

Anchor Carehomes Limited

Harden Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This focused inspection took place on 15 August 2017 and was unannounced. At the last inspection completed on 01 and 02 March 2017 we identified improvements were required within the service. We gave a rating of 'requires improvement' and found the provider was not meeting the regulations around safe care, staffing levels and the governance of the service. We carried out this inspection to see if the provider was now meeting these regulations. We found improvements had been made and the regulations were now being met, however, some further improvements were still required.

Harden Hall is a residential home providing accommodation and personal care for up to 54 people. At the time of the inspection there were 48 people living at the service, most of whom were older people living with dementia. The registered manager had left the service following the last inspection. A new manager was in post who was going through the process of applying to register as the manager with 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.

People were supported by a management team who were committed to driving the required improvements within the service. Quality assurance and governance systems had been improved and resulted in improved standards of care for people. Some further improvements were required to ensure records were accurate, well maintained and that these systems were consistently effective.

People were protected by a staff team who understood how to protect them from potential abuse and mistreatment. Where any concerns had been identified plans were put in place to protect people from further harm. People were also protected by a staff team who understood how to reduce the risk of harm that may be caused by accident or injury.

People were supported by sufficient numbers of staff who had been recruited safely. People received their medicines safely and as prescribed.

People were happy in their homes, they felt listened to and heard. People felt the service was well managed and could see the improvements being made. People were supported by a staff team who also felt supported by managed and were motivated in their roles.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected by a staff team who understood how to protect them from potential abuse and risks such as accident or injury.

People were supported by sufficient numbers of staff who had been recruited safely. People received their medicines safely and as prescribed.

Is the service well-led?

Requires Improvement ●

The service was not always consistently well-led.

Some improvements were needed to recording and quality assurance systems.

People felt the service was well managed and could see the improvements being made. People were supported by a staff team who also felt supported by managed and were motivated in their roles.

Harden Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 focused inspection took place on 15 August 2017 and was unannounced. The inspection team consisted of one 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.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with eight people who used the service and four relatives. We spoke with the Head of Care, District Manager, the manager of the service and a deputy manager. We also spoke with four care staff. To help us understand the experiences of people we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people living at the service. We also carried out observations across the service regarding the quality of care people received. We reviewed records relating to four people's care. We looked at records relating to people's medicines, risk assessments, care plans and records relating to the management of the service; including recruitment records, complaints and quality assurance records.

Is the service safe?

Our findings

At the last inspection we completed in March 2017, we found the provider needed to make improvements under the key question of 'is the service safe'. The provider was not meeting the regulations around the safe care of people and also safe numbers of available care staff. At this inspection we found improvements had been made and the provider was now meeting the regulations.

During the prior inspection we found there were insufficient numbers of staff available to meet people's needs. During this inspection we found staffing levels were improved and there were sufficient numbers of care staff available.

People and their relatives told us they could see the improvement. A relative told us, "Since the new manager came there have been more staff and she has recruited staff who are more pleasant and friendly". Another relative said, "Whenever I visit there always seems to be enough staff and everyone is properly dressed and looked after". A third told us, "There have been issues in the past but things are definitely improving. There are more staff about, previously we used to have to man the lounge to help when carers needed to go to someone. There are still times when they could do with extra help but it is better than before". Staff we spoke with also told us there had been an improvement. They also told us that some staff now always worked on the same floor of the service. They told us as the service is split across three floors, this had contributed to a better skill mix of staff, improved knowledge of people's needs and a more consistent staff team for people living on each floor. A staff member said, "Working arrangements are much better now that we have the same staff on each floor. We are able to have a greater understanding of individuals and can work much more closely with them". The Head of Care showed us how the number of staff required within the service was calculated with a staffing tool. This tool demonstrated that the provider was currently providing more staff hours than the basic requirement to help with driving improvements in the service. We saw there was a high number of agency staff being used. However, we saw these staff worked at the service regularly and some were applying for permanent roles. We saw the provider and management team were proactively recruiting new staff and were also reviewing staffing needs outside of the care team. For example; a new Head Cook had recently been recruited to the service to aid improvements to meeting people's dietary needs and enhancing people's dining experience.

During the prior inspection we found people were not always receiving safe care. We found issues including the use of bed rails and the management of behaviours that can challenge others. During this inspection we found people were now being supported in a safe way. The provider and management team were also working on further improvements to the safety of care provided to people such as developing incident reporting and monitoring systems.

People told us the staff kept them safe and managed the risks to their health and well-being. One person told us, "The staff here look after me very well". A relative told us, "We are very confident that [person's name] is safe here. She now has bedrails to prevent her from falling out of bed, but it was all done properly with discussion". Another relative told us, "[Person's name] has to be hoisted out of bed to a chair. Staff always appear to be very efficient and trained to do this and I have no concerns". Relatives also gave us

examples of how staff effectively manage risks to people connected to their skin integrity and nutritional needs. They also told us if people appeared unwell they would seek appropriate medical intervention and we saw staff taking this action during the inspection. Staff we spoke with could describe risks to people and how they kept them safe from harm. For example; staff could describe how they kept people safe when they ate and drank, when they mobilised and when they demonstrated behaviours that could challenge others. Staff were also able to describe what action they should take in the event of an accident or emergency. We saw that the risks associated with the use of bed rails and other safety equipment had been reassessed for each person living at the service and appropriate action taken. We saw accidents and incidents were recorded and action taken to reduce the likelihood of repeat occurrences. We saw that appropriate health and social care professionals were involved where required to assist in the management of risk to people. We also saw that various safety checks were completed across the building; including for the environment and equipment used. Where issues were identified action was taken to ensure people were kept safe.

People we spoke with told us they felt safe living at the service. One person told us, "I have no concerns about not being safe, I have my room and my things are in there. There is usually someone around if I need any help so I am not frightened of anything". Staff we spoke with could describe signs of abuse and how they would report any concerns about people. Staff knew who to whistleblow if this was ever needed. Whistleblowing is when staff report concerns to an external organisation such as the local authority, police or CQC. We saw where appropriate the manager had made referrals to the local safeguarding authority and plans were put in place to protect people from the risk of any further harm.

We looked at how the provider and manager were recruiting new staff members. We saw that safe recruitment practices were being used to ensure that staff were safe and appropriate to work with vulnerable people. A range of pre-employment checks were being completed prior to new staff members starting work. This included identity, reference and Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to review a potential employee's criminal history to ensure they are appropriate for employment.

People and their relatives told us they felt medicines were managed safely within the service. A relative told us, "I have no concerns about medication". We saw medicines were stored and administered safely. We saw the administration of medicines was recorded on a medicines administration record (MAR). The administration of medicines was checked through auditing processes to ensure people were protected. We saw medicines such as antipsychotic medicines which are used to assist with mental health conditions and the management of behaviours that can challenge were managed safely. We saw these medicines were only administered as required and in line with instructions from healthcare professionals such as psychiatrists.

Is the service well-led?

Our findings

At the last inspection we completed in March 2017, we found the provider needed to make improvements under the key question of 'is the service well-led'. The provider was not meeting the regulation around the effective governance and management of the service. At this inspection we found improvements had been made and the provider was now meeting this regulation. Some further improvements were still needed and this work was underway.

We found the provider had made changes to the management team. A new manager had been appointed and the role of the deputy managers within the service had been reviewed. The deputy management team were now taking on more responsibilities to ensure effective governance was in place. For example; they were now completing audits and staff supervisions. We saw the new management team had worked with the provider to implement a range of new systems to drive improvements within the service. We saw a range of auditing systems were in place; for example around the management of people's medicines. We saw systems had been introduced in various areas within the service. This included systems to ensure communication was improved, systems to ensure staff supervisions were completed and systems to ensure improvements were made to staff training. Observations and competency checks were completed to monitor staff practice. We saw people's care plans and risk assessments were being reviewed and updated to ensure people's needs were being met, risks were managed and records relating to their care were improved. We saw that central systems were being used to monitor accidents, incidents and safeguarding concerns. This also allowed the provider to monitor specific risks within the service to ensure appropriate action was being taken.

We found some further improvements were still required. For example; some records were still inconsistent with actual events arising within the service. Daily care records and incident records were not always reflective of the events that took place and the potential risk to people living at the service. We saw records were in place for some people's 'as required' medicines but this was not always consistent across the service. We found some risk assessments did not clearly outline the assessment of risk to people and steps taken by staff to effectively manage these risks. We also found that staff did not yet have the knowledge of how to request authorisation from the appropriate body to deprive people of their liberty. As a result one person had been deprived of their liberty during the manager's absence and a request for authorisation had not been made as required by law.

We saw the provider was engaged in supporting the management team to make the required improvements within the service. The management team were also effectively utilising the skills within the wider organisation to assist with improving the standards of care. For example; an internal Service Delivery Consultant had completed observations of people's dining experience and had then provided an action plan and training to staff. A specialist in dementia was also being engaged to assist with improving staff skills and knowledge. We saw regular staff training was being completed. Staff were being engaged in meetings and through supervision meetings. We found the provider and management team had identified numerous required improvements that were being addressed through action plans. Where we identified further improvements the management team were receptive to feedback and demonstrated a commitment

to driving improvement.

People told us they were happy living at the service. One person told us, "I do enjoy living here and the [care staff] look after me". Another person told us, "I think it's beautiful here, I really like my room and I am really happy". People and their relatives told us the service was being well managed and they could see the improvements being made. A relative told us, "Since the new manager came ...the morale has definitely gone up and the atmosphere in the home has improved". Another relative told us, "Communication has improved greatly recently, [the manager] has really improved the running of the home".

People and relatives told us they felt their views were now heard, action was taken and how they were involved in meetings to keep them informed. A relative told us, "Following one of the residents meetings they have introduced having the same carers on each floor. This has really helped improve understanding of residents and communication". They also told us, "We also now have keyworkers which is good because we know who to speak to and we can get better feedback" Another relative said, "There have been several residents meetings recently and [the manager] is sure to listen to concerns, she responds accordingly and we have seen the benefits of the changes". We saw the manager was keeping a record of improvements made following feedback received by people. Some of these improvements included the changes to staffing, improved communication systems and improving the leisure opportunities available to people.

Staff also told us they felt heard, well supported and that the service was well managed. One staff member told us, "[The manager] is really nice and supportive; she listens to our personal needs and concerns and tries her best to help us...[The manager] has bought lots of new ideas and is trying really hard to make it a good working environment and is making changes in the interest of the residents to give them a better home". Another staff member said, "We work much better now as a team and the moral is getting better". We saw that the management team had identified through a staff survey that staff did not feel appreciated in their roles. The feedback we received from staff during the inspection demonstrated that these concerns were being addressed. One staff member said, "I've seen a lot of improvements especially with the management...She's got time for us...We're appreciated for what we do". Another staff member said, "The team leaders say thank you. It's nice to feel appreciated". Staff we spoke with were motivated in their roles and were proud to work at the service. A staff member told us, "I'm really proud of this home to be honest".