for utilities such as gas and electricity and that fire equipment was appropriately maintained. There was evidence of investment in the service with a new call bell monitoring system installed and new decking laid outside.

Systems were in place to ensure people's medicines were managed safely. Care staff had completed medicines management training and had their competencies to administer medicines regularly checked. A new computerised medicines management system had been implemented with checks carried out by the supplying pharmacy to ensure this was used correctly. We saw Medication Administration Records (MARs) had been accurately completed and that medicines were audited on a monthly basis to ensure potential errors were highlighted and actions taken to minimise future reoccurrences. We found that some people received their medicine covertly and recommend that where covert medication is administered to people, this process is reviewed monthly to ensure it is still appropriate for meeting their needs.

There were sufficient numbers of care staff available to meet people's needs. We found staffing levels were assessed on an on-going basis using a dependency tool, according to people's individual needs to ensure there were sufficient numbers of them available. We observed care staff worked well as a team and saw they interacted positively with people who used the service. We found care staff responded to people's requests in a friendly and timely manner to ensure their needs were appropriately met.

We observed domestic staff working hard to ensure the building was kept clean and hygienic. People told us, "The cleaners are good", "They keep my bedroom very clean", "They are always going round painting, cleaning, shampooing carpets", "The laundry is done and returned on the same day most of the time."

Is the service effective?

Our findings

At our last inspection we found the service was effective. At this inspection we found the home continued to provide an effective service.

People who used the service were positive about the care and support they received and felt their quality of life had improved since they moved into the service. People told us they were provided with a range of choices, to ensure their wishes and personal preferences were respected. People told us care staff were, "Very competent" and carried out their work in a professional and friendly way. A relative commented, "They [care staff] are brilliant and well trained, they know how to work with people."

One person told us, "I go to bed when I want and have breakfast in bed. I have a bacon sandwich, which is delicious." They went on to say, "I used to have a bath once a week but then noticed another resident had a bath twice a week. I asked and they said I could have a bath every day if I wanted. I now have a bath on a Sunday and Wednesday, it's my choice."

People told us care staff promoted their health and wellbeing positively. One person told us, "When you're feeling a bit off they know and they ask you how you are. They care." Another person said, "I had a headache in the middle of the night and I didn't like to ring the buzzer, I told them in the morning and they said I must ring the buzzer if I need help in the night, which I do now." Another person commented, "I had a health complaint and I talked to the nurse about it and they arranged for the doctor to come and I went to hospital."

There was evidence care staff were provided with a range of training to ensure they had the skills needed to effectively carry out their roles. We saw this included training on people's specialist needs, together with participation on nationally recognised courses to help them develop their careers. An external training assessor who was visiting told us, "Care staff have a good level of understanding and knowledge of issues. The current staff group show motivation and really want to learn and research their work well."

We found care staff received appraisals and opportunities for professional supervision to ensure they understood their responsibilities and knew what was expected of them. The manager acknowledged the programme for this had not always been implemented as regularly as they would wish but told us they had plans to address this in the future. However care staff told us they felt supported by the service.

Care staff demonstrated a sound understanding of their duty to promote people's health and wellbeing. We found training on the Mental Capacity Act (MCA) 2005 had been provided to ensure care staff knew how to appropriately uphold people's human rights. People told us care staff involved them in decisions about their support and ensure they were in agreement with any care interventions that were carried out. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the registered

manager had submitted DoLS applications where required and maintained records for when these needed to be renewed. We saw an Independent Mental Capacity Advocate had been involved with people when this was required.

There was evidence people's nutritional and hydration needs were appropriately supported and encouraged to maintain a healthy and balanced diet. People were positive about the quality of the food that was served. People told us they enjoyed their meals and their visiting relatives advised they were invited to join their relations for meals if this was required. One person told us, "We get a choice of two meals at lunchtime, you can't fault it, if you don't like the meals you can have something different." Another person commented, "The food's always really good, I enjoyed the Brussels sprouts today." A relative told us, "They invited me to have Christmas dinner, the food and settings were top notch." Arrangements were in place to ensure people's dietary intake was appropriately monitored with involvement from community specialists when needed, such as dieticians or Speech and Language Therapists (SALT) where people had difficulties with swallowing. We observed there was a delay in providing some people with their meals during the lunch time period. The manager told us they were aware of this shortfall and advised this was due to a new cook who had started that day.

People's had access to healthcare services and received on-going healthcare support. People's care records contained evidence of consultation with a range of medical professionals together with close monitoring of their medical conditions and visits from professionals arranged promptly when needed. A local GP told us they visited the service weekly basis and had confidence in the arrangements in the home. They told us, "Overall I think Anley Hall is currently providing very good care for its residents and relatives. I think they are thoughtful and caring to individual patients and their needs. They have stability in the senior nursing team and (have) some very competent carers. They are very sensitive in providing end of life care and relatives often comment how good the staff have been at this difficult time."

We observed people's specialist needs had been considered and that signage was available to help people orientate themselves around the building. The manager told us they were looking to improve the environment within the dementia unit to make it more homely and more environmentally friendly to those living with dementia. They told us validation training about this was to be rolled out to all staff. We recommend the use of a specialist audit of the home environment, involving people who use the service, staff and relatives to make recommendations for any changes to be made.

Is the service caring?

Our findings

At our last inspection we found the service was caring. At this inspection we found the home continued to provide a caring service.

People who used the service and their relatives told us care staff showed consideration for their individual needs and ensured people's personal dignity and wishes were respected. We found evidence of an inclusive and welcoming culture within the service and found that relatives were encouraged to visit and take part in the life of the service. One person told us, "They are very caring. They sorted a new bed and put up new shelving for me and gave us personalised presents at Christmas that met our interests." A visiting relative commented, "They let me use the hairdressers room (for free) for me to do mum's hair."

Speaking about the staff approach one person told us, "When I first came, I was very lonely. A carer invited me to their house for a couple of meals, which helped me feel more settled and relaxed. I've made friends and like it here now".

People's comments included, "I can't speak highly enough of [Name of nurse], the others are good", "They're really caring with the dementia patients; they take them where they want to go."

We observed care staff interacted with people in a compassionate manner and engaged with them in a friendly way. We observed care staff showed a positive regard for what mattered and was important to people and saw they communicated with them in sensitive way. We saw care staff providing reassurance and encouragement to maximise people's independence. Speaking about this a relative commented, "They have done an absolute marvel with [Name of person], they have promoted their independence which has improved since they moved in to the home."

Visiting relatives were positive about the attitudes and behaviours displayed by care staff. Their comments included, "I don't think there's a member of staff that's not caring", "Staff are always very friendly and helpful. They have the right people who respect people, they're patient and listen" and, "Really nice staff, can't fault them at all." A local GP told us, "Staff are very sensitive in providing end of life care and relatives often comment how good the staff have been at this difficult time."

Information in people's care records contained details about their personal preferences to help care staff support their wishes and aspirations. People told us care staff involved them in choices about the delivery of their support and promoted their dignity and wishes for privacy.

People told us they able to make their own decisions and that care staff consulted them about this. One person told us, "It's not regimented; care staff ask us what time do we want to get up and we can have a lie in if we want." Another person told us, "I asked for my shower before breakfast, which I get. They [care staff] treat me very good." Another person said, "Today I had a bath. They wash my hair, dry me and help get me dressed. They are very respectful and maintain my privacy; they are very gentle with me."

Speaking about the promotion of people's dignity and how it had improved, a member of care staff told us, "They were cutting residents nails in the lounge when I first came, so I talked to [Name of quality assurance manager] and this is now done in people's bedrooms." This also helped to ensure people's privacy was respected.

Information about the use of advocacy services was available to help people have access to independent sources of advice when this was required. We found that details about people were securely maintained and we observed care staff respected their wishes for confidentiality and did not disclose this to people that did not need to know.

Is the service responsive?

Our findings

At our last inspection of the service we found the service was responsive. At this inspection we found the service continued to be responsive to people's needs.

People who used the service confirmed they were involved in making decisions about their lives and their support, to ensure it was personalised for meeting their individual needs. People and their relatives told us they had no complaints and were happy with the way support was provided.

People told us a range of activities were provided for them to participate in to ensure their wellbeing was promoted. One person told us, "I had a game of Ludo the other day and on Friday about six of us are going to the theatre to see 'Alice through the Looking Glass'; we go out for rides in the minibus." Another person told us, "I often go and sit in the garden, it's nice and peaceful."

Relatives advised they were included in events and activities that took place. One relative commented, "They have singers in, games, art work, flower arranging, baking, quizzes and making Easter hats. They make things for Christmas and have coffee mornings with a family and residents meeting at the end of the morning." Another relative stated, "We asked if we could do 'egg rolling' (a long-standing local tradition) outside on Easter Monday and we had 24 family members come into the garden and we had a Jacobs Join in meal in the sun" and another said, "The open day was a really good do, they put a huge effort into that for both children and adults."

One relative however told us, "We would like carers to spend more time just chatting with [Name of person] some do it (only) very occasionally." We spoke with the manager about this and they advised they were aware of this issue and had plans to address this issue with care staff by additional training to help them feel more confident in their skills.

There was evidence in people's care records of information and a range of assessments and care plans about their needs, to help care staff support their individual wishes and aspirations. We found people's care plans were evaluated and updated on a regular basis and found that people and their relatives were involved and included in this process. Relatives told us care staff communicated with them well about changes in people's conditions when this was required. One told us, "They rang us in the night (which is what we wanted) as [Name of person] had a breathing problem and care staff had arranged an ambulance and we followed them down to the hospital."

We found people had opportunities for social interaction that included one to one time with staff. Since our last inspection the manager had involved a community organisation known as Pioneer Projects to help develop the provision of creative activities for people, as part of local initiative known as the 'Bridging the Gap' project. The coordinator for this project commented the manager had been supportive of the project and found them to be approachable and keen to engage with their work. They said, "Care have been fully engaged and particularly involve themselves with the movement sessions."

On the afternoon of our inspection an external entertainer was providing a musical session of popular songs from the 1950's and 1960's. We observed people happily joining in; playing various instruments and getting up to dance and sing along with friendly encouragement from care staff. We saw a programme of activities was available, together with a newsletter that advertised past and forthcoming events. We saw this had included a 1960s day, a tea dance in Skipton, a themed Greek day and events that were planned involving a bus trip to Ribbleshead at people's request, a visit from a pet therapy group, visits from entertainers and religious organisations to ensure people's spiritual needs were promoted. Throughout our inspection we observed there was a calm and supportive atmosphere throughout the service and saw people appeared to be relaxed and contented.

There was a complaints policy in place to ensure people's concerns could be listened to and addressed. People and their relatives told us knew how to make a complaint and had confidence these would be followed up when required, in line with the registered provider's policy for this. We saw evidence people's complaints had been investigated and an outcome from these provided. People and their relatives told us they were happy with the way their requests and suggestions were acted on. Relative comments included, "They (management) always respond and if something can't happen, they will always say why", "We asked staff to put [Name of person] in a wheelchair and now we can take her round the garden", "We felt [Name of person] was putting on weight and the home took it on board, for example they modified their diet ", "[Name of person] had a bed bath but they did not return her buzzer to her afterwards, management apologised profusely afterwards and said that they would talk to staff to ensure it wouldn't happen again", "Not had any concerns or complaints" and, "No complaints at all, I think they think they're in a hotel."

Is the service well-led?

Our findings

At our last inspection of the service we found the service was well led. At this inspection we found the service continued to be well led.

People who used the service and their visiting relatives said they had confidence in management and felt the service was well-led. One person commented, "I have never regretted moving in, as far as I'm concerned it's my home now." Another person told us "Overall I am very happy."

A relative told us, "We can go and talk to [Name of manager] or [Name of quality assurance manager.] We feel comfortable talking to them, or any member of staff, they listen to things we say." Another commented, "People [care staff] are all approachable", whilst speaking about their member of family another relative rhetorically stated, "Would I move them? No, not at all."

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

The manager had a wealth of knowledge and experience to manage the home and took their role seriously. The manager told us they carried out unannounced visits at night to ensure the health, safety and welfare of people was promoted. There was evidence the manager understood their responsibilities to make statutory notifications about significant events that occurred to the CQC when this was required. We found they worked with and welcomed the involvement of care home improvement initiatives, such as the local authority quality review team and the 'Bridging the Gap project' to support the design and delivery of creative activities for older people.

There were a range of systems and procedures in place to enable the quality of provision to be monitored and assessed. The manager was supported by a quality assurance manager, together with an administrator to help ensure the service was effectively run. We saw a range of audits and checks of different elements of the service were regularly carried out together with action plans address shortfalls where these were noted to help the service develop and learn.

We found the service had a positive and inclusive ethos that welcomed the involvement of staff and people who used the service. Care staff told us they enjoyed their work and said the manager was supportive of them and encouraged them to question their attitudes, values and behaviours and helped to develop their skills. One member of care staff told us, "It's a really nice place to work, I look forward to coming in." Another commented, "We have staff meetings when they take our suggestions on board, like changing the meal times and providing use of coloured plates to help people recognise their food, which encourages them to eat."

Care staff told us that feedback about their work was provided to them in a constructive way and that they had supervision meetings with senior staff to enable them to be clear about what was expected of them and be sure about their roles. The manager acknowledged these supervision meetings had not occurred as regularly as they would like, but had plans to develop these. We found care staff were valued by the service and that a recognition scheme had been recently developed to celebrate positive contributions from them with monthly awards.

We saw a range of surveys had been issued to people, their relatives, professionals and staff to enable them to provide feedback about the service. The manager told us that due to low involvement from relatives, they had combined relative meetings with monthly coffee mornings to enable them to participate and provide input on developments to help the service continually improve.