

Anchor Lodge Retirement Home

Anchor Lodge Retirement Home

Inspection report

Cliff Parade
Walton On The Naze
Essex
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Tel: 01255850710

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

The inspection of Anchor Lodge residential home took place on 08 March 2018. This inspection was unannounced.

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

Anchor Lodge retirement home accommodates up to 14 people in one adapted building. On the day of our inspection there were nine people living at the service.

Anchor Lodge is a large detached building situated on the sea front in Walton on the Naze. The premises is set out on three floors with each person using the service having their own individual bedroom. The service has a communal lounge and dining area.

The service had 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 2008 and associated Regulations about how the service is run.

At our previous inspection in September 2015, we rated the service as 'Good' overall but improvements were required to ensure that the service was responsive and that people were engaged and had enough stimulation on a day to day basis.

At this inspection, we found that the service was no longer Good. We found that significant improvements were needed and we found breaches of legal requirements under the Health and Social Care Act, 2008; 2014

People's safety and welfare were compromised because the owner did not have in place robust and effective quality monitoring and assurance processes to identify issues that presented a potential risk to people. Thorough risk assessments had not been carried out particularly in relation to individual's pressure care needs, risk of falls and to risks within the physical environment. Improvements were required in the monitoring of fluid intake.

Necessary health and safety precautions had not been taken within the home to protect people from risk of harm. The cleanliness of the service had been neglected and improvements were required regarding infection prevention.

Staffing levels at the service were not adequate to ensure that people's needs were met, and they received a good quality of care.

Some staff had not received training, and where staff had received training this had not been effective in ensuring that they had the necessary skills and knowledge to carry out their roles. The requirements of the Mental Capacity Act (MCA) were not fully understood.

Improvements were required to ensure that people's choices were not restricted and that independence was promoted to ensure that people maintained their daily living skills.

People's choices, needs and wishes were not always recorded and language used in care records was not always respectful and did not demonstrate an understanding of the needs of people living with Dementia.

Although some auditing and monitoring systems were in place to ensure that the quality of care was consistently assessed, they had failed to identify the issues we found during our inspection.

There had been a lack of oversight of the service by the owner and the registered manager to ensure the service delivered was of a good quality, was safe and strived to continuously improve.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special Measures'. The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Environmental risks were not effectively managed and the cleanliness of the service needed improvement.

Not all risks to people had been identified and information was not available to staff to ensure that risks were minimised.

Sufficient staff were not employed to support people's emotional wellbeing in a timely way.

Systems for the safe management of people's medicines required improvement.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not received training to ensure they had the necessary skills and knowledge to carry out their roles and meet the specific needs of people using the service.

Although some staff had attended training, the requirements of the Mental Capacity Act (MCA) 2005 were not understood.

People were provided with enough to eat to maintain a balanced diet. However, improvements were required in the monitoring of fluid intake.

People received support to maintain their health and had access to appropriate healthcare services.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were not always supported to make choices and decide how they spent their day.

People's independence was not always promoted.

Staff were kind and caring and had developed good relationships with people who used the service.

People and their relatives were complimentary about the attitude of staff.

Is the service responsive?

The service was not always responsive.

People's care plans did not always reflect their assessed needs and did not detail people's wishes and preferences with regards to end of life care.

Concerns or complaints were investigated, however full details of the investigation were not always recorded.

Requires Improvement 

Is the service well-led?

The service was not well led.

Although audits were taking place to assess the quality of the service these were not effective to identify where improvements were needed.

Staff did not always feel supported by the registered manager and the owner.

There was a lack of oversight from the registered manager and the owner to ensure that the service provided was of a consistently high quality.

Inadequate 

Anchor Lodge Retirement Home

Detailed findings

Background to this inspection

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

This inspection took place on 08 March 2018 and was unannounced and was undertaken by two inspectors.

Before the inspection we reviewed information that we hold about the service such as information shared from the Local Authority, safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

People using the service were not always able to discuss their care with us. We spoke with two people using the service, four relatives, one visitor and five members of staff, the registered manager and the provider. We reviewed four people's care files and four staff records. We also looked at the service's quality assurance systems, staff training records, medicines documents for people.

Is the service safe?

Our findings

At our previous inspection in September 2015, we rated Safe as Good. At this inspection, we found that Safe is Inadequate. Since the last inspection, there had been a change in the management arrangements at Anchor Lodge which had contributed to a lack of oversight from the registered manager and the owner and had also contributed to a decline in the standard of the service being provided.

Risks to people were not assessed and managed effectively. We looked at the care records for four people and found there were no risk assessments in place for pressure care or the management of Urinary Tract Infections (UTI). Two people's risk assessments said that they were at high risk of developing pressure ulcers. There was no guidance for staff to follow to ensure that the risk of developing pressure ulcers was minimised such as encouraging fluids and regular movement. On one person's skin assessment their skin was recorded as 'healthy', however, the care plan monthly review form stated, 'My skin is thin and I could get a skin tear.' There was no information or guidance for staff about how to prevent this from happening. Where two people were at high risk of de-hydration, fluid intake was not recorded so this could not be effectively monitored to ensure the person was receiving enough fluid or to determine where further intervention from other health professionals may be required.

One person had a history of falls. The risk assessment did not cover the measures to take to reduce the risk of a fall occurring, for example to wear good fitting shoes or to remain hydrated. Falls were not effectively analysed for patterns and trends to see if any further action could be taken or if there were any underlying causes for the falls. This meant that we could not be assured that risks to people were managed or monitored to ensure they were safe.

There was limited information on how to support people who could become anxious. There were some strategies in place to support someone once they had become anxious, for example, one care plan said, "If I need to calm down it helps if someone talks to me or brushes my hair." However, there was no information regarding the possible triggers that could cause the person to become anxious so staff were aware of how to prevent the person from becoming distressed. Advice had been given by the dementia team for two staff to support one person. This had not been updated in the care plan. Another person required two staff to support them with personal care and a staff member told us, "[Person] can become upset during personal care and so we support [person] with two carers." However, this information was not recorded in the care plan. This meant that people may not be supported in a way that best met their emotional needs.

Environmental risks had not been effectively assessed and addressed. The door to the dining room had a plastic covering on the bottom which had started to peel off resulting in sharp edges which could cause an injury to someone walking past. There were trip hazards between the dining room and the hallway and from the hallway towards the front door. The owner told us that they were in the process of replacing the flooring in these areas, however the area still posed a risk for people at the present time.

The fire risk assessment had not been updated since 2016. The fire procedure was displayed and stated that in the event of a fire, people should be gathered in the lounge until evacuated from the building. It was

unclear if this phased evacuation had been agreed by the fire service or if these procedures had been recently reviewed. People had Personal Emergency Evacuation Plans (PEEP) in place, however these lacked detail and did not provide sufficient information for staff to enable people to be evacuated safely. These were updated by the owner following inspection, however they did not reflect best practice. For example, two people had a PEEP that said staff were to, 'slide the person onto their duvet in an emergency' and one stated that a staff member could 'lift the person into their wheelchair'. The plans did not identify specialist equipment that should be used for those who are unable to mobilise such as a ski sheet which attaches to the bottom of the mattress allowing for a prompt and safe evacuation. The owner had not considered current guidance available. The lack of a regular risk assessment review placed people at risk of receiving unsafe care in an emergency. The owner told us that they would be arranging for a fire safety visit as a matter of urgency.

Audits had been completed regarding the safety of the environment although the staff member who carried out these checks was not trained or competent to do so. The service had an assessment carried out in 2010 with regards to asbestos. This assessment identified two areas which showed traces of asbestos which were identified as 'low risk'. The recommendation was to 'mark and monitor' these areas. The service had not had another assessment completed on this area since 2010. A checklist of the area was completed by a staff member. We asked the staff member what signs would they look for to establish if there was a change in the affected area and they said, "I don't know as I have not been trained in that." The staff member also completed checks on the fire systems in the service. When asked about what they checked they replied, "I got told to just tick that I had done them." This showed that the staff member responsible for monitoring this risk was not competent or trained to do so and was not checking systems were safe which placed people at risk of any issues not being identified or addressed appropriately. The owner told us that they would source a company to re-assess the area.

We found that there were no clear instructions with regards to infection prevention within the service. Care staff carried out the cleaning as part of their shift and told us that they completed the cleaning when they were not carrying out personal care. Food hygiene processes required improvement. We saw a notice on the fridge which read, 'Please label and date all food placed in the fridge'. We saw that there were opened jars in the fridge which were not labelled. There was a pie from lunchtime left in the oven and cauliflower cheese left on the side both at room temperature. Staff on shift were unsure if these were cooling or if they had been forgotten about. This put people at risk of eating food which had not been stored safely.

The registered manager told us that staff recorded any accidents or incidents in a book that was located on a desk in the hallway. We reviewed this book and found that information had not been completed fully and information could not be found on what actions were taken following any accidents or incidents. The registered manager told us that the information was not analysed for any trends or to identify any follow up action that was needed to prevent a reoccurrence or to identify lessons that could be learnt for the future.

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

Staffing levels were not adequate to meet people's needs. We observed one person request a cup of tea and they were told by a staff member that they would have to wait until another staff member returned from assisting a person in their room because the staff member could not leave the lounge. However, that staff member did leave the lounge as they had to support another person to the toilet. This left people who were at high risk of falls in the lounge without the supervision of a staff member. One staff member said, "We have told [owner] that we need another staff member in the afternoon, if we are supporting someone with a bath, then there is no staff member in the lounge. We close the door to the bottom of the stairs and the kitchen but we are stopping their human rights. Two people are at risk of falls and we have to leave them in the

lounge. We had an incident where one person wheeled another person down the hallway in their wheelchair because there were no staff around." Another staff member said, "We are stretched as there is not enough staff. Two people are at risk of falls but they get left alone. There are at least three people who are totally reliant on the staff so one staff member has to keep checking on them."

We observed one person who was calm and settled engaging with a staff member in the lounge. The staff member who was spending time with them had to assist with getting people's evening meals and therefore could not stay with the person. The person began shouting when the staff member left them. The staff member kept telling the person "I will be there in a minute." However, they did not properly return for at least 10 minutes. This impacted on other people in the lounge and one person asked a staff member if they could go to their room because it was too noisy.

The registered manager told us that staff could request their assistance to support people. Staff told us that this was not always possible due to the registered manager's working hours. One staff member told us, "[Registered manager] is not here for the whole of the afternoon shift and is not available to help at the times needed."

Some people required two staff to support them with bathing and personal care. Staff were also expected to carry out the cleaning of the home as part of their role and in the afternoon, they prepared the early evening meal. One staff member said, "There is enough staff, but there is not always time to do the cleaning but usually if we need to do personal care, [registered manager] would cover. We do get enough time to spend with residents as it is a smaller home." During the afternoon, there were only two staff on shift. This meant that there would be no staff member to provide support to other people at this time. We spoke with the registered manager who told us that some people's needs and dependency varied from day to day and said, "I think there is enough staff to meet people's needs, when everyone is well, but when they are not it can be a struggle." When asked what processes were in place when 'it is a struggle' the registered manager told us, "We just get through it, or at times staff will come in early for their next shift to help us." Therefore, we could not be assured that there were appropriate staffing levels to ensure people's assessed needs were met.

This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that full recruitment checks were not always made on new staff before they were employed by the service. One staff member had been given a reference by the registered manager of Anchor Lodge. This demonstrated a lack of understanding of the reasons for checking the previous employment history for prospective staff. This was discussed with the registered manager who will source an additional reference.

Systems for the safe management of people's medicines required improvement. We observed the registered manager administering people's medication and they were seen to explain to people what medicines were being given to them and why. We reviewed documents for people with regards to the administration of prescribed medicines. We found that not all documentation had been completed with up to date information when people's needs had changed. For example, we reviewed records for two people that had PRN medicines; this means the medicine is given 'as and when required'. The documents for both people described what the prescribed medication form was, for example, tablet form or liquid form. On both records, it showed medication to be of tablet form. We spoke with the registered manager regarding these records as both people were known to have difficulty in swallowing. The registered manager told us that both people were now having the medication in liquid form but the records had not been updated. This meant people were at risk of receiving medication that could put them at risk of choking. The registered manager told us that the records would be updated.

We met with the owner on 28 March 2018 to discuss our findings and concerns. The owner informed us that she had already implemented some changes in the service which included, a change of working hours for the registered manager to ensure she was available to assist staff during the afternoon shifts. They had also arranged for a fire safety visit and a survey of the asbestos and were looking to employ a person to carry out the cleaning duties in the service as this will assist staff to focus on the care for people.

Is the service effective?

Our findings

At our previous inspection in September 2015, we rated Effective as Good. At this inspection, we found that Effective Requires Improvement.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that there was a mixed understanding of the MCA and people had not always consented to their care and treatment. The registered manager did not demonstrate a good understanding of the MCA. Although some DoLS applications had been made for people for Standard Authorisations, there was a lack of understanding with regards to obtaining people's consent with day to day decisions. We found that two people were receiving medication that was placed on top of their food. There were no assessments of people's capacity completed to evidence if they had been involved in this decision or if they were aware of the medication in the food. We spoke to the registered manager who told us that the medication leaflet indicated that the medication could be administered this way. They did not fully understand that the people had not consented to this process or understand that an assessment of capacity and a possible best interest's decision may be required if the person could not provide consent and lacked capacity to make the decision.

The owner told us that staff had completed training about MCA however, staff demonstrated limited knowledge or no knowledge of the MCA. Comments we received when speaking with staff included, "I have had no training in MCA and do not know what this means" and, "I do not know what the MCA is." Two other staff members told us, "I just know that you always believe someone has capacity unless proven not to." And, "It can be confusing (MCA) but I know that you have to make decisions in people's best interests."

This is a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Gaps in the knowledge of the staff team had not been identified or addressed by the management team at Anchor Lodge. While staff were aware of their responsibilities regarding safeguarding people from abuse not all staff had received training. We received mixed feedback from staff about the effectiveness of the training and whether they felt they were knowledgeable about their role. Staff told us that they had completed some training on line. One member of staff told us, "I had an induction and we went through the policies and

procedures and I shadowed on my first shift. We are given all the information we need to know. I have done training in medication, first aid, fire safety and the Care Certificate but I haven't done Safeguarding or the MCA (Mental Capacity Act 2005)." Another staff member told us "I have not had enough training to do the job. I don't know about textured diets. I haven't had epilepsy training. I did not learn anything on my first shift. I don't know how to reduce the risk of a UTI. I can't take all the training in because we are doing it on our own." A third staff member said, "I had no induction and I haven't got a phone or a laptop to do the training. I have got an NVQ level 2." Another staff member told us that they were not able to do the training unless they went into the service on their day off. This meant that staff did not have the right skills and knowledge to effectively meet the needs of the people they are supporting.

Staff did not receive regular supervision. We looked at records for four staff members and could not find evidence of staff receiving regular supervision. One staff member had not received supervision since March 2017 and another staff member had not received any supervision since 2016. This meant that staff had not received professional support regarding their performance or areas for improvement.

This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After inspection, the owner sent us a training matrix which showed what training each member of staff had completed and what training was outstanding for each member of staff. The owner informed us that all training would be completed and up to date within four weeks of the inspection.

Although some people's rooms had been decorated in a personalised way, we found that the décor and maintenance of the home needed improvement. Although some improvements had recently been completed to the home, it was evident that more were required. The environment required a deep clean and decoration. There were numerous cobwebs up the stairs and on the flower arrangement at the top of the stairs. In one room there was a very old disused heater installed on the wall and in three of the other rooms there was paint peeling off from door frames. The radiator covers were old and broken in places. We spoke with the owner who told us that they are currently renovating the home and would hope to have these works completed in the near future. The owner told us that she had involved people who live at Anchor Lodge and their relatives in the plans for redecoration.

We viewed the care records for four people who live at Anchor Lodge, and although people's physical and mental health needs were assessed, these were not consistently recorded to ensure people received the care and support they would require. For example, one person's care plan recorded that they had difficulty in weight bearing and therefore required the use of a wheelchair for all transfers. There was no further instruction on how this person would be transferred into the wheelchair, for example using the hoist or other available equipment. Another person had been assessed to have a risk of 'skin breakdown'. There was no evidence of a care plan or risk assessment in place to instruct staff on how to minimise this occurring. This meant that staff did not have the information they required to support people effectively.

People had a form named 'Ambulance Form' in their care records. It recorded information about a person's physical and mental health needs and what was important to them to assist other professionals when the person moved between services. However, the information was not always accurate. For example, we saw that one person's mobility needs were not recorded to give clear directions on what equipment should be used to enable them to be transferred safely. This meant that the person could be supported in a way that did not meet their assessed needs.

We observed the lunchtime meal, which was relaxed and people were enjoying the food that had been provided for them. One person said, "I want another portion – it is lovely." The cook was chatting with

people in the dining room and noticed one person using their fingers. They had a knife, fork and spoon. The cook said, "Use your spoon if you find it easier." The cook was offering to cut up people's food and was offering people a choice of drinks. People could eat when it suited them. Two people were sleeping so were offered their lunch when they woke up. Where people were being supported to eat, the staff member went at their pace and continuously checked they were ready for more of their meal, comments included, "Are you ready for some more? Do you want some of your drink?"

The menu was displayed in the lounge. During the morning the cook asked what people would like to eat and changed the menu to reflect the meals on offer for the day. One person said, "The food is nice, some days it is better than others but on the whole it is okay. We get a choice, usually soup and something else. If you don't fancy anything, they don't press you to eat." One relative said, "The food is very good from what we see. There is always a variety and [relative] enjoys their food and eats well."

Despite our findings, we received positive feedback from relatives about the care their family members received at Anchor Lodge Retirement Home, comments included, "I am very impressed with [relative's] progress as they couldn't walk when they came here and now they are walking down to the shops. They [staff] do so much for people here." And, "I like the way that they are on top of things. If [relative] is under the weather, they pick it up and deal with it."

People were supported to see healthcare professionals. Chiropodist visits were logged and regular monitoring of one person's sedation levels was completed by a GP. One relative said, "Staff deal with whatever needs to be done. They [staff] are observant and notice things and where needed call the nurse in."

Is the service caring?

Our findings

At our previous inspection in September 2015, we rated Caring as Good. At this inspection, we found that Caring Requires Improvement.

People were not always supported to have a choice or maintain their independence. One staff member said, "If someone is capable, we get them to do things for themselves, rather than do it for them." However, where one person told us they would be able to make a hot drink and a sandwich for themselves with support, this was done for them by the staff. They were offered a bacon sandwich but were not asked how many they would like and after they had finished said, "I could do with another one really." The staff member did make another sandwich for them; however, the person was not initially offered a choice. The same person said, "I could make it myself but I don't here. I'm not allowed in the kitchen."

Staff we spoke to were able to tell us about each person's likes and preferences and what was important to them, although this information was not consistently available within people's care records. For example, a document titled 'The story of me' had not been completed for three of the four people's records that we looked at.

Bathing records were inconsistent and recorded in two different places. This made it difficult to monitor the frequency with which people had been supported. One staff member said, "If a person asks for a bath, they can have one but we aim for a bath once a week to ensure that they have one." This was institutional practice and did not reflect a responsive service that worked around the needs and wishes of the people being supported.

Care records were not always written in a respectful way, did not demonstrate that staff understood dementia or it's associated conditions and were focused on the tasks completed rather than on the person. For example, we saw one record that read, "[Person] has enjoyed being disruptive." And, "Person has been in a foul mood this afternoon. Ate fine, drunk fine assisted to bath and with personal care." We discussed this with the registered manager who told us this would be addressed.

This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite our findings, people we spoke with and their relatives spoke positively about the staff at Anchor Lodge, and comments included, "I like living here. They [staff] look after you well. It is free and easy. It makes a difference when the staff are nice. They are very helpful and they are never in a bad mood." Also, "The care is good. We do not always come at the same time but whenever we come the staff are there and they are always friendly it is a proper home and we looked at loads before [relative] came here." And, "They [staff] are an exceptional team and their kindness is amazing. They go the extra mile. I wanted to go to the press and say how fantastic this place is as not many people can provide excellent care and sustain it. The staff absolutely have the right values in place. They put things right quickly and we trust them. I can rest and don't worry."

People told us that they were involved in decisions about their care, comments included, "I fill out a questionnaire or the staff will sit and ask me what I want." Also, "They do ask me what I want to do and will help me." Relatives confirmed that they were involved in care planning for their relatives.

Is the service responsive?

Our findings

At our previous inspection in September 2015, we rated Responsive as Requires Improvement. At this inspection we found that improvements were still required to ensure that people were engaged and had enough stimulation on a day to day basis.

At this inspection, we found that some improvement was still required. We received mixed feedback on the activities offered. Some people and relatives were happy with the activities although some requested more variety. Comments included, "The staff took [relative] out to a tea dance and they can go to church. They [staff] play Frank Sinatra for [relative] and do crafty stuff." And, "I have my hair done once a week or every other week. During the week we chat or if it's nice we go in the garden or the conservatory." However, one relative said, "I did at one-point think that there should be more activities but [relative] prefers conversation and its tricky getting the right sort of activity." One staff member said, "It can be difficult to get people to engage. People have not been on any day trips because of the weather."

Activities were organised by staff that are on shift on each day and during our inspection we observed staff encouraging people to take part in an activity that involved first aid skills. Staff told us that this was because a person that lived at Anchor Lodge used to be a nurse and this encouraged them to participate and socialise with other people. One person was also having a hand massage in the lounge.

We saw from questionnaires that had been sent out to people requesting their views, that one response had said that activities were poor. Residents meetings had been held and activities had been discussed at these meetings. One person had requested to go to the pub more often and another person had suggested an owl visit. Action was recorded to 'enhance activities' however we could not see if this had actually happened. Due to the inadequate staffing levels observed, the activity provision required review to ensure that people were engaged in a way that met their individual needs to ensure their wellbeing.

We spoke with the owner who told us that they were currently looking to recruit a person to facilitate activities on a regular basis.

In each person's room, there was information on how to complain if they were unhappy with the service. Staff told us that they would also assist people to raise complaints if required. We looked at the complaints records for the service and found that although complaints had been investigated, not all outcomes had been documented. We spoke to the registered manager and they told us that all complaints are dealt with but agreed that the recording of actions required improvement to ensure all details were evidenced.

People's care records did not consistently detail their preferences and choices for their end of life care. While there was no-one at the service who was nearing the end of their life, staff had not had training on end of life care. There were no wishes recorded for advanced care planning to take into account people's individual preferences, choices, spiritual and culture needs. Staff we spoke with also told us that they had not received training in end of life care. We spoke with the owner who told us that training would be sourced for staff to attend.

Despite our findings, people and relatives, we spoke with were complimentary about the service and staff. Comments included, "I am not asked about things but if I am not happy about things, I tell them and they will discuss it and talk to me about what I want to change." Also, "They [staff] treat people like individuals. [Relative] likes to have a lie in and staff let them have one. It is individual and I appreciate that."

Is the service well-led?

Our findings

At our previous inspection in September 2015, we rated Well Led as Good. At this inspection, we found that Well-Led is Inadequate. Since the last inspection, there had been a change in the management arrangements at Anchor Lodge which had contributed to a lack of oversight from the registered manager and the owner and had also contributed to a decline in the standard of the service being provided.

Effective systems and processes were not in place to monitor and assess the quality and safety of the service resulting in issues as identified in this report which had not been addressed.

Quality assurance systems had failed to identify the issues we found during our inspection, including shortfalls relating to risk assessment, the environment, cleanliness, recruitment, training needs, consent, inconsistent records and the absence of information to be able to support people with their physical and psychological needs.

Despite some quality assurance audits being completed on areas such as medicines, care planning and health and safety, these had not been effective in identifying where improvements were needed. For example, the monthly audits that had been carried out for infection prevention and the environmental weekly cleaning audit had not identified the cleaning required in stairways or that the extractor fans were not being cleaned as per cleaning schedules. Auditing processes were not robust because the person completing these was not competent or trained to do so. The service had a survey completed in 2010 on 'suspected asbestos' in the staff room area and laundry. The recommendation was for the service to 'mark and monitor' the asbestos within those areas. No further surveys had been undertaken since this date and the audits that had been completed were not effective as the staff member completing them had not received training in Health and Safety. The staff member had also been completing checks on the firefighting equipment and call bells. The staff member confirmed that they did not know what they were checking for. We spoke with the registered manager and the owner and they agreed that these tasks should not have been given to this member of staff due to them not being appropriately trained.

Although the owner visited the service, they did not complete any audits to ensure that they had effective oversight or understood where there were concerns or areas for improvement. The registered manager could not evidence that the information from the audits that staff completed was analysed and used to drive improvement within the service. Therefore, the registered manager and owner did not have a clear oversight of the running of the service which had contributed to the issues we found during inspection.

We received mixed feedback regarding the support that staff received from the registered manager and the owner. The registered manager had been in post since 2017 but had worked at Anchor Lodge for many years. Staff told us that although the registered manager was approachable, they felt that they needed further support due to the amount of work required of them. One staff member said, "They [registered manager] does try to offer help but they cannot always be available when needed." Another staff member said, "I don't feel we are listened too. We have had a difficult situation here recently and I did not feel very supported. [Registered manager] is not supported. I have seen [owner] twice since September. We should

have staff meetings each month but we do not." A third staff member said, "We don't really see [owner] or speak to them. I don't have their number. [Registered manager] is approachable. I asked for a staff meeting recently which is in the diary but we have not had one yet."

Staff were not provided with adequate support to complete training as identified in this report. Staff told us that they had been expected to complete the training (e-learning) in their own time and were not paid to complete this. One staff member explained that they do not have access to a computer system at home but was told they could go into the service in their own time to carry out the training which the staff member had refused to do as they would not get paid for this. The owner told us that this would be reviewed.

The registered manager and owner were not up to date with best practice or their responsibilities under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, they were not aware of their responsibilities under Regulation 20: Duty of Candour and did not have knowledge of this regulation or have a policy in place. This regulation encourages open and transparency within health and social care services. Some policies and risk assessments within the service were out of date. For example, the Health and Safety policy had not been reviewed since 2015 and the fire risk assessment had not been reviewed since October 2016. The owner had not followed current best practice regarding fire safety risk assessment in residential care homes.

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

Despite our findings, people and their relatives were mostly complimentary about the registered manager and how the service was managed. One relative said, "The management are very approachable and they decorated the room when [relative] came. [Registered manager] is very calm and I admire their ability to keep different situations calm. It is very reassuring." Another relative said, "If I wasn't happy I would say and any concerns would definitely be sorted out."

A third relative said, "If I have any concerns, I speak to [Registered manager] and it gets sorted out. I never feel worried as I know that they love [relative] and look after them well."

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People were not always supported to have a choice or maintain their independence and information regarding people's preferences was limited.</p> <p>The language used in records was not always respectful, records were task focused and did not show an understanding of people's individual needs.</p> <p>Some practices were institutional and did not centre on the needs of the individual.</p> <p>9(1) (3)(a) (3)(b) (3)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Staff and the registered manager demonstrated a limited knowledge of the Mental Capacity Act 2005 and people had not always consented to their care and treatment.</p> <p>11(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Environmental risks were not effectively managed and infection prevention processes required improvement.</p>

Individual risks had not been assessed or managed effectively.

Risks were not regularly reviewed.

Audits were completed by someone who was not competent or trained to do so.

Accidents and incidents were not monitored or analysed to ensure that lessons were learned.

12(1) 12(2)(a)(b)(c)(d)(h)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

Effective systems and processes were not in place to monitor and assess the quality and safety of the service.

There was a lack of oversight from the registered manager and provider to ensure the service continually improved.

Staff were not provided with adequate support or training.

The registered manager and provider were not up to date with best practice or their responsibilities under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

17 (1) (2)(a)(b)(f)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staffing levels were not adequate to meet people's individual needs.

Gaps in the knowledge of the staff team had not been identified or addressed and staff did not receive regular supervision.

18 (1) (2)(a)