

Anchor Carehomes Limited

Herries Lodge

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

This inspection took place on 30 July 2018 and was unannounced. This meant no-one at the service knew we were planning to visit.

Herries Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Herries Lodge provides accommodation and personal care for up to 47 older people with a range of support needs, including people living with dementia. The home is an adapted building over three floors, with access to a garden. At the time of our inspection there were 45 people using the service.

Our last inspection of Herries Lodge took place on 7 September 2016. We rated the service good overall, but requires improvement in the key question of well-led. We found there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; good governance. This was because the maintenance certificates for the fire alarm system, emergency lighting system and the emergency call bell system had expired in March or April 2016 and this had not been identified by the service's health and safety audits.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key question of well-led to at least good. At this inspection we found sufficient improvements had been made to meet the requirements of regulation 17. The necessary maintenance certificates for the premises and for equipment used by the service were up to date. The provider had an effective system in place to monitor this.

At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager employed at Herries Lodge. A registered manager is a person who has registered with the 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.

People told us they felt safe. There were enough staff available to meet people's needs in a timely way and to keep people safe. However, we have made a recommendation about the system the service uses to calculate staffing levels within the home.

Staff understood what it meant to protect people from abuse. They told us they were confident the

management team would take any concerns they raised seriously. The registered manager made appropriate referrals to the local safeguarding authority when this was necessary.

Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

Procedures for recruiting new staff had recently been improved to help make sure the staff employed at the service were of suitable character.

Staff received a range of training which the provider considered to be mandatory. Staff told us they were happy with the training they received and felt it supported them to do their roles. People living at Herries Lodge told us the staff were well trained.

People told us the staff were kind and caring. During this inspection we observed the staff treat people with kindness, dignity and respect.

Staff were supervised regularly by the management team however we saw that supervisions did not always take place as frequently as the provider's supervision policy required. We have made a recommendation about the service's supervision procedures.

People were asked for consent before care was provided to them. Where people lacked capacity to make certain decisions for themselves, their care records contained evidence that decisions had been made in their best interests. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The service worked closely with community health professionals to support people with their health needs. People's care records evidenced they received medical attention when they needed it, to promote their health.

People's needs were assessed when they moved into Herries Lodge and detailed care plans were in place to guide staff in how to care for each person. Care plans were reviewed regularly to make sure people received the correct levels of care and support. Care plans contained details of people's life histories and their likes and dislikes. This assisted staff to provide person centred care to people living at Herries Lodge.

There were activities taking place within Herries Lodge however some people told us they would like more to do. People told us they could not access the garden as much as they would like to.

People, their relatives and the staff all spoke highly of the registered manager. Staff told us they could always approach the registered manager if they needed support or if they had any concerns. The registered manager, the deputy managers and the provider completed regular audits of the service to make sure action was taken and lessons learned when things went wrong. This meant systems were in place to support the continuous improvement of the service.

Further information is in the detailed findings below.

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 has improved to good.	Good ●

Herries Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 30 July 2018 and was unannounced. The inspection team consisted of two adult social care inspectors, an assistant adult social care inspector 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. The expert-by-experience had experience in caring for older people and people living with dementia.

Before this inspection we reviewed information available to us about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification contains information about important events which the registered provider is legally required to send us. For example, where a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

Before this inspection we contacted social care commissioners who help arrange and monitor the care of people living at Herries Lodge. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the comments and feedback received from these organisations to inform our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. The PIR contains information we usually require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with 10 people living at Herries Lodge and three of their relatives. We spoke with a health professional visiting the service on the day of our inspection and the hairdresser who visited every week. We spoke with 10 members of staff. This included four care assistants, two team leaders, a

domestic assistant, the cook, the deputy manager and the registered manager. We also spoke with the district manager who was visiting Herries Lodge on the day of our inspection.

We looked at three people's care records, four medication administration records and three staff files. We looked at other records relating to the management of the home and the quality of the service provided. This included quality assurance audits and training and supervision records.

We asked the registered manager to send us a range of documents following the inspection. The documents were all provided within the timescales requested.

We spent time observing the daily life in the service, including the care and support being delivered by staff. We walked around the home and looked in the communal areas, including the bathrooms, the kitchen, the lounges and the dining areas. With their permission we also looked in people's bedrooms.

Is the service safe?

Our findings

People living at Herries Lodge told us they felt safe. Comments included, "I feel safe and I think there would be someone to talk to if I had a problem", "I feel safe... no grumbles at all", "It is very safe here" and "I feel safe here. If I had a problem I would ask the staff." People's relatives also told us they had no concerns about their family member's safety. Comments included, "My [relative] loves it here. We feel they are very safe" and "My [relative] was in another place first but it was awful. Here, we feel they are safe and well cared for."

There were enough staff to keep people safe. Every month, the registered manager assessed the dependency levels of people living at Herries Lodge and used those levels to calculate how many staff were required on each shift. The assessments of people's dependency levels were not written and retained. However, the outcome of each assessment was recorded on a "dependency tracker". We recommend the service reviews its procedure for assessing and recording dependency levels to ensure appropriate records are maintained.

During this inspection, staff were available and visible throughout the home. Care was provided to people in a timely manner. Some people living at Herries Lodge were happy with the amount of staff available to support them, commenting, "I do personally think there are enough staff" and "staff come quickly." However, other people said they were not sure if there were enough staff or they felt there should be more staff. We received mixed views from relatives. Comments included, "There's always plenty of staff. They are very obliging. All of my [relative]'s needs are met", "We feel they need more staff" and "There's not enough staff." The staff all told us that they thought there were enough staff, though at times it could be busy. One staff member commented, "The staffing is correct dependency wise. If we ever needed more it gets sorted."

Recruitment checks were completed before staff were employed at Herries Lodge. We checked the recruitment records for three members of staff, including an apprentice. These records evidenced that an application form had been completed, at least two references had been obtained and checks had been made with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions. However, the application forms did not include the applicant's complete employment history. We discussed this with the registered manager who showed us a new interview template which was now in use. This contained a prompt for the interviewer to ask the applicant to account for any gaps in their employment history. We were satisfied the service's new recruitment procedures were safe.

The service had appropriate systems in place to safeguard people from abuse. Staff were aware of their responsibilities for safeguarding adults. They received training in how to safeguard vulnerable adults and they all knew what action to take if they witnessed or suspected abuse. Staff told us they would report any concerns to the registered manager or senior person on duty. The registered manager made appropriate referrals to the local safeguarding authority when required and they followed the provider's safeguarding adults at risk policy.

The risks involved in delivering people's care had been assessed. Risk assessments were person centred and

provided clear guidance to staff on how to manage the risks whilst promoting people's independence. For example, if a person was assessed to be at risk of falls, a falls prevention plan was implemented. Risk assessments and care plans were reviewed regularly and updated when necessary to make sure they accurately reflected the support people needed from staff.

Medicines were obtained, stored, administered and disposed of safely by staff. People were receiving their medicines as prescribed by their GP. Staff were trained to administer medicines and their competency was checked. We observed the staff member administering the medicines to be patient, calm and professional. Appropriate policies and procedures were in place to support staff in managing and administering medicines safely.

The service had a system in place to promote learning from any incidents and accidents so they could make improvements to the service. The registered manager kept a record of any incidents and accidents, such as when a person had a fall. They provided details of all incidents and accidents to the dementia specialist employed by the provider. The dementia specialist analysed the accidents and incidents every month, to look for trends and common causes. They made suggestions about things the service could do differently to reduce the risk of incidents happening again.

Herries Lodge was very clean and the service had an effective infection control system in place. People living at Herries Lodge had no concerns about the cleanliness of the home. Comments included, "It is clean", "Oh God yes it's clean" and "They Hoover and clean every day." The staff followed cleaning schedules and had access to personal protective equipment like gloves and aprons.

Is the service effective?

Our findings

People's needs were assessed before they moved into Herries Lodge, to check the service was suitable for them. People were happy with the care they received. Comments included, "If everyone here has been as content as me, there will be no troubles" and "The nice thing is, I feel at home and can do more or less anything". A relative commented, "My [relative] is so happy here and well cared for."

Staff received regular training to help them develop the skills and knowledge required to deliver effective care to people. The staff were all required to complete a range of training courses which the provider considered to be mandatory. The staff told us they were happy with the training offered by the home and people living at Herries Lodge told us they thought the staff were well trained. One person said, "The staff are well trained, they come and have a chat with you. I would not like to move anywhere else."

Staff received effective supervisions. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training. The service had a supervision and appraisal policy which said care staff should receive a supervision every six weeks. Supervision records evidenced staff received regular supervisions, but they did not always take place as frequently as required by the policy. We recommend the service reviews its system for monitoring how frequently staff are supervised to ensure it complies with the supervision policy.

People had access to community healthcare services whilst living at Herries Lodge. Staff told us they had a good relationship with the GP and we observed staff proactively seeking advice from various health professionals during this inspection. A health professional visiting Herries Lodge on the day of our inspection gave positive feedback when asked whether the service worked collaboratively with them to maintain people's health. They said, "there's good communication and they always get in touch for advice."

People were supported to maintain a balanced diet. When people moved into Herries Lodge they were asked about their food preferences, allergies and special dietary requirements. We observed lunch in each of the dining areas during this inspection. The lunch service was relaxed and people were assisted to choose what they would like to eat by being shown both meal options. People living at Herries Lodge and their relatives told us, "The food is fair enough and they try to keep a mix of what they are serving" and "I love the food here. The cooking is brilliant."

Some people residing at Herries Lodge were living with dementia. The design of the premises was suitable for them. People were actively involved in decisions about the environment. The registered manager told us the curtains and chairs in the lounges were due to be replaced. They had asked the supplier to visit the home with different furniture items and samples, so the people living at Herries Lodge could choose the new furniture and fabrics themselves.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 capacity to take

particular decisions, any decisions 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 authorisation 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 placed on DoLS authorisations were being met. The registered manager understood their responsibilities under the MCA. They applied for DoLS authorisations when this was appropriate. People's care records evidenced the service complied with any conditions placed on authorisations.

People's care records evidenced their capacity to make their own decisions had been assessed at appropriate times. Where people lacked capacity to make particular decisions, their care plan contained a record of any decisions made in their best interests. People's relatives and other health professionals were involved in the best interest decision making process when this was appropriate.

Not all staff were able to tell us about the principles of the MCA and how it applied to their practice. We discussed this with the registered manager during the inspection. Following the inspection, the registered manager sent us a copy of some training that she had arranged to deliver to staff, about MCA and DoLS. The registered manager had also arranged for all staff to receive a focussed supervision regarding the MCA and DoLS to promote and develop their understanding in this area. We were satisfied that the training and focussed supervisions would develop staff's confidence in this area and would allow the registered manager to monitor whether they required any further training.

Is the service caring?

Our findings

People told us the staff were kind and caring and they were treated with dignity and respect. Comments included, "Oh yes, they treat us with respect and dignity. They are always kind", "The staff are kind and treat me well" and "They do respect me and I would tell them if they didn't." People's relatives also felt the care their family member received was kind and caring. One relative said, "It is very kind and caring here."

Staff knew people well and spoke with knowledge about the care people needed. People's life histories, likes and dislikes were documented within their care records so staff could get to know them and learn how they liked to be supported. One person living at Herries Lodge told us, "The staff know me well and listen to me." If people staff of a particular gender to support them, this was also clearly recorded in the person's care plan.

People living at Herries Lodge were encouraged to be independent. People's care records described how staff could support and encourage them to maintain their independence. For example, one person's care record described how they liked to take part in some of the chores around the home, such as washing the pots. Staff were directed to support the person to be involved with these tasks. People commented, "They let me maintain my independence but I can't go out on my own as I would get lost" and "They [staff] are lovely and good but they don't fuss."

People's privacy was respected. Staff knocked on doors before entering their rooms. The service also had systems in place to ensure people's personal information remained confidential. Care records were securely locked away so they could only be accessed by staff who needed to see them.

The service actively promoted equality for people using the service. The service sought to prevent discrimination of people with a protected characteristic, such as age, disability, religion and sexual orientation. For example, there was a poster displayed in the entrance of Herries Lodge advertising the provider's Lesbian, Gay, Bisexual and Trans advisory group. This is a group of people from the LGBT community who use the provider's care services. They aim to tackle concerns people may have about moving into a care home as an older LGBT+ person. The service also had a policy regarding equality, diversity and inclusion which staff were required to follow. All staff completed equality and diversity training as part of their induction. Staff were therefore supported to care for people with diverse needs and in accordance with the Equality Act 2010.

Relatives and friends were encouraged to visit people living at Herries Lodge. Staff were welcoming to visitors and there were small lounges available throughout the building where people living at Herries Lodge could sit with their visitors.

The registered manager was aware of their responsibility to support people to access advocacy services if they needed an advocate. An advocate is a person who would support and speak up for a person who does not have any family members or friends to act on their behalf.

Is the service responsive?

Our findings

People's care plans accurately reflected their needs and the support they required. Details about a person's life history were recorded, which included information about their family and friends, their hobbies, significant events in their life and their likes and dislikes. This information helped staff to provide person centred care to each person. The care plans were easy to navigate and were sufficiently detailed so staff had clear guidance about how to care for each person living at Herries Lodge. The care plans were kept under review and were updated if a person's needs changed. This meant people consistently received the correct level of care and support.

The service was flexible so people could maintain their preferred routines. For example, during this inspection we saw a person having a late breakfast. This person told us they enjoyed having a lay in and the staff were happy to provide a late breakfast and a later lunch to cater for this.

Some people living at Herries Lodge told us they would like more activities to be arranged, however other people told us they were not interested in activities. A range of activities took place and the registered manager told us they were working on bringing the community into Herries Lodge by connecting with various local organisations such as a community centre and one of the local primary schools. During term time, children from the local primary school visited Herries Lodge to read to people living there and the school had recently invited 11 of the residents to go and watch the end of year school play.

People told us they wanted to access the garden more frequently than they could. They told us they needed staff to support them in the garden but the staff were often too busy to assist with this. The registered manager told us that if people did not need support to access the garden they were free to use it at any time, and some people did so. Where people needed the support of staff, their care records evidenced that they were supported to spend time in the garden, however people wanted to do this more often.

The service had a complaints, compliments and suggestions policy which explained how people could complain about the service and how their complaint would be dealt with. The policy also gave details of who to complain to outside the service, such as the CQC. Information about how to complain was clearly displayed in the entrance to the home. The registered manager kept a record of all formal complaints made, including details of how the complaint had been resolved. Herries Lodge had received one complaint in the last 12 months. This had been investigated and a response was given in accordance with the policy. People told us they had no reason to complain, saying, "I have never needed to complain" and "it's hard to find anything to grumble about."

The service had appropriate systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. When people moved into the service they were asked about how they would like to be cared for at the end of their life. If people expressed a preference, an 'advanced' care plan was written so any special wishes or religious needs could be recorded. The service had a detailed end of life policy and procedure in place to support staff and guide their care practice. The registered manager told us the service worked very closely with the GP and district nurses when a person was receiving end of

life care.

Is the service well-led?

Our findings

At our last inspection of Herries Lodge on 7 September 2016 we found there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; good governance. This was because the maintenance certificates for the fire alarm system, emergency lighting system and the emergency call bell system had expired in March or April 2016 and this had not been identified by the service's health and safety audits.

At this inspection, we found sufficient improvements had been made to meet the requirements of Regulation 17. The safety certificates for the premises and equipment were up to date and the service had a suitable system in place to monitor this.

The registered manager monitored the quality of the service and took action to make improvements when issues were identified. A number of quality assurance audits were completed every month covering various aspects of the service such as the infection control system, accidents and incidents, the medicine administration system and people's care records. Where an audit identified something could be improved, a list of actions was written and each action was assigned to a staff member to complete. The audits noted when the actions had been completed. This meant the audits and resulting action plans helped to drive improvements to the quality of the service throughout the year.

Staff told us the registered manager was approachable, supportive and they felt the service was well-led. Comments included, "I think [registered manager] is brilliant. They've been here one year and they're so good and approachable. They're so easy to talk to and they treat everyone fairly as well", "[Registered manager is a lovely manager. They're very open and approachable. It's a well led service", "[Registered manager] is lovely. The home is very well led. They're approachable and I have absolutely no issues" and "I love [registered manager]. We really needed them. They're very approachable. We had issues with management before they came, but [registered manager] is amazing. They keep everything confidential. The deputy manager is great too."

We found a welcoming and positive culture at the service that was encouraged by the registered manager. Staff told us teamwork was encouraged and the staff team worked very well together. Comments included, "It's an open environment. I wouldn't have any problems raising concerns or something I wasn't comfortable with", "We have a good working partnership which is open. We all work well together, it's comfortable", "This is an open and transparent service. We all speak our minds", "We're a very good team here" and "We're an open team. I feel comfortable raising anything I need to." The staff knew what was expected of them and they all told us they enjoyed their jobs. One person commented, "It's brilliant, I couldn't be happier working here."

The staff team were supported to provide consistent care and work collaboratively with each other. They had regular opportunities to discuss people's care. A daily meeting took place where staff were updated on various issues such as whether any health professionals were due to visit the service that day, whether people had any appointments to attend, what activities were due to take place, whether there had been any

accidents or incidents they needed to be aware of and whether any new residents had moved into the home. The staff told us they found these meetings effective.

The service had systems in place to obtain feedback from people living at Herries Lodge about how the service could be improved. 'Residents meetings' were held every other month between the management team and the people living at Herries Lodge. The minutes of the meetings showed they were well attended. People were asked for their views about a wide range of issues and were updated by the management team about things going on in the service.

The registered provider also arranged an annual satisfaction survey of people living at Herries Lodge and their relatives. The results of the survey were analysed and an action plan was drawn up by the registered manager to address any areas of concern. The registered provider also undertook an annual satisfaction survey of its staff. The results of this were summarised, published and made available to staff. The results of the satisfaction surveys were displayed in the entrance to Herries Lodge.

Staff meetings took place every other month. The minutes of these meetings evidenced advice and good practice guidance received from outside agencies, such as the local authority DoLS team, was shared with staff. We also saw the registered manager highlight areas of improvement where she had observed changes could be made to care practices to make them better. These meetings therefore helped to drive improvements in the service and supported staff to incorporate the advice and guidance of other agencies into their care practices.