Anchor Carehomes Limited

Harden Hall

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 11 and 12 July 2016 and was unannounced. At the last inspection completed on 18 February 2014 the provider was meeting all of the legal requirements that we looked at.

Harden Hall is a residential home that provides personal care and accommodation for up to 54 older people, most of whom are living with dementia. At the time of the inspection there were 54 people living at Harden Hall. A registered manager was in post. 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 protected from potential abuse by a staff and management team who knew how to identify and report any potential concerns. Staff members understood the potential risks to people and how to reduce those risks in order to keep them safe. The provider had safe recruitment processes in place to ensure only suitable staff were employed.

People were not always protected by safe medicines administration and recording practices. People did not always have sufficient quantities of their medicines made available to them. Staffing levels were not always sufficient to ensure people's needs were met responsively.

People were supported by a staff team who had access to regular training and support from their manager. People were supported to consent to the care they received. People's nutritional and hydration needs were met effectively. People were supported to access healthcare professionals in order to maintain their day to day health.

People were supported by a staff team who were caring in their approach and understood their needs. People were enabled to make day to day choices about their care. People's privacy, dignity and independence were promoted and they were treated with respect. People were supported to maintain important relationships with friends and relatives.

People and their representatives were involved in planning and reviewing their care. The care people received met their needs and preferences and this was reflected in their care plan. People were supported to take part in leisure opportunities. People told us they knew how to complain and felt confident their concerns would be addressed by management.

People were involved in sharing views about and developing the service. People were supported by a committed, motivated staff team who felt supported by the registered manager. The registered manager was visible in the service and understood their legal responsibilities. Quality assurance checks were completed across the service to identify areas for improvement and further develop the service provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not always protected by safe medicines management. Staffing levels were not always sufficient to ensure people's needs were met responsively.

People were protected from potential abuse. Staff understood the potential risks to people and how to reduce those risks in order to keep them safe. The provider had safe recruitment processes in place to ensure only suitable staff were employed.

Is the service effective?

Good

The service was effective.

People were supported by a staff team who had access to regular training and support from their manager. People were supported to consent to the care they received. People's nutritional and hydration needs were met effectively. People were supported to access healthcare professionals in order to maintain their day to day health.

Is the service caring?

Good

The service was caring.

People were supported by a staff team who were caring in their approach and understood their needs. People were enabled to make day to day choices about their care. People's privacy, dignity and independence were promoted and they were treated with respect. People were supported to maintain important relationships with friends and relatives.

Is the service responsive?

Good

The service was responsive.

People and their representatives were involved in planning and reviewing their care. The care people received met their needs and preferences and this was reflected in their care plan. People were supported to take part in leisure opportunities and they felt

confident in raising a complaint if this was needed.

Is the service well-led?

Good

The service was well-led.

People were involved in sharing views about and developing the service. People were supported by a committed, motivated staff team who felt supported by the registered manager.

The registered manager was visible in the service and understood their legal responsibilities. Quality assurance checks were completed across the service to identify areas for improvement and further develop the service provided to people.

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 inspection took place on 11 and 12 July 2016 and was unannounced. The inspection team consisted of one inspector, a specialist advisor 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 specialist advisor was a qualified nurse who has experience working with older people.

As part of the inspection we reviewed the information we held about the service. We looked at statutory notifications 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 13 people who lived at the service and seven visitors who were friends or relatives. To help us understand the experiences of people living at the service 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 could not talk with us. We spoke with the registered manager, the district manager and seven members of staff including the deputy manager, the cook and care staff. We also spoke with one visiting healthcare professional. We reviewed records relating to people's medicines, four people's care records and records relating to the management of the service; including recruitment records, complaints and quality assurance. We carried out observations across the service regarding the quality of care people received.

Requires Improvement

Is the service safe?

Our findings

We looked at how people received their medicines and found they were mostly given to people as prescribed. However, we identified one example where sufficient amounts of medicine for one person's skin condition had not been obtained. This had resulted in the person not having received two of their required medicines for a period of more than 24 hours. We observed this person in distress during the inspection. They were uncomfortable and attempting to scratch themselves frequently. We discussed this concern with the registered manager who, following our intervention, ensured the medicines were immediately sourced and they arrived during the inspection. The registered manager immediately contacted this person's GP for a review of their needs in relation to their medicines. They also began a review of medicines ordering and stock control processes as existing processes were not sufficient to ensure people had received a sufficient supply of their medicines.

We saw some good practice within the service when care staff were administering medicines. However, we also observed practice that was unsafe. For example, we saw one member of care staff leave a medicines trolley unlocked and unattended during the medicines administration round. The staff member had also left medicines in easy reach of people on top of the trolley which meant medicines were not secure and people could be at risk of harm. Where people received crushed medicine, the required documentation was not always in place. We found the recording on medicines administration records (MAR) was not always clear. There was some duplication of recording for the administration of medicines such as 'as required' medicines and topical creams. Where there was a duplicaton of recording, medicines records often conflicted and contradicted each other. Some records stated certain medicines had been administered and others stated they had not. Staff members we spoke with were not able to confirm if some medicines had been administered due to these recording processes. They could not be certain people had received their medicines as prescribed. The administration and recording of medicines was not always conducted in a safe way that ensured people received their medicines safely and as prescribed.

People told us they mainly felt there were sufficient numbers of staff to keep them safe, however, some people did tell us they felt staff were sometimes 'stretched' and more staff would be beneficial. Staff members told us they felt at times there were not sufficient numbers of staff on each floor of the service. One staff member told us staffing levels were, "Not good". They told us some aspects of care such as activities were sometimes compromised due to staffing levels. They told us, "There could be more done if we'd got the right levels of staff". We saw there were not always sufficient staff available to meet people's needs promptly during the inspection. One person was observed becoming distressed as there were no staff members available to support them to the toilet. We observed a second person waiting for over 20 minutes on another floor for staff to take them to the toilet. We spoke to the registered manager about our observations. They explained that current staffing levels were assessed using a formal staffing 'tool' based on the needs of people living at the service. The registered manager told us they would review the staffing levels immediately to ensure people's needs were being met promptly.

People told us they felt safe living at the service. One person told us, "I feel safe here. Just the place itself and the way that they look after you". Staff we spoke with were able to describe the signs of potential abuse and

how they would report any concerns they had about people. Staff could describe how they would 'whistleblow' if required. Whistleblowing is when staff report concerns outside of the organisation, for example to the local safeguarding authority or CQC. The registered manager also knew how to protect people from potential harm and could demonstrate they had reported concerns to the local safeguarding authority where required. This ensured that appropriate plans were in place to keep people safe. People were protected from potential abuse by a staff team who knew how to recognise and report concerns when appropriate.

People told us staff understood potential risks to them and took steps to reduce these risks. One person told us, "When I have a shower there is always a member of staff with me to assist and that makes me feel safe". We saw staff supporting people in a way that reduced the risk of potential injury to them. For example, we observed staff supporting people to move in a safe way. We saw accidents and incidents were recorded, investigated and also reviewed. This enabled lessons to be learned and new measures to further reduce the risk of harm to people to be implemented. People were protected by a staff team who understood the risks to them and how to reduce the potential for injury or harm.

We reviewed how the registered manager and provider recruited staff to ensure only suitable staff members were recruited. We saw safe recruitments practices were in place involving interviews and all required pre-employment checks. We saw references were obtained and checks were completed on staff members potential criminal history. People were protected by safe recruitment practices.

Good

Is the service effective?

Our findings

People enjoyed the food and drink that was available to them. One person told us, "The food is very good, we have a choice and we have plenty to eat". Another person told us, "We all have plenty to drink". Relatives also told us food and drink was very good at the service. One relative told us, "The lunch [my relative] just had was great. [My relative] has to have pureed meals and it still looks really good." The cook told us they had plans to develop the presentation of meals further by using moulds to shape pureed food. For example putting pureed chicken into a mould that looked like a chicken leg. We saw residents were involved in choices about the menu and the food they ate. For example, we saw people shared their views and opinions about food choices in residents meetings. We saw special diets, such as for people living with diabetes,were catered for and met effectively. One relative confirmed this and told us, "[My relative] is on a special diet and the chef meets [their] needs with the diet". The registered manager confirmed they were reviewing the lunchtime experience to make further improvements to the service provided. For example, by promoting people's independence with the use of adaptive cutlery and encouraging people to get their own drinks. People's nutritional and hydration needs were met.

People told us their day to day health needs were met and they had access to healthcare professionals when needed. Relatives also confirmed this and one relative told us, "They get the doctor in when it's needed". We saw the registered manager and the staff team noticed when people were not feeling themselves or were behaving out of character and responded to these concerns. A relative told us there had been a marked improvement in their relatives health since they arrived at the home and attributed this to the care provided. A visiting healthcare professional told us staff would always make contact if they had concerns about people's health needs. They told us staff always implemented the advice and instructions given by the healthcare professionals. We saw this reflected in people's care records. People's day to day health needs were met effectively.

People who had the capacity to make decisions about their care told us that staff always sought their consent before providing care and support. One person told us, "Staff always ask me if it's ok to do so when they're washing me". Staff members were able to describe how they obtained permission to support people. We saw staff members obtained people's consent before they provided care and support to them. People were supported to consent to day to day decisions where they had capacity to provide this consent.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that where staff felt people lacked the capacity to make decisions or to provide consent, staff had considered the person's capacity and they had consulted with family members and health professionals to make decisions in people's 'best interests'. We saw examples of where people's capacity had been considered around decisions such taking their medicines and decisions made in their best interests. For example, to give the medicines covertly. The provider showed us how they had introduced new capacity assessments to ensure all decisions made in line with MCA. We discussed some examples with the

registered manager where people's capacity had been assessed in general areas of their care rather than for specific decisions in line with the Act. The registered manager told us they would address these concerns immediately and ensure all capacity assessments and decisions were consistently around specific decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where staff felt people were lacking capacity and they had been deprived of their liberty in order to protect their health and well being applications had been submitted to the Local Authority.

People told us they felt care staff were effective in their roles and had the required skills in order to meet their needs. Staff told us they felt well supported in their roles. They told us they had regular training and one to one meetings with their line manager. The records we saw confirmed this. We saw that where staff required further training, this had been identified by the provider and an action plan was put in place. We did see some examples where staff members communication with people could be improved during the inspection. The registered manager addressed these concerns straight away and arranged further training in this area immediately. Staff members were given the appropriate training and support in order to be effective in their roles.

Good

Is the service caring?

Our findings

People told us care staff were kind and caring. One person told us, "The [staff] here have been very good to me". Another person told us, "The staff are very friendly, they treat me with respect". Relatives told us they felt care staff were excellent and always approached their role in a caring way. One relative told us, "[My relative] said that [they] could not have chosen a better place, the carers are always smiling and they are approachable". Another relative told us, "[My relative] has been really poorly and has been given more than care. It is caring care". They told us, "[Staff] are always smiling and friendly. Very calm, even in difficult situations." We saw staff operate in a caring way and saw staff members had a detailed knowledge of individual people and their preferences. We observed the use of caring approaches from staff members when people became distressed. For example, we saw one staff member talking to someone about a recent family event and some photographs in a patient and kind way. We saw how this relaxed the person and reduced their distress.People were supported by a team of care staff who were caring in their approach.

People told us they were able to make choices about their care. One person told us, "I choose what time I get up and what time I go to bed". Staff were able to give examples of how choices were given to people. One staff member told us, "I ask people if they want a bath, shower or a full body wash. I encourage them to choose their own clothes. Some people will say 'just get me anything' so I try to promote choice by perhaps showing them two or three pairs of trousers as a visual prompt". We saw choices were given to people throughout the day in all areas of their care. For example, we saw people choosing what they wanted to eat and drink and how they wanted to spend their time. Staff members promoted choices and supported people to make decisions about their care.

We saw people were encouraged to move independently around the service. One relative told us staff members kept their family member independent. They told us staff encouraged their relative to do things for themselves and get involved in activities. Staff were able to describe how they promoted independence. One member of staff told us, "We have a few people who say they can't do it. With a bit of prompting they can". This staff member told us they felt promoting people's independence in areas such as using the toilet also helped to promote dignity. People supported this view and told us staff promoted privacy and dignity. One person told us, They treat me with respect. They close the door and curtains when they deliver personal care to me". Another person told us when they were incontinent staff cleaned them up quickly and discreetly and, "Make me feel fresh and clean again". The registered manager encouraged staff members to become 'dignity champions' and they confirmed to us most staff members were now part of this initiative. People's dignity and privacy were promoted and staff members treated people with respect.

People were seen to enjoy visits from their friends and relatives during the inspection. They told us they were supported to maintain important relationships and some people told us how they enjoyed days out with their family. Relatives told us the registered manager and the staff team supported their visits. One relative told us, "We have been able to use the quiet lounge to celebrate [person's name]'s birthday with the rest of the family. Management encourage this." Another relative told us, "We are always welcomed when we come to visit our relative". Some relatives told us they were not keen on some restrictions on visiting at mealtimes. The registered manager advised this had been important to protect the nutritional and health needs of

certain people but it would be reviewed. Relatives did tell us managers made special efforts to accommodate ways for family members to stay in touch. A relative told us, "[My relative] had a mobile phone which helps [them] to keep in touch with friends and family". People were supported to maintain relationships that were important to them.

Good

Is the service responsive?

Our findings

People and their representatives were involved in the development and review of their care plan. Most people living in the service had a reduction in their capacity and many could not be involved in all aspects of their care planning. Where people did not have the capacity to be involved in planning their own care we saw family members were involved. One relative told us, "We have been involved in [person's name]'s care plan". People's preferences and views were heard and taken into account when developing their care plan. We saw care plans reflected health and care needs and some plans went into some detail. For example, one care plan gave specific instructions about how to hand someone their medicine and how they liked to take it. The care plan also mentioned details such as how they like to have a lamp on in their bedroom. We saw life histories were present in people's care plans and reflected what people told us about themselves. We found staff members to have a good knowledge of people and their needs and preferences. The care people received met their needs and the care provided was reflected in their care plans.

We saw people being given choices about how they wanted to spend their time during the inspection. Staff members worked to involve people in various activities including reading, arts and crafts, listening to music and playing games. People told us they were involved in various activities including bingo, singers, musicals and trips out. Many people told us they were happy with the activities and had plenty to do, although some people did mention they sometimes became bored as they didn't have sufficient interests to occupy them. We were told by people ministers visited to hold services for people from different religious denominations. The registered manager gave us some detail about how the leisure and activities opportunities for people were currently under review. They shared with us plans to further develop and enhance the activities provision available. People were supported to access leisure opportunities and activities.

People and their relatives told us they had not had a requirement to make a complaint. However, they told us they would feel comfortable in doing so if required and they knew how to complain. We saw where complaints or issues were received by the registered manager these were recorded and monitored. We also saw the complaints policy was made available to people and their relatives. The registered manager proactively sought the feedback of people and their relatives to ensure issues and concerns were identified and resolved. We saw a range of surveys completed in addition to people being asked to share their views at regular meetings. People were encouraged to provide feedback about the service and to raise a complaint if required.

Good

Is the service well-led?

Our findings

People told us they felt the service was well-led and relatives supported this view. One relative told us, "I think the home is well led, nothing has shown me otherwise. It is always clean and fresh and I know who the manager and staff are, they are all approachable". We were told by relatives the manager was visible in the service and this also reflected what we saw during the inspection. One relative told us, "The thing that impressed me most about this place was when [the registered manager] took me for a tour. [They] knew who every resident was, [they] knew all their names." We saw people interacting with the registered manager in way that showed they were comfortable and knew who this manager was. The registered manager was visible and took time to ensure they knew the people living at the service.

People told us they felt involved in the service. We saw residents meetings were held where people had the opportunity to talk about things that were important to them, such as their meals and activities. We saw changes had been made based on the views expressed by people during meetings. This showed us people were involved in the service. Staff also told us they felt involved in the service and told us they felt their views were always heard by the registered manager. We saw a recent staff survey had also been completed to identify areas of improvement that could be made to further support staff members. People and staff were involved in the development of the service and their views were heard.

Staff told us the registered manager had developed a supportive, committed and motivated staff team. One staff member told us, "There's nobody working here I wouldn't feel comfortable speaking to".Staff told us the registered manager was themselves very supportive. A staff member told us, "[The registered manager] is really approachable". Another staff member said, "Our manager is really good. I can go to [the registered manager] and tell [them] anything". They told us they felt the registered manager regularly went over and above the 'call of duty' to support staff and people living at the service. Staff were supported well in their roles by the registered manager.

The registered manager was supported by two deputy managers and a staff team who understood their roles and responsibilities. Staff members told us they knew who to report concerns and issues to and felt these would always be addressed promptly. The registered manager was aware of their statutory duties and had submitted notifications to CQC where required. A notification tells CQC about significant events that have arisen in services. The registered manager and staff team worked effectively together and understood their roles and responsibilities.

We looked at how the provider completed quality assurances checks in order to identify areas of improvement required in the service. We saw a range of spot checks, audits and quality checks were completed across the various aspects of the service. We saw checks were completed by the registered manager, the district manager and also other senior managers from the provider. We saw the provider had recently completed quality assurance checks and had identified a number of actions required in order to make improvements within the service. These actions had been developed into an action plan which was monitored by the district manager. The management team showed us how they were making further improvements to the quality assurance systems in order to ensure they identified and made any required

improvements. The management team completed quality assurance checks and were committed to offering a high quality service to people.