

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 

Overall summary

This inspection took place on 14 May 2015 and was unannounced. We last inspected this service on 3 November 2014 where we found breaches relating to care and welfare; quality assurance; infection control; nutrition and hydration; premises maintenance and staff training and support. We used our enforcement powers and issued a notice to the provider. We also asked the provider to take action to make improvements to the shortfalls identified in November 2014. The provider sent us an action plan telling us about the actions to be taken and that the improvements would be completed by 28 February 2015.

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 home is divided into two separate units; one is specifically used for people who are living with dementia. The home 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 35 people were living in the home.

Summary of findings

There was no registered manager at this service but there was a manager in post who had started the process of applying to be a registered manager with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the service had made major improvements in all the key areas we looked at. For example, staff understood what it meant to keep people safe and we saw that they had been trained in safeguarding adults. Handover information had improved between shift changes which provided clear information to ensure people's care needs were more effectively communicated. Staff had been recruited safely.

Care records had been improved to ensure more detailed and accurate information for staff to be able to support people's needs safely.

The risk of infection was minimised for people who used the service because staff were using appropriate measures to monitor and clean the service.

Staff administered medicines safely and in line with the prescribers instructions.

The service had carried out maintenance and redecoration around the premises to improve the overall environment.

Staff knew the people they cared for and were well trained in areas relating to the people living at Anley Hall.

Strong teamwork with a more stable staff team enabled staff to work together to support people's needs. People gave positive feedback about the service and how it had improved over recent months. Staff worked within the principles of the Mental Capacity Act 2005.

The service was caring. From our observations during the day we saw that staff knew people well. We noted staff approached and spoke with people in a kind and respectful way. People's dignity and rights were promoted and staff empowered people to maintain their independence, be involved in their own care and contribute to the running of the home. Staff were at times task orientated, but the majority of interactions we witnessed were friendly, supportive and compassionate.

People were offered the opportunities to join in with activities throughout the day and staff were proactive in their efforts to minimise the risk of social isolation for some people who chose to spend time in their bedrooms or were being looked after in bed.

There was a new quality assurance system in place which used audits in each area of the service so that there was a consistent approach to maintain and improvement standards in the home.

There was an improvement in staff morale and staff reported a more cohesive way of working to help drive improvement. They also felt positive about the future of Anley Hall and paid tribute to how the new manager had embraced the leadership and guidance role and worked with staff to make sure the service was meeting peoples needs.

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?

This service was safe.

Staff understood what it meant to keep people safe and we saw that they had been trained in safeguarding adults. Staff had been recruited safely.

The risk of infection was minimised for people who used the service because staff were using appropriate measures to monitor and clean the service.

Staff administered medicines safely and in line with the prescribers instructions.

Staffing levels were sufficient to offer support for people's emotional and physical needs. There was a more consistent staff team which meant staff had a better understanding of people's individual needs to be able to manage their care safely.

Staff were confident in their knowledge of how to ensure people were safeguarded against possible abuse.

Good



Is the service effective?

This service was effective.

The service had carried out maintenance and redecoration around the premises to improve the overall environment.

Staff knew the people they cared for and were well trained in areas relating to people living at Anley Hall.

Staff worked within the principles of the Mental Capacity Act 2005. They had received some basic training. Staff were aware of how to apply for an authorisation for a person to be deprived of their liberty lawfully.

People were given choices in the way they lived their lives and their consent was sought in line with legislation and guidance. The manager was working with the local authority to process DoLS applications for people in the home.

Staff had regular access to relevant training to enhance their skills and knowledge. Staff had regular supervision meetings to support them in their work and provide guidance about caring for people's needs.

Good



Is the service caring?

The service was caring.

From our observations during the day we saw that staff knew people well. We saw that staff approached and spoke with people in a kind and respectful way. Staff interactions we witnessed were friendly, supportive and compassionate. Staff promoted positive caring relationships with people and they were patient and respectful when dealing with people who used the service.

Good



Summary of findings

Staff took time to listen actively to people and value their point of view. Staff had an increased awareness of people's individual social histories and this enabled them to engage with people in a meaningful way.

Staff knocked on people's doors before entering.

Is the service responsive?

This service was responsive.

People were offered the opportunities to join in with activities throughout the day and staff were proactive in their efforts to minimise the risk of social isolation for some people who chose to spend time in their bedrooms or were being looked after in bed.

Improvements to people's individual care records meant information was more clearly documented for staff to provide personalised care. People's care and support needs had been assessed before they moved into the service.

There was a complaints policy and procedure which staff had followed when responding to formal complaints.

People and their relatives had improved access to information about how to raise concerns and give feedback about the service.

Good



Is the service well-led?

The service was well led.

There was a manager in post but they were not yet registered with CQC. However, their application to register had been received by us and their registration was being considered.

The management team had identified areas needing further improvement and had developed an action plan. This had been shared with the local authority who were supporting further admissions to the service following a period of suspension.

Improved systems were in place within the service to regularly monitor and review the quality of the service. The manager was supported by the provider, was visible in the service and knew the needs of the people in the home.

There was an improvement in staff morale and staff reported a more cohesive way of working to help drive improvement. They also felt positive about the future of Anley Hall and paid tribute to how the new manager had embraced the leadership and guidance role and worked with staff to make sure the service was meeting people's needs.

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 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 review the rating for the service under the Care Act 2014.

This inspection took place on 14 May 2015 and was unannounced.

The inspection team was made up of one inspector, a specialist advisor, who had 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.

Before the inspection we looked at all the notifications and contacts we had received from or about the service. We spoke with the local authority contracting and quality assurance officer for this service. We had not sent the

provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

During the inspection we looked at eight care and support plans, reviewed three staff recruitment files and training records, 15 medication administration records, observed practice throughout the day and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to talk with us.

We observed how medicine was managed and observed a lunchtime period in two dining rooms. We analysed staff rotas for the previous six weeks, audits since January 2015, accident and incident reports and other documents which related to the running of the service. We carried out a tour of the premises with the maintenance worker.

We spoke with a number of staff during the visit, including the manager, the provider, a specialist dementia consultant, the activities coordinator, three care assistants, the maintenance worker, the cook and a registered nurse (clinical lead.) We also spoke with 12 people who used the service and observed a further five people in the communal area and one person in their bedroom whilst they were being supported to eat their meal.

Is the service safe?

Our findings

This inspection took place on 14 May 2015 and was unannounced. We last inspected this service on 3 November 2014 where we found breaches of Regulations 9 (health and welfare), 10 (quality assurance), 12 (cleanliness), 14 (nutrition and hydration), 15 (maintenance of premises) and 22 (staffing). This was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. In April 2015 the regulations were replaced by a new set, namely the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. So the previous breaches correspond to Regulations 9, 14, 15, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to the serious nature of the shortfalls we found at the previous inspection in November 2014 and because some of these breaches were outstanding from an inspection in June 2014, we used our enforcement powers and issued a notice to the provider. At this inspection we found that improvements had been made throughout the home and all previous breaches had been addressed.

When asked, people who used the service told us they felt they were safe. One person told us, "They check me at night. I feel safe knowing staff are around." Another person said, "I am safe and sound here." One person told us, "If you want me to give you a mark then it has to be 10/10 for this place and the staff."

Staff were confident about the signs of possible abuse and they described the process they would follow to ensure people were protected from avoidable harm. Where a person's behaviour might challenge the service or other people, staff knew how to respond in order for all everyone to feel safe. Staff described to us how they were using different techniques to avoid incidents happening or escalating. This meant that staff were monitoring the risks of behavioural challenges and managing those risks appropriately to ensure the safety of people who used the service. Staff told us they now felt confident to challenge poor practice if they saw this and they knew the whistleblowing procedure to follow to ensure people were safeguarded.

Everyone we spoke with told us staff were very kind and helpful. Staff were observed using people's names. One person told us, "Staff always help me." The person went on to give two examples where they had approached the

handyperson and they had fixed the problem i.e. hooks on back of bathroom doors to hang clothes on when bathing and removing lots of flies which had come in an open window overnight.

A key worker system had also been introduced, this meant people had a designated member of staff who would oversee their overall care and support and would meet with them on a monthly basis to review the service they were receiving.

Staff understood what it meant to keep people safe and we saw that they had been trained in safeguarding adults. All the staff we spoke with told us they would have no concerns about going to the manager or provider and reporting any concerns they had about people's safety.

At our last inspection we found that the service did not meet the required standards for hygiene and infection control. We saw at this inspection that new furniture and carpets had been provided and that all areas of the service were clean and tidy. There were up to date cleaning records available. This demonstrated that staff had addressed the shortfalls to ensure that infection control issues were minimised. The communal areas were clean and free from smells. It was bright and airy in the corridors and dining space. One person who used the service told us, "It's lovely and clean." This meant that the risk of infection was minimised for people who used the service because staff were using appropriate measures to monitor and clean the service.

Staff employed by the service had been recruited safely. We looked at three staff recruitment files and saw Disclosure and Barring Service (DBS) checks and two references for each person. DBS checks are used by employers to make sure that the people they employ are suitable to work with people who are vulnerable by virtue of their circumstances.

A significant number of agency staff had been used on a regular basis at this service previously which created difficulties with the continuity of care. This had been drastically reduced since November 2014, resulting in only two shifts being covered by one regular agency nurse. This meant the agency worker had got to know people and their needs, which therefore meant that there was less risk to people and that their needs would be met. Staff we spoke with told us staffing had improved and there were now consistent staff working in the home. This meant people's care needs were better met through consistency of staff

Is the service safe?

caring for them. Staff reported improvements in team work as a result of having regular staff on duty and we saw evidence of much stronger teamwork throughout the home. The manager told us the staff vacancy situation had improved and that they were advertising for a Registered Mental Nurse at the time of our visit, to complete the nursing team. The service had documentation from the agency confirming that the staff being used had been recruited safely and they had been checked through the DBS. This meant that the management team were doing all that they could to ensure that staff were recruited safely, which helped to protect people who used the service.

We looked at staff rotas and spoke with staff about the staffing levels. We saw that where people were off work due to sickness, suspension or on leave, additional cover had been sought. Comments from people who used the service were positive about the staffing levels in the service. One person told us, "There are plenty of staff, day and night." Another person told us, "I think there are enough staff. There is always someone around, I don't wait long if I call for attention." Throughout the inspection we saw that staff responded quickly to people's needs and staff answered the call bells promptly, within minutes of them being activated.

Communal areas were supervised throughout the day, with staff often in pairs to attend to people as required. The manager told us that the staffing reflected the current dependency levels of those living at Anley Hall and that although the occupancy was low the staffing levels had been maintained. At the time of our visit, for 24 people, there were two qualified nurses on duty, plus the manager, a senior care assistants and five care assistants. There were also additional staff on duty to cook, clean and maintain the building. The service also employs an activity organiser and a dementia consultant had been contracted to provide support and advice around people living with dementia. One member of staff told us, "There are enough staff to meet the needs of residents, we work as a team and we know our jobs."

At this visit, we looked at the systems in place for managing medicines in the home. This included the storage, disposal and handling of medicines. We also looked at a sample of Medication Administration Records (MARs), stock and other records for 15 people living in the service. We found that most medicines were supplied in blister packs with clear, pre-printed MARs and these had been given correctly.

We saw that the medicines ordering system was effective and people had adequate supplies available on an on going basis. Medicines were stored securely in locked trolleys and the keys to these were held safely. The temperature of the clinical rooms and fridges was monitored daily to ensure the medicines were kept in appropriate conditions. The records relating to creams and external preparations were kept in people's private bedrooms and information was then transferred onto the MARs daily. Staff were also instructed on where the creams should be applied and this was recorded on a 'body map' for the person. This meant that the cream was applied as prescribed and as frequently as required.

Some people were prescribed medicines to be taken only 'as required'. These medicines needed to be given with regard to the individual needs and preferences of the person. Staff had clear, personalised information available to them to enable them to support people to take these medicines correctly and safely. Where people frequently refused to take their medicines, this was routinely taken up with the person's doctor and an agreed action plan put in place. Staff also had a good working relationship with the dispensing pharmacist and contacted them if there were any issues around the medication people were taking.

We saw policies and procedures for managing medicines safely and saw that audits had been completed.

Accident and incident report forms were being completed and these were supported with body maps as necessary. Accidents and incidents were being audited to identify any trends or lessons learnt. All risk assessments were up to date. There were guidelines for wound care in place and the dressing records were detailed and clear. We noted detailed care plans and followed how staff were supporting people to see if they were providing care reflected in the documentation. For example, one person had specific needs when being positioned to eat. We noted that the member of staff supporting the person could give us a detailed verbal account of what the person needed and we observed this in practice.

We saw staff involved people in discussions about their personal safety in relation to their care and the environment. Staff asked people whether they needed support, for example, when trying to sit down or stand up from their chair and they gave gentle prompts to assist their safety.

Is the service effective?

Our findings

People told us they thought staff knew how to do their jobs. One person told us, "It can't be an easy job, but they are good at it and are always smiling." Staff said they felt supported by the management team to undertake their work. We found there was an improvement in staff's understanding of their roles and responsibilities since the previous inspection and there was evidence of greater shared responsibilities for people's care. One member of staff reflected on the new management in place. They told us, "There are more staff now, good staff. We owe it to the people who live here to get it right."

The manager provided us with a staff training matrix which gave us details of the training staff had completed, or were booked to do. We saw that staff were trained in areas that related to the people living at Anley Hall. Staff received an induction when they first started work and newly appointed staff also worked alongside more experienced staff until they were deemed competent and confident to work on shift unsupervised. The provider used an online training system, which staff could access to complete their training, as well as face to face trainers for practical skills such as moving and handling. Staff were also encouraged and supported to work towards a qualifications framework at whatever level was appropriate to their role or for their individual development.

Staff were due to receive formalised training around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). However, they were aware of their overall responsibilities in respect of this legislation. The MCA sets out the legal requirements and guidance around how staff should ascertain people's capacity to make decisions. The Deprivation of Liberty Safeguards protects people liberties and freedoms lawfully when they are unable to make their own decisions.

Applications had been made for deprivations of people's liberty to be authorised where necessary and two had been approved whilst other applications were awaiting a decision by the local authority. We heard and observed staff seek consent where residents required support with personal care. This demonstrated that staff were working within the principles of the MCA.

Staff demonstrated a good understanding of the need to gain people's consent for care and support and this was

evident throughout the inspection. For example, staff asked people before assisting them with any aspect of their care and people's privacy and dignity was well maintained. Staff we spoke with told us where people could not communicate verbally they used non-verbal cues to establish consent. For example, staff said they used gestures and observed facial expressions to help understand and interpret people's choices. People we spoke with told us staff always gave them choices and asked their consent for aspects of their care and support where they needed help.

However, the care plan consent form (for people who lacked capacity) could be improved. Although it shows when the next of kin are involved in care plan discussions and that they have access to records upon request, a best interest meeting should also be held to comply with the MCA. There was also a general lack of MCA assessments and best interest decisions documented for the more general care plans and how they had achieved the least restrictive practice. The manager agreed to look at this and include current best practice.

People who used the service told us that they enjoyed the food provided. We observed a meal being served at lunchtime in two communal dining rooms and one person in their own room. Where people chose to eat their meals in their rooms, staff facilitated this and supported those who needed help.

The mealtime experiences we saw were positive and there had been a significant improvement in the way the meals were being served and presented. There was a weight loss protocol in place, a MUST assessment and evidence of weekly weight recording and care plans being addressed. We saw staff assisted people at their individual pace and patiently enabled people to do things for themselves, such as move between rooms and eat their meals.

We spoke with the cook, who explained how the menus were varied and nutritionally balanced. The cook told us where people had special dietary requirements there was plenty of choice available. We saw there were no vegetarian alternatives on the menus, but the cook said these could be made available if people needed or asked for them. The cook had a good understanding of people's needs and said there was close communication with care staff about people's individual dietary requirements. For example, where people needed additional calories the cook told us how these were added to the food.

Is the service effective?

Tables had been set with tablecloths, placemats, cutlery and flowers. People told us, "The food is good. The cakes and puddings are lovely." People were offered a choice of two main dishes and a dessert. The mealtime period, in both dining areas were unrushed and staff chatted to people as they were served and where people required prompting or assistance, this was done discreetly. In a couple of examples, one member of staff sat with people whilst they ate their meal and 'mirrored' the task, so that the person followed the staff action and managed to eat their meal without constant prompting. One member of staff explained how this was working and commented, "We have been doing this for about 6 weeks and it's working as people are putting weight on." Staff made sure that people were supported in a caring way. One person had become disinterested in their meal after a brief period. This was noticed by a member of staff straightaway who attended to the person, resulting in the meal being finished and the person staying seated until the dessert and hot drink were served. The member of staff later told us that the person was on a monitored food intake and that they were trying to make sure they ate their meal in order to improve their weight and general wellbeing. This meant that the support that people received at mealtimes was adequate and well organised. It was noted that specialist cutlery and crockery may be of benefit to some people, particularly those living with dementia and the manager agreed to consider this when reviewing people's needs.

There was a 'snack box' in every lounge for people to help themselves if they felt hungry. The boxes contained a variety of fruits, crisps and snack bars which were easy to open and eat without a plate or utensils. Staff told us that food and drinks were available at all times, and we saw this in practice. There were glasses and jugs of juice available in all communal areas and we saw staff encouraging people to either help themselves or being supported to have a drink.

People were weighed as frequently as required, depending on their weight loss and gain. Staff also used the Malnutrition universal screening tool (MUST). Use of this tool enabled staff to identify the most appropriate action to take when a person's weight changed. We saw in care files that people had access to other professionals when they needed professional medical support such as dietitians, opticians and speech and language therapist.

We could see that significant environmental improvements had been made since our last visit.

We noticed that the service was fresh and clean. Improvements had been made to the environment and some areas had been redecorated and reorganised to make them more user friendly. For example, a previous lounge area in the conservatory had been made into a communal dining area and had been used more freely by people to dine but also to meet up and join in one to one activities or group sessions. A bedroom had been changed into a quiet lounge for relatives and two more lounges had been redecorated in a themed 1940's and 50's style. One lounge had also been designated as a quiet area, with calming music playing, to help people to relax. Bedrooms had been redecorated and new carpets had been provided. We were shown plans for the next phase of environmental improvements which were beginning in June 2015 which included the redecoration of corridors. We spoke with the manager about the environment and the planned improvements included the use of different colours to help people living with dementia differentiate the different rooms and spaces and be able to move around the service more independently. This meant that the service was beginning to take account of the needs of people who used the service when planning environmental changes.

Is the service caring?

Our findings

People told us they were happy and looked after well. One person told us, "I'm really happy here." Another person told us, "I can't fault anything. I'm never lonely and I am well cared for."

We found the home was very welcoming with a relaxed and friendly atmosphere. Staff demonstrated a kind and caring approach with all of the people they were supporting. We saw staff actively listened to what people had to say and took time to help people feel valued and important. Staff used friendly facial expressions, calm tones of voice and positive body language when communicating with people. There was an appropriate level of banter and we heard people laughing and chatting with staff. We overheard one staff member singing to one person in their room, which the person then joined in with.

Staff we spoke with were knowledgeable about people's individual needs and their social histories. Staff spoke with people about the things that were important, such as their grandchildren and who might be coming to visit. Staff were aware when one person was not feeling well and we overheard them offering them support with a bath or a drink to help them feel better. We saw staff frequently checked if people were feeling comfortable or if they wanted help to change their seating position. We asked one person who used the service if they were treated with dignity and respect and they told us they were.

We saw people were much more acknowledged and engaged with when compared to our last inspection. Staff addressed people by name and offered a friendly smile as they walked past them. Staff did not miss an opportunity to engage with people in a positive and inclusive way.

There was evidence of robust, up to date care planning, which was person centred and detailed. All the care plans we looked at had aims and personal outcomes for people and these were supported by specialised guidance from the other professional protocols for example, Alzheimer's Society. We saw in the care records we looked at that some information was recorded in relation to people's end of life wishes and that this had been discussed with them or their families as appropriate. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were in place and there was evidence of advance decisions to refuse treatment. There was also anticipatory prescribed medication in place for people approaching end of life. This meant that people could be assured that their care would be in accordance with their wishes and reflect their wishes and beliefs.

All of the staff we spoke with told us they thought the level of care and attention at Anley Hall was good. They said although they were kept busy, they always had time to spend with people and make sure they checked regularly on those people who were being nursed in bed due to their conditions.

Staff knew how to communicate with people effectively. All the staff observed communicated effectively using touch, ensuring they were at eye level with people who were seated and altering their tone of voice appropriately.

Is the service responsive?

Our findings

People's care and support needs had been assessed before they moved into the service. We saw records confirmed people's individual preferences, interests, likes and dislikes and these had been recorded in their support plan.

People and their families had been involved in discussions about their care and any associated risks. One person who used the service told us, "I know what I like and they have listened to me. I was asked about the care I wanted."

People told us they felt their rights were respected. People told us if they wished to complain about anything they would speak with staff. The people we spoke with said they did not have any cause for complaint but they felt staff would listen and help them with any concerns. There had been four residents and relatives meetings since November 2014 and these had been useful according to the manager. Where appropriate action had been taken to improve the service for example, an alternative entrance to the home had been provided so that relatives no longer needed to be let in at the main door, staff were wearing name badges and smaller lounge areas had been created and redecorated according to a theme.

Care plans were personalised and contained information about people's daily routines. Care plans and risk assessments were regularly reviewed and information in the records we looked at reflected people's needs appropriately. Information was easier to locate and more clearly documented than on previous inspections. The presentation and format of the records allowed us to find relevant information easily. Recent entries showed that the care plans had been reviewed. This meant that records reflected the care people were having and ensure staff were using a consistent approach.

People we spoke with said the care provided was responsive to their individual needs. People said they could choose when to get up and when to go to bed, or when to have a bath or shower. One person told us, "I prefer my own company, so I stay in my own room." This person went on to say that staff called into her room frequently during the day, over and above the usual visits to bring drinks and meals. We saw people had access to their call bells in their

rooms and where they were unable to operate these, this was clearly stated in their care records. People were able to reach drinks within their rooms and we saw staff were attentive to those people who were in bed.

The manager told us people living in the home were offered a range of social activities and we spoke with the activities organiser about this. They told us about the activities that were on offer. One person told us, "We used to go out in the mini-bus every week but it stopped. I've just been told it will be starting again soon, I don't know when but I'm really looking forward to going out again as there are some lovely places to see around here." Activities included, animal husbandry (guinea pigs) and musical afternoons. One activity, named cuddle therapy was seen in practice. This involved the use of lifelike babies being handled, talked about and shared. We noted that some people who found communication difficult were instantly engaged with the activity and others were keen to share their own stories about bringing up families of their own. Staff told us about a 'mobile' shop they were organising which sold confectionary and other small items.

The member of staff told us, "I do group activities but the one to one sessions work better with people living with dementia."

There was a happier atmosphere in the home compared to the last inspection and people enjoyed more meaningful activities than we had seen previously. We saw activities staff and care staff involved in group discussions with people about what they would like to do. In one lounge we heard a group of people discuss with staff their ideas for what they might grow in the garden and we saw people were fully involved and included in the discussion. People spoke about growing flowers and fruit. We noted that throughout the service, music was playing which was age appropriate and reflected popular music people could relate to. There was a range of tactile items, rummage boxes, games and reading material available for people to pick up and engage with should they wish. This provided people with items for discussion or stimulation. People had access to a secure internal patio area with seating and tables available. This was accessible via a ramp and staff were available to offer support if people had mobility problems.

Is the service well-led?

Our findings

Since our inspection in November 2014, a new manager had been appointed. People we spoke with knew who was in charge of the home. They told us, and we saw, the manager was involved and visible in the service. One staff member commented, "The new Manager is excellent, you can see the difference in staff morale, I enjoy working here now." They also commented on the tangible changes in the environment, which made it a much nicer experience for people who used the service and staff.

We met the new manager during our inspection who told us about their induction. We asked them about their understanding of the identified issues at the last inspection. They told us that the provider had been open and transparent with them and they had read the report. They highlighted areas where improvements were still needed and how they would be helping to improve the quality of the service. These areas were reflected on the latest action plan which demonstrated that the manager was aware of current issues.

The management team were open and transparent during the inspection and they all shared a clear vision for the future of the service and were able to tell us what plans were in place. Since the last inspection meetings had been held with both staff and people who used the service and their families to inform them of the issues raised at the inspection in November 2014 and planned improvements. The meeting minutes we have seen show that the management team have shared any issues and discussed them with everyone which displays open and honest communication.

The manager confirmed to us that staff had regular supervision and we saw evidence of supervision meetings recorded. Staff told us they attended staff meetings and they described improved teamwork throughout the home. Staff we spoke with told us they had opportunities to undertake training and development and keep up to date with new information. We saw records of staff training and the registered manager told us this was a regular topic for discussion.

The manager told us they had been supported well by senior managers and also by the staff team who had worked very hard to bring about necessary changes to the quality of care for people at Anley Hall.

There was more direction for staff than at previous inspections and staff told us they felt confident in their roles and responsibilities. Staff told us they felt happy in their work and were supported well by the manager and the management team, who they described as 'approachable.' Staff described a sense of pride in the improvements made in the home since the last inspection and they felt this had involved a real team effort. Staff reported an improved morale throughout the home and they were optimistic the changes that had taken place would be sustained.

We saw there were tighter measures in place than at previous inspections for assessing and monitoring the quality of the service provision. For example, senior staff took responsibility for ensuring checks of residents' rooms were completed. The manager told us there had been improvements to the carrying out of audits such as health and safety, cleanliness and care experience and medication.

The manager and the provider had developed a robust action plan covering all the areas that required improvements.

We saw there were improved handovers between shifts and the handover documentation was much more detailed for staff to be able to provide personalised care and be aware of key information. For example, detail was recorded where people needed particular diets, what level of assistance people required, what special equipment they needed and whether they could use their call bell independently. Staff we spoke with said they felt more included in handovers and the documentation was now more thorough for them to respond effectively to people's needs.

Maintenance records for the premises and equipment were well organised and available for inspection. Records of regular audits were also available for inspection. The manager told us more analysis of information now took place to ensure information was meaningful and lessons were learned, such as with accidents and incidents.

We received positive comments about how the management of the service had improved under the leadership of the new manager.

Up to date policies and procedures were in place and staff had signed to say they had read them.

Is the service well-led?

Since the last inspection staff from the service had worked in partnership with others to make improvements to the service. They had attended meetings with the local authority regularly and had made notifications to CQC appropriately as required by law.