

Anchor Carehomes Limited

Dearne Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 5 July 2016. The inspection was unannounced. An unannounced inspection is where we visit the service without telling the registered persons we are visiting.

Dearne Hall is a residential care home registered to accommodate 48 older people. At the time of the inspection 48 people were living at the home. The home has three floors. The middle floor is for people living with dementia, the ground and top floor is for people who require personal care, some of whom are living with dementia.

The service did not have a registered manager. 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 and associated Regulations about how the service is run. The person managing the home was not present during the inspection, but the area manager was able to confirm an application to register had been submitted.

Feedback from people, relatives, staff and other stakeholders was that the manager provided effective leadership to the service and provided opportunities for people and staff to express their opinions on the quality of the service provided and the running of the home.

On 24 February 2015 the Care Quality Commission carried out an inspection and found a breach with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we checked and found that improvements had been made to meet that breach of regulation, but found a further breach of four regulations. You can see what action we told the provider to take at the back of the full version of the report.

When we spoke with people who used the service they all told us they felt safe. Relatives spoken with did not raise any concerns about mistreatment or inappropriate care provision of their family member. Staff had received safeguarding training and were confident the manager would act on any concerns.

We found staffing levels were sufficient to meet people's needs, but that recruitment of staff did not include all the relevant information and documents required to ensure staff were suitable to work with vulnerable people.

Systems and processes were in place for the safe administration of medicines.

Systems were in place to manage risks to people and the service to ensure people, others and the environment were safe. The registered provider had not always been effective in managing those risks, such as people losing weight and fire safety.

Staff received induction, training, supervision and appraisal relevant to their role and responsibilities.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who lacked capacity to make important decisions themselves.

Meal times were a positive experience for people, with choices available.

Staff had developed positive relationships with people, providing not only the physical care people needed, but also considering the quality of life of each individual person.

People and relatives told us staff were caring and treated them or their family member with respect.

Health professionals were contacted in relation to people's health care needs such as doctors and community health teams.

People were confident in reporting concerns to the manager and registered provider and felt they would be listened to.

There were systems in place to assess and monitor the quality of service provided, but these had not always been effective in identifying improvements needed and to ensure improvement to achieve compliance with regulations.

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.

Staffing levels were sufficient to meet people's needs, but the recruitment of staff did not include all the relevant information and documents required to ensure their suitability to work with vulnerable people.

Systems in place to manage risks to individuals and the environment, had not always been effective, such as people losing weight and fire safety.

There were systems in place to make sure people were protected from abuse and avoidable harm. Staff received training in safeguarding and were aware of the procedures to follow to report abuse. People expressed no fears or concerns for their safety.

Systems and processes were in place for the safe administration of medicines.

Is the service effective?

Good 

The service was effective.

There was a system in place for staff to receive an induction, training, supervision and appraisal relevant to their role.

We found the service sought consent from people in an appropriate way, using the principles of the Mental Capacity Act 2005 when people did not have capacity to make decisions.

Meal times were a positive experience for people, with choices available for people to maintain a well balanced diet.

Health professionals were contacted in relation to people's health care needs such as doctors and community health teams.

Is the service caring?

Good 

The service was caring.

People told us they were supported by staff members who were kind, compassionate and knew people well. We saw staff had developed positive, caring relationships with them.

Relatives told us staff were caring towards their family members and treated them with respect.

People told us they were involved in decisions made about their care and support and their privacy and dignity was respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

We found people received personalised care and people told us their experiences were sought, through surveys and resident meetings.

There were activities available to stimulate people.

People were confident in reporting concerns to the manager and registered provider and felt they would be listened to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There were systems in place to assess and monitor the quality of service provided, such as monthly audits and checks, but where these had identified actions or concerns, these had not always been addressed.

Feedback from people, relatives, staff and other stakeholders confirmed there was a positive culture at the home with the manager providing opportunities for people who used the service, their families and staff to express their opinions of the service provided.

Dearne 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 July 2016 and was unannounced. An unannounced inspection is where we visit the service without telling the registered person we are visiting.

The inspection was carried out by two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection visit we reviewed the information included in the PIR, together with other information we held about the home. This included the service's inspection history and current registration status, death notifications and other notifications the registered person is required to tell us about. We also reviewed safeguarding information we had received.

We contacted commissioners of the service and Healthwatch to ascertain whether they held any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

This information was used to assist with the planning of our inspection and inform our judgements about the service.

During the inspection we used a number of different methods to help us understand the experiences of people who lived in the home. We spent time observing the daily life in the home including the care and support being delivered. We spoke with four people who used the service, eight relatives, the deputy manager and five staff, including two team leaders, a care assistant, the administrator and area manager. We looked around different areas of the home such as the communal areas and people's rooms. We looked at a range of records including three people's care records, three people's personal financial transaction

records, three staff files and twenty staff's training, supervision and appraisal files. We also looked at a sample of the service's policies and procedures and audit documents, training matrices and service documents.

Is the service safe?

Our findings

On 24 February 2015 the Care Quality Commission carried out an inspection and found a breach with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regard to staffing. At this inspection we checked and found that improvements had been made to meet that breach of regulation.

We checked and found that sufficient numbers of suitable staff were available to keep people safe and meet their needs.

Our discussions with people confirmed there were sufficient staff to attend to their needs and this was confirmed by their family members. One person commented, "I feel safe living here and staff make sure I have my call bell where I can reach it if I need them".

The area manager confirmed the residential forum calculator that they used to identify the safe number of staffing hours had not yet been completed for Dearne Hall, but was in the process of being completed.

The deputy manager told us that during the day eight care staff were on duty, which equated to three members of care staff on the top and middle floor where 18 people lived and two members of staff on the ground floor where 12 people lived. The deputy manager worked supernumerary hours during the first six hours of the shift and was available to provide additional assistance if required. During the night five care staff were on duty, which equated to two staff on the top and middle floor and one staff on the ground floor, who summoned assistance if required from the other floors. Those staffing arrangements were confirmed by staff when we spoke with them who felt on the whole the numbers of staff were sufficient to meet people's needs.

The service also employed ancillary workers, such as housekeepers and cooks.

We observed during the inspection that staff were available to meet people's needs and that staff were visible in communal rooms.

We checked that the recruitment of staff was safe. We found not all the required information and documents as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were in place. This included satisfactory evidence of previous employment involved with working with vulnerable adults or children, satisfactory documentary evidence of any qualification relevant to the duties for which the person was employed or appointed to perform, satisfactory information about any physical or mental health conditions which were relevant to the person's capability, after reasonable adjustments are made, to properly perform tasks which are intrinsic to their employment or appointment for the purposes of the regulated activity, a full employment history, together with a satisfactory written explanation of any gaps in employment.

For one of those staff a reference received for them stated the previous employer would not re-employ them. There was no confirmation this had been discussed with the person and the registered provider was satisfied they were fit to be employed for the work they were to perform.

We asked a staff member what process they used, which identified the required information and documents when they recruited staff. The staff member provided a new starter form. This did not include all information and documents required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant staff did not have the correct guidance to follow to appoint staff with all the required information and documents in place.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

The new audit process that had been completed by the manager covered the recruitment of staff. The manager had confirmed compliance with that audit but the questions were insufficient to evidence compliance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

We checked the systems in place for managing risks to individuals and the service to ensure people and others were safe.

Service records and environment checks were provided to demonstrate safety checks were carried out. Appropriate insurance cover was in place. A fire risk assessment had been carried out, together with all associated checks for fire maintenance, including fire drills. The fire risk assessment had identified actions were required to ensure people and staff were safe, within required timescales. The record did not confirm that 16 of the 21 actions had been addressed. The timescale on the action plan had passed. This meant people who used the service and others may be at risk in the event of a fire.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and equipment.

The quality assurance procedure identified fire safety checks were recorded and maintained as a quality measure. This meant the system to monitor fire safety had been ineffective in practice through not addressing required and identified improvements within identified timescales.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Individual risk assessments were in place for people who used the service in relation to their care and treatment, but these had not always been reviewed, action taken where required and/or the care plan followed in regard to risks associated with people losing weight.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

The quality assurance procedure identified weight monitoring audits were undertaken monthly as a quality measure. We found for one person who had lost weight the action plan was not fully completed. For another person we found records contradicted our findings because it said records and action taken was to the required standard. This meant the system in place to monitor the action plans for people losing weight was ineffective in practice.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

We checked and found systems were in place to protect people from harm and abuse.

All the people we spoke with were asked and told us they felt safe in terms of physical safety, the kindness of staff, worries or problems, calling for help and receiving medicines.

We saw that people were relaxed in the company of staff and there were friendly interactions between them.

There was a system in place to respond to and record safeguarding vulnerable adults concerns. Notifications we received from the service about allegations of abuse, told us those systems were followed in practice.

Staff received training in safeguarding vulnerable adults and were aware of how to raise any safeguarding concerns. They were confident the manager would take any concerns seriously and report them to the relevant bodies.

We checked the systems in place for safeguarding people's money and found this protected people from the risks of financial harm. We found individual records were in place, with a running balance of the money people had available. Receipts of financial transactions were in place and were audited to minimise the risk of any errors and protect people from financial abuse.

We checked and found people's medicines were managed so they received them safely.

Discussions with the deputy manager and staff about medicines identified senior members of care staff were responsible for people's medicines and they had received training and had their competency to deal with medicines assessed.

We saw when staff administered medicines they were taken to people directly from the treatment room. This minimised interruptions for the staff member during this time so they could concentrate on getting the medicines for people right. Medicines were placed in individual pots and a drink made available. When staff went to the person to administer their medicines, we saw they greeted the person and observed them while they took their medicines. Staff were patient and caring when administering medicines and this was done in a courteous and unobtrusive way.

When we spoke with staff we found the times medicines were administered were adjusted to when people needed their medicines. For example, one person was attending the hospital that day, so had received their medicines early to accommodate this.

When we checked people's medication administration records (MAR) it showed records were signed after the person had taken their medicines. This meant an accurate record was made of the person taking their medicines.

We found people's allergies to medicines were recorded and monitored. For example, one person had been identified as being allergic to a particular medicine. The person chose to take one of those medicines. A care plan and risk assessment was in place regarding this and showed the person had capacity to make that decision and the GP had discussed it with them".

We saw controlled drugs were in use at the service. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are stored and dealt with. This includes the record of the administration of those medicines. We found controlled drugs were dealt with in accordance with the legislation.

Is the service effective?

Our findings

On 24 February 2015 the Care Quality Commission carried out an inspection and found a breach with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regard to staffing. At this inspection we checked and found that improvements had been made to meet that breach of regulation.

When we spoke with staff they told us the training they received provided them with the skills they needed to do their job. The deputy manager provided a training matrix, the record by which training was monitored so that training updates could be delivered to maintain staff skills. The staff were provided with relevant training to their role which included, moving and handling, health and safety, infection, prevention and control, safeguarding, food hygiene, fire safety, Deprivation of Liberty Safeguards (DoLS), challenging behaviour and first aid.

Staff told us they received regular supervision and an annual appraisal and were given opportunities to discuss any concerns and share information. Staff told us the manager was always approachable if they required some advice or needed to discuss something. Supervision is the name for the planned and recorded sessions between a staff member and their manager. It is an opportunity for staff to discuss their performance, training, well-being and raise any concerns they may have. Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually annually. These are important in order to ensure staff are adequately supported in their roles. This was confirmed when we checked a sample of staff files.

We checked and found people consented to care and treatment in line with legislation and guidance.

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.

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 application 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 on authorisations to deprive a person of their liberty were being met.

The deputy manager told us nine people had authorisations that deprived them of their liberty, with a further ten awaiting a decision.

We did not see people having restrictions placed upon them that had not been authorised as part of the MCA process.

The deputy manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and was able to identify which people had been allocated one. An IMCA is a legal safeguard for the person that lacks capacity. Their role is to represent the views and beliefs of the person and present them to people who make decisions about the person, so that decisions are made in their best interests.

Staff confirmed that they had been provided with training in MCA and DoLS and by discussing examples were able to demonstrate they had some understanding of the principles of the MCA and DoLS and what this meant for people who lived at the home. Comments by staff members included, "It's about assuming people have capacity and if they don't using the least restrictive method to deprive them of their liberty, but only if it's in their best interest" and "Presume capacity and listen to their preferences and choices unless you thought it would harm them". All staff knew about IMCA's.

When we looked at people's care files they contained information about who had the authority to consent to care or treatment on behalf of people and information about any authorisations in place where people's liberty was being restricted, when those people lacked capacity.

Information we held about the service told us there was no evidence of risk in regard to people consenting to their care and treatment. The service submitted notifications as required when applications and authorisations were made to deprive people of their liberty.

We had received a notification from the service that identified concerns around decision making for a person who used the service. The service had learnt from that experience and put systems and processes in place to minimise the risk of confusion around decision making for people.

We checked and found people were supported to maintain a balanced diet.

Comments from people and their family members about the meal time experience and food included, "The food here is lovely", "I love it, it's very good", "The food is quite good. I like most things and pick what I like", "I enjoyed my two poached eggs this morning. I don't normally have that, but I fancied it this morning, so they did it for me", "[Relative] eats really well now they're here. Much better than at home. Put on weight because food is good and staff are very encouraging", "[Relative] gets looked after properly and is well fed. They eat really well here, better than at home", "Staff say [relative] is still eating well, but has lost small amount of weight, but their BMI's fine. Residents get served regular drinks at meal times and in between" and "There's plenty of choice and it's good".

We observed the breakfast and part of the lunch time meal in the dining rooms. We also spoke with people and their family members about their experiences.

The dining rooms were comfortable, homely, well used, clean and bright and had sufficient tables for everyone to be seated for meals, if they chose to do so. The rooms were large, airy and pleasant. The menu was displayed to inform people of the options available that day, with a picture of the meal. Tables were set with table cloths, napkins, flower arrangements and crockery. The chairs were comfortable. People who were friends were sitting together.

Lounges had baskets of crisps, a bowl of fruit and fruit juice for people to help themselves to if they wished. We saw people freely took this, with one person saying, "I'll take that [fruit] for later".

We saw meal times were well organised, with staff following good hygiene practices. Care staff were available to support people to eat and the food that was served looked appetising, including meals that had

to be 'mashed' to accommodate people's health needs. The staff were attentive and courteous to people and offering people a range of drinks and food choices and replenishing when people wanted more. The meal times were relaxed with music playing in the background, at a level which did not impact on discussions between people. Where people needed assistance this was provided. For example, one person started to eat their breakfast with their fingers. A staff member showed them how to use their spoon and fork and the person then ate their meal using that cutlery. In another example, a person had said they didn't want any breakfast as they weren't hungry. A staff member offered them a different choice 'if she fancied it'. The person responded saying, "Yes please, you know how to tempt me don't you".

We were told people were asked the previous day for their choice of meals. For people with dementia this is not good practice as they may not recall what they ordered which may lead to them either having a meal they would not choose that day or some distress. The area manager acknowledged this during the inspection and confirmed this would change.

We checked and found that people were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

Our discussions with people confirmed they saw a health professional if needed. One person asked us why staff weren't able to cover their arm if it bleeds. We discussed this with the area manager at feedback and asked that a consistent policy be applied, so that people received consistent care and treatment and were protected from the risk of infection.

Relatives said, "[Relative] has had this problem and staff with the help of the GP have sorted it out. They also complained of toothache and staff got the dentist to see them", "GP visit's here", "They call me if [relative] isn't well and keep me informed. GP is sent for. On one occasion [relative] was given antibiotics. Staff acted very quickly" and "If needed they get GP to see [relative]. They visit Barnsley hospital several times a year".

We spoke with two visiting health professionals. They said, "This is one of the best homes we visit. Staff are very responsive to people's healthcare needs and contact us with any issues. The staff all communicate with each other very well and if we leave information/instructions these are communicated to staff the same day. We have never raised any safeguarding concerns and see that people receive a high standard of care. People tell us they are happy living here and we have never come across any staff who are not caring or well trained". They supported what the person had asked us about dressings saying, "There is some confusion around whether staff are able to apply a dressing or not before our visit. Some staff do, others don't and we would like it confirmed because it could assist with infection control if a dry dressing is applied in the interim.

We saw care records contained details of visiting healthcare professionals that people had seen and details of those visits. This meant staff involved professionals to support people to maintain good health and have access to relevant healthcare services.

Is the service caring?

Our findings

We checked and found staff respected people and their privacy and dignity and supported them to express their views and be involved in making decisions about their care, treatment and support.

When we spoke with people and their family members there was a consensus of opinion that staff were kind and caring. Comments included, "Staff talk to people with dignity and respect. It's a static staff team that know [relative] well. Staff keep her lovely and clean. Nice clothes and hair done. Very happy and wouldn't want [relative] to move anywhere else. Staff know people well and are very inclusive, involving people in conversations etc. I trust them implicitly", "I haven't found one member of staff that isn't brilliant. I want to shout it from the roof tops about how good it is. I genuinely think this is the best care home ever. I usually avoid meal times to visit to afford people their privacy", "The staff are great, no problems with any of them and I've had dealings with them all", "Most staff are wonderful, just one or two that aren't as good. One [staff] said, "You're always grumbling""", "Staff are friendly and caring. I've not seen a bad one. I visit three or four times a week. [Relative] has never got food on their clothes. Last week they spilled their tea on them and they changed her straight away", "It's a marvellous place. It was recommended to me. Staff are marvellous. [Relative] always looks nice", "Staff are lovely", "People are always clean looking when we visit" and "The receptionist is great and makes sure everyone's ok". One relative said, "The staff are behaving the same as always, it's not just because you're here".

In our discussions with people they confirmed staff knocked on their bedroom door, before entering and listened when they spoke with them.

Our discussions with people and our observations confirmed to us that people were encouraged where possible to maintain their independence.

A member of staff was identified as dignity champion and information about what dignity means and how staff might treat people with dignity was displayed in the entrance hall for people to see. It identified dignity 'do's', 'the dignity tree' and 'person centred values'.

We saw in the different lounges information for people and their family members about which staff were on duty, the day, date, what the weather was like and activities for that day.

We saw staff knew the best ways to communicate with people. For example, staff knelt down beside people before speaking with them, so that people were more able to see and hear what was being said.

We saw staff approached people in a casual way, knowing people's names and having some shared history with them as well as knowing what their likes and dislikes were. People were relaxed in the company of staff and the relationship between them was friendly and open.

Interactions between staff and people were patient and caring in tone and language. We saw one member of staff respond to a person who was upset. They offered reassurance to the person and went to get another

member of staff to sit with them when they said they wanted a cup of tea and a chat.

Staff we spoke with were able to describe how they maintained people's dignity and respect and gave examples of how they would implement this. This included practice such as ensuring personal care was provided discreetly and maintaining people's confidentiality.

We did see that some personal information about people's weights was available in a dining area for everyone to see, which compromised people's dignity. We spoke with the deputy manager who confirmed that wasn't the practice of the home and she would address it.

The majority of people we spoke with had support from family and friends and did not use any formal advocates, but there were some people that did. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options. Advocacy information was available for people and their family members in the entrance corridor of the home.

Is the service responsive?

Our findings

We checked that people received personalised care that was responsive to their needs.

People told us they were well cared for and they felt staff were responsive to their needs. This was also confirmed by people's family members. Comments included, "You won't find anywhere better than here. It's more like a hotel than a residential home. I have my keyworkers name on my door so that I can talk to them, but I also talk to all the staff. There's plenty of activity happening each day. Today we're going to sing and play instruments and I'm going to go to the luncheon club across the road. Staff will take me in a wheelchair and then I'll use my frame when I'm there", "[Relative's] had their hair done today. Before [relative] came to live here, the manager came to do an assessment. I've been very involved in planning [relative's] care. Staff have asked me all about [relative's] likes and dislikes. [Relative's] very happy most days. There's plenty of activities, parties, singers, arts and crafts etc", "It's a really good home. It's a nice feel, doesn't feel like a care home. There's no odours and [relative] is always kept really clean. I feel [relative] is safe and it was the right decision to bring [relative] here. You can help yourself to drinks on visits", "It's brilliant here. Staff are lovely. Whatever we ask for we get. As soon as [relative] asks for toilet they take her. Staff go out of their way to try and make people happy. Staff get people involved with activities – singing, games etc. They do over and above. I'm very happy and wouldn't want [relative] to move anywhere else", "I found it really difficult to bring [relative] to a home, but since we visited here for a coffee morning, it's changed our life. My family member was really going downhill, but decided they wanted to come and live here and I can't believe how good it is. [Relative] is always clean when I visit and there's never any odours, even first thing on a morning", "If I need to speak with staff you can go to anyone. I've been to activities. In the last three months I've been to three themed nights, which people have really enjoyed. In the day time I've seen jewellery making activities and flower arranging. Sometimes it's provided by staff, other times from people outside. It was worth the wait to get [relative] in here. I enjoy looking at the facebook page. If I need staff to take [relative] to the hospital they will" and "Until recently I thought it was wonderful. I still think it's seriously good".

One person said, "I like it here. They look after me and let me do what I want". They went on to give an example and said that morning they had only just got up, because they fancied a lay in and that was ok with staff.

We saw one person arrive in the dining room and tell staff they needed a battery for their hearing aid. We saw this was acted on straight away by staff. The staff member told us the family provide the batteries and leave them with staff for safe keeping.

Staff were also able to share how they might respond to people's needs. For example, one member of staff described how one person might put themselves on the floor. They wouldn't know what for, but they would know they wanted something, so they would keep trying to speak with them and carry out tasks until they found out what it was they wanted.

We saw the service provided information in the entrance hall about Dearne Hall, including a pictorial organisation chart and information about staff that were champions of a particular cause, such as, dignity.

There was also the service's statement of purpose and last inspection report.

We saw people kept in touch with families and friends. There were many visitors during the inspection and one person told us about their family and that one of their family lived away but they had their own telephone so they could speak with them regularly.

There was information for people and their family members about activities that had been undertaken. This included activities such as 'pat the dog', baking, dancing, weaving and playing instruments. We also saw lots of 'themed areas' and 'reminiscence areas' on display.

Staff told us they were responsible for providing activities, which could be difficult at times when they were busy providing people's personal care. They said, "They just like your time. We always have music on as people seem to respond to that. We have coffee mornings, do reminiscence and massage. People also respond well to pictures and photographs" and "There's plenty of activity in the home. People like Oomph [exercise class], but staffing levels can stop you going out. I like to put a smile on their face. If I can make their day better that's the reward. They're my friends. I think a lot about them and find the work very satisfying".

People, their family members and staff all told us there was regular activities, including singers, and arts and crafts activity on a Thursday. They also said they had themed days, for example, celebrating the queen's birthday. Staff also told us of a virtual train journey they did, stopping at places and providing activities associated with those places, such as Betty's tea room in York.

During the inspection we observed music playing and many people who used the service either singing along quietly or nodding in time with the music.

Some people told us they preferred spending time in their own room, which the staff didn't mind and brought fresh water for them every morning.

People's care plans contained information about the people's preferences and identified how they would like their care and support to be delivered.

Staff spoken with had a good knowledge of people's individual health, support and personal care needs and could describe the history and preferences of the people they supported.

We checked how the service listened and learnt from people's experiences, concerns and complaints.

We saw there was a complaints policy/procedure in place and that this was publicly displayed in the corridor areas of the home.

When we spoke with people and their family members they had no concerns they wished to raise. Comments included, "We have plenty of people to talk to if we are worried or upset" and "I've never complained, but I can talk to any of the staff".

We found the service carried out three monthly surveys with people and their families to assess the quality of the service provided on different themes. We saw that information was displayed about what they had said and what they had done. We saw action had been taken to address improvements, for example, reinstating newspapers, for others there was no record of any action that had been taken, for example, people saying they did not have a key for their bedroom door. We asked a member of staff if an action plan was formulated, so the action to be taken could be monitored. They told us "No. They just did it". This meant that actions taken could not be measured, which may mean people and their relatives did not have

information about improvements to be made to the service in accordance with their comments.

The deputy manager provided a record of complaints that had been made to the service. We found the record did not always include full information about the complaint including letting the complainant know what the outcome of the complaint was. We also found that where action had been identified as a result of the outcome of the complaint, for example, counselling of staff, this had not taken place. This was discussed with the area manager who acknowledged the concerns and confirmed they would be addressed.

Is the service well-led?

Our findings

We checked and found that the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that is person-centred, open, inclusive and empowering.

There had been a change of company name since the last inspection and the service was now part of the Anchor care group.

The service had also had a change of manager since the last inspection, but they had not yet become registered manager. 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 and associated Regulations about how the service is run. The person managing the home was not present during the inspection, but the area manager was able to confirm an application to register had been submitted.

Discussions with staff and family members confirmed these had been a positive changes. Comments included, "I've met the manager and been to activities where she's present", "Since Anchor took over things are even nicer. Environment's better and there's more activities". I know manager well and I'm very impressed with her", "I know manager and can speak with her any time. She is well thought of by everyone at the home and in the local community", "It's well led. Manager's good. She'll help, she's very supportive, but very firm when needed. Things are changing, but it's been a smooth transition. Area and regional staff visit. They come and are very relaxed and talk with staff", "It's very well led. They've learnt me a lot in a short period of time. We have a lot of training. I'd recommend it to others. Everything's done around the residents. Staff come second. I can't fault it. Residents get the best. It's the fun I have. Best thing I did" and "I'm aware who manager is and can talk to her, but all staff are approachable".

It is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that a service displays their most recent rating on their premises and on every website maintained by or on behalf of any service provider. The ratings were displayed on the provider's website. However, the rating was not displayed in the home and the ratings were not displayed in accordance with the latest Commission's guidance. The certificate of registration was not displayed at the service. This had been identified through the service's own audit, but had not yet been addressed.

We found staff meetings had been held, which meant staff were provided with an opportunity to share their views about the care provided. Staff we spoke with stated they were able to voice their opinions about the service at those meetings.

The registered provider had a quality assurance system in place, with key milestones and quality measures identified. This included, the statement of purpose, and other audits and checks to ensure an identified quality and safe service was provided.

There was a monthly senior management visit to monitor the quality of the service provided. These had

started to follow the key question areas associated with the Commissions regulations. An action plan had not yet been formulated, because although the manager had completed their audit, the first oversight had not yet taken place on the new system.

We looked at the statement of purpose. We found this had not been updated to accurately reflect the current information about the service. We discussed this with the area manager who was aware of this and told us it had been identified through the service's own audits. We found the new audit tool would not have identified this as the question about the statement of purpose only asked if it was displayed.

We found other quality measures had not been effective in practice in identifying improvements required with acting on risks identified as a result of people losing weight and the associated record, fire safety and recruitment of staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment All premises and equipment used by the service provider must be clean, secure, suitable for the purpose for which they are being used, properly used, properly maintained and appropriately located for the purpose for which they are being used.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The information specified in Schedule 3 must be available in relation to each person employed

