Anchor Carehomes Limited

Beech Hall

Inspection report

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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

This inspection took place on 19, 20 September and 2 October 2017 and was unannounced. This was the first inspection we have carried out at this location since a change to their registration in May 2017.

Beech Hall is registered to provide accommodation for up to 64 people requiring nursing or personal care. Beech Hall is purpose built and is located in the Armley area of Leeds. Accommodation is over three floors. The top floor can accommodate up to 25 people, the middle floor 23 people and the ground floor up to 16 people. Each floor has single bedrooms which have en-suite facilities. There are communal bathrooms throughout the home. Each floor has an open plan communal lounge and dining room. The home has a lift to access all floors and has car parking to the front of the building. There is a selection of communal rooms throughout the building.

At the time of this inspection the home had a registered manager who had been in post since February 2017. 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.

Before the inspection we received a notification of an incident at Beech Hall that occured prior to the current provider's registration. Following the incident a service user sustained a serious injury. The incident is subject to a criminal investigation and as a result of these considerations, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management and safety of equipment and staffing levels. This inspection examined those risks.

We identified a number of concerns relating to fire safety. This included daily fire safety checks not being carried out, failure to maintain equipment and insufficient staffing levels. Following our inspection we contacted the fire service and they visited the home.

We found that essential health and safety checks of equipment used to assist people had not been carried out. This put people at risk of harm.

The home did not employ staff for the purpose of organising and facilitating activities for people. The registered manager told us this was the responsibility of care staff. Our observations were that people living at the home were not provided with the opportunity to engage in meaningful activities. We recommend that the provider reviews their training for staff in relation to the delivery of meaningful activities for people living with Dementia.

We looked at the home's medication policy and found it was robust and gave staff guidance on how to administer people's medication safely and appropriately. Records we looked at were accurate, medication

rooms were clean and tidy and temperatures of both the room and the medication fridges were monitored and recorded.

Recruitment practices were safe and thorough. Staff demonstrated a good understanding of how to protect vulnerable adults. They told us they had attended safeguarding training. Policies and procedures were in place to make sure any unsafe practice was identified and people living at the home were protected. People living at the home told us they felt safe and knew how to report concerns about their safety if they had any.

During our visit we saw people looked well cared for. We observed staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated that they knew people's individual characters, likes and dislikes. People's nutritional needs were met and they had access to a range of health care professionals to maintain their health and well-being.

Care plans were person centred and individually tailored to meet people's needs. We looked in people's bedrooms and found people had personalised their rooms with ornaments and photographs.

There were systems in place to ensure complaints and concerns were fully investigated. People who used the service and their relatives were aware of how to report concerns.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures 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.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

There were a number of issues relating to fire safety and safety of equipment used in the home which had not been identified by the registered manager or the provider.

Staffing levels were not sufficient at all times and there was a risk that people's needs would not be met and their safety compromised.

Items of equipment used to support people were found to be unclean. There were no cleaning schedules in place for this.

Arrangements were in place to ensure the safe management of medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff training provided did not equip staff with the skills to support people with aspects of person centred care.

Supervision and appraisals were not consistently carried out with staff.

People's mental capacity had been assessed and the provider had made appropriate Deprivation of Liberty Safeguards applications to the Local Authority.

People had access to healthcare professionals when required. People's nutrition and hydration needs were met.

Is the service caring?

Requires Improvement

The service was not consistently caring.

The concerns noted in relation to the provider meant we could not be confident of the caring nature of the provider.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

People's relatives spoke positively about the home.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not always offered the opportunity to engage in activities which were meaningful to them.

People and their relatives were able to give feedback on the service provision.

People and relatives had no complaints about the service. Staff were aware on how to manage complaints.

Is the service well-led?

Inadequate

The service was not consistently well-led.

The inspection team identified multiple concerns which had not been identified by the provider.

The provider had systems in place to monitor the quality of the service however, these were not robust. People were put at risk because systems for monitoring quality were not effective.

There was a clear management structure in place. Staff told us they did not always feel included in the running of the service.

The service had not sought the opinions of people living at the home via a formal satisfaction survey however, residents meetings were held at the home.

Beech Hall

Detailed findings

Background to this inspection

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

This inspection took place on 19, 20 September and 2 October 2017 and was unannounced.

The inspection team comprised of two adult social care inspectors, one medicines inspector, one specialist advisor in governance and an expert-by-experience who had experience of older people's care services and in people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. We also made contact with the local authority for any information they had that was relevant to the inspection.

At the time of our inspection there were 58 people living at the home. During the inspection we spoke with 20 people, two relatives, five visiting health professionals, six members of care staff, the maintenance person, the registered manager and the district manager. We observed interactions between people and staff members to ensure that the relationship between staff and the people was positive and caring. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people when they may not be able to tell us themselves.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at seven care plans, which included risk assessments.

We reviewed four staff files which included training and supervision records. We looked at other documents held at the home such as medicine records, quality assurance audits and staff meeting minutes.

Before our inspections we usually ask the provider to send us 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. We did not ask the provider to complete a PIR prior to this inspection.

Inadequate

Is the service safe?

Our findings

During the inspection we reviewed premises safety. We identified a number of issues relating to fire safety which we reported to the registered manager immediately. We reviewed records of daily fire safety checks. This included escape routes, fire warning systems, emergency lighting and fire fighting equipment. The registered manager confirmed that two staff were trained to complete these checks. We looked at the records for July 2017. We saw these had not been carried out on nine occasions. In August 2017, the checks had not been carried out on 19 occasions. In September 2017, none of the daily fire safety checks had been completed. The maintenance person told us the registered manager had given them other tasks to complete in relation to the premises which had prevented them from completing these checks.

Three issues had been identified in July and August's safety checks these related to 'Are escape routes clear', 'Are there any fault and/or disabled lights showing on the fire panel, 'Is emergency lighting and sign lighting working correctly and are charging lights visible'. Records we reviewed showed that no corrective actions had been taken. The maintenance person had reported the seal on cross compartmental fire doors as being faulty in March 2017. A further request for repair for doors of the café and double doors next to the COSHH cupboard had been reported on 16 March 2017. Under actions taken it stated, 'Reported to management'. There were also three emergency lights reported as not working in August 2017. In May 2017, a weekly automatic door release test identified that one of the bedroom doors had become disarmed. This meant it would not automatically close in the event of a fire. None of the repairs had not been carried out at the time of our inspection. The registered manager told us they were aware of the need for these repairs to be done but had chased them up with the provider a number of times without success.

We spoke with staff about their experience of fire drills. Three of the five staff we spoke with could not remember when they had last attended a fire drill. We asked staff if they had practised an evacuation drill where they were able to use equipment to assist people. Staff told us they had not. One staff said, "I have done fire training and I know there is equipment to use but never touched it." Another staff member told us they had not attended fire training as it had been cancelled due to low numbers. The provider had guidance in place on fire drills in the fire safety policy which identified, 'A fire drill should be carried out at least twice as year for all staff and the findings recorded. It must also be ensured that the fire drills are carried out at such times as to include night duty staff.' We looked at records of three fire drills dated from 30 June 2017 to 4 September 2017. None of the drills had been carried out at night. The registered manager told us there was no schedule in place for when fire drills were planned to be carried out. Records showed a fire drill carried out on 30 June 2017 had identified a number of concerns relating to staff's performance. Comments documented on the record included, 'No 999 call, No roll call, couldn't use radio and couldn't find fire.' The remedial actions recorded were, 'Weekly drills.' Records showed there were no fire drills carried out in July or August and the next fire drill was dated 4 September 2017. There were no records to show which staff had completed a fire drill. We were sent a matrix of this after the inspection which showed that two staff at the home had never attended a fire drill.

We looked at the floor plans of the home which showed how in the event of a fire the service could move people to safety using areas of the home which had cross compartmental fire doors. We saw people had

Personal Emergency Evacuation Plans (PEEPs) so staff were aware of the level of support people required. The PEEP's showed that 54 out of the 58 were rated as 'Red' which meant, "Can't self evacuate". Due to our concerns about staff competency in the event of a fire and the current staffing levels at night, we reported our concerns to the fire service. They visited the service and told the provider to increase the number of staff at night from five to eight. This number of staff was to remain in place until the provider could demonstrate staff were able to evacuate people safely in the event of a fire. Following the inspection, the provider worked with the fire service to ensure safe staffing levels were provided.

On the third day of our inspection, we were told by the registered manager that the head of health and safety had reviewed all of the PEEP's. We looked at the records and saw that of the initial 54 people who were rated as 'Red' this was now reduced to 11 people. The registered manager confirmed these changes had been taken with no proper assessment of the needs of the people concerned. This demonstrated that the provider had taken action which compromised the safety of people living at the home.

We reviewed records relating to monthly safety checks of equipment used to assist people, this included wheelchairs. We found that wheelchairs in use at the home had not been checked since 30 June 2017. We asked to look at the wheelchairs in use at the home. We looked at 12 wheelchairs and found that five of them required repairs, including a missing lap strap catch and faulty brakes. We looked at the care record of one person who used their own wheelchair at the home. On 16 September 2017, the risk assessment for use of wheelchair and scooter stated, "My lap strap is available and fitted correctly." This person's wheelchair did not have a catch fitted on the lap strap to ensure it could be fastened to keep the person safe. Failure to carry out repairs to equipment meant that people's safety was being compromised.

There were areas of the home which required repair. This included the kitchenette area on the top floor of the home. The front of one cupboard was peeling off which meant staff could not clean it. Upholstered chairs in the communal lounge were stained and some had dried food on the arms. We found toilets in communal bathrooms throughout the home were stained and unclean. Three blue coloured toilet seats in communal bathrooms and toilets were badly stained and had split in places. This also meant staff may not be able to clean them effectively. We found there were no cleaning schedules in place for items of equipment used to assist people such as wheelchairs, weighing chairs, bath seats and commodes. We saw footplates of the weighing chair and handles of wheelchairs were dirty. One commode and a bath chair had faeces on the underside. We reported these issues to the registered manager who ensured that a cleaning schedule for equipment was created. However, when we returned to the home 12 days later, we found that cleaning of equipment had not been carried out.

There were designated storage areas throughout the home which were cluttered. Some of these contained items of equipment for use to assist people including hoists, slings and zimmer frames. Due to the items stored in front of them it may be difficult to access them safely. We spoke with one staff member who told us this was not a problem as no one required the use of the equipment. However, at lunch time we saw a person being supported by staff with a piece of equipment.

We asked the district manager and registered manager for a copy of the electrical hardwiring safety certificate for the service. The copy provided to us was dated 24 June 2016 and rated the service's electrical system as 'unsatisfactory'. This was defined on the documentation as 'An unsatisfactory assessment indicates that dangerous and/or potentially dangerous conditions have been identified'. We spoke with the registered manager who told us there was a newer version. We were told we would be sent a copy of the latest certificate. However, the provider was unable to locate this. A week after the inspection we were sent a copy of a new electrical safety certificate. This had been completed on 25 September 2017. We were told by the district manager that due to a change in electrical contractors used, the provider had arranged for the

new electrical contractor to visit the home to check the remedial works identified in the inspection were safe.

The above issues related to a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

We spoke with the registered manager about the staffing levels within the home. They told us there were 10 members of care staff on duty between 7am and 10.30pm. These were allocated over three floors. Four staff on the top floor for up to 25 people, four on the middle floor for up to 23 people and two on the ground floor for up to 16 people. At night, these figures were reduced to five staff after 10.30pm. These were allocated as two staff on the top floor, two staff on the middle floor and one staff member on the ground floor.

The provider used a dependency tool to calculate the numbers of staff required to provide care for people living at the home. We reviewed the assessed level of dependency of everyone living at the home. We found there were a number of people who required staff to assist them with their needs. This included personal care, using the toilet and mobility which required sometimes included the use of equipment. The dependency tool rated people as low, medium or high. The guidance on completing the assessment did not provide guidance on how many staff were required under the level of dependency the person was assessed at. This meant staff completing the assessment were responsible for stating the number of staff required to support the person.

We reviewed a number of dependency level assessment documents. We saw staff had rated some people who required assistance from two staff as having a low level of dependency. We also saw examples of where other people requiring two staff were rated as medium, and high in another instance. We spoke with the registered manager who told us the dependency levels of people were used to calculate staffing levels. All but three of the people living on the middle floor of the home required the support of at least one staff member with their mobility and personal care needs. Three people required the support of two staff at times. There were two staff on duty at night. On the ground floor, 15 people required support from staff with one person requiring two staff at times. There was one staff member on duty. In relation to care at night in the home, we were concerned that there were not enough staff available to people to maintain their safety and meet their needs. The staffing levels at night were increased by the last day of our inspection following a visit from the fire officer. They were concerned that with five staff in the building there would not be enough staff available to meet the support needs of people in the event of a fire.

During the inspection, we carried out observations throughout the home. We saw that staff were busy. On the top floor, we saw there were three staff on duty. Staff told us that as the floor had six empty beds the registered manager had reduced the staffing levels to three staff during the day. We also looked at the staff rota which confirmed this. At lunch time, a fourth staff member was allocated to the top floor from the laundry to assist with serving meals. The duty rotas dated between 28 August 2017 to 1 October 2017 showed there were 18 out of 28 days where there were nine staff on duty in the home. We spoke with staff and asked them about the staffing levels within the home. Staff told us they were busy and very rarely had time to get everything done. They told us they were responsible for completing a number of domestic tasks in addition to providing care and support for people. These included; preparing and service breakfasts, serving lunch, washing dishes and using the dishwasher, setting tables, stripping beds and making sure peoples bedrooms were tidied.

We observed the dining experience on the top floor. A GP had arrived to see a person so one staff member escorted them and then completed the relevant documentation. It was clear from our observations, a fourth member of staff was required. Not all of the people living at the home chose to eat in the dining room. This

meant staff had to plate up their meals on a tray and take them to the person. Also, offer any assistance that may be required. We heard a call bell going off for almost 10 minutes and when we asked a staff member about this they said it was on another floor. We looked at the call bell system and saw it was a room very close to the dining room. We alerted staff to this and they went to offer assistance.

One person in the dining room who required assistance with their meal had to wait until all meals were served to other people before they were assisted. Throughout the meal, we were very aware of the level of noise created by staff who were plating food from a hot trolley. We saw that although staff were caring in their approach, they did not have time to engage with people and the whole dining experience appeared to be very task orientated.

People we spoke with told us they felt safe living at the home. We received mixed feedback when we asked people if staff were available to assist them when they needed help. One person told us, "It's not always good in terms of getting staff when you need them. They are very busy so I know I have to wait." Another person told us, "They do their best but you are a good while waiting." Other comments we received included, "I can't complain as I know they are doing their best but I wait for family if I need anything." "I feel like I'm keeping them from things when I ask. They do get around to me but I often have to wait."

The above issues related to a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

We spoke with members of staff about their understanding of protecting vulnerable adults. They demonstrated a good understanding and could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. Staff records confirmed staff had completed safeguarding training. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We found there was a robust recruitment policy in place. Staff we spoke with told us they had filled in an application form, attended an interview and were unable to begin employment until their Disclosure and Barring Service (DBS) checks and references had been returned. The DBS is a national agency that holds information about criminal records. We looked at three staff personnel files which showed detail of the person's application, interview and references which had been sought. These checks helped to ensure the provider made safer recruitment decisions and helped to prevent unsuitable staff from working with vulnerable people.

We looked at records relating to medicines and arrangements for ordering and storing medicines on all three floors of the home. We observed people being given their lunchtime medicine and saw staff gave medicines in a kind and patient way and signed the records after they had been given. Medicines that were required to be given at specific times to be effective were given at the right times.

Medicines were stored securely in locked cupboards and temperature sensitive medicine was stored in a locked fridge. Maximum and minimum temperatures were recorded daily, in accordance with national guidance and fridges were within the required range. We saw medicines labelled with the date they were opened, where appropriate, apart from one resident's oral liquid. Controlled drugs were stored in suitable controlled drugs cupboards and access to them was restricted. Medicines were administered by two staff to avoid errors.

We looked at peoples Medication Administration Records (MARs) and records when creams and ointments were applied. All records had a photograph to help identify them and records clearly stated if someone had an allergy. We did not see any 'gaps' in administration records and any handwritten entries were signed by two staff, which helped to prevent mistakes. When medicines were prescribed 'when required' additional information was available to help staff to give the medicine safely.

Some people were prescribed topical medicines, for example, creams and ointments and some required a patch applied to the skin. We saw current records for the application of these medicines and body maps to show staff where they should be applied. Records were completed by staff after the topical preparation had been applied.

We reviewed records relating to accidents/incidents in the home and found they were mainly involving slips, trips and falls. We found investigations had been completed and action taken to minimise the risk of reoccurrence. For example, implementation of new care plans and risk assessments and involvement of the enhanced care homes team and falls team. Minutes of staff meetings confirmed accidents and incidents were discussed with staff. This demonstrated there were systems in place to monitor accidents and incidents.

Requires Improvement

Is the service effective?

Our findings

Records we reviewed confirmed staff had received the providers mandatory training in health and safety, first aid, fire safety, food hygiene, medicines, dementia and infection control. The provider used e-learning and face to face training to train staff. A number of staff were in the process of completing the 'Care Certificate'. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. An electronic training matrix was in place and the district manager told us that the service's aim was for 90% compliance with training. However, none of the compliance figures for training showed that this figure had been achieved. Staff training had been identified within the providers own quality assurance systems as an area requiring action.

Staff we spoke with told us they felt they had not received all the training they needed to carry out their role. One staff member said, "We're always doing training but it's necessary so not a problem. I just wish they would provide something on activities. I don't know where to start." Another staff member said, "There is a lot of training but not all in relation to what we do on a day to day basis. It's part of the job to keep up to date." Two other staff we spoke with told us they were expected to carry out activities with people living at the home but had not received any training for this. We spoke with the registered manager who confirmed this. This demonstrated staff did not always have access to the training which would have provided them with the required skills to deliver person centred care.
We recommend that the provider reviews their training for staff in relation to the delivery of meaningful activities for people living with Dementia.

We reviewed records relating to staff supervision and appraisals. These were located in both staff files and on a matrix which was held by the registered manager. We found inconsistencies in the regularity of supervisions. Sixteen out of 47 staff had not had regular, six weekly supervisions in line with the provider's policy. We spoke to the registered manager who told us they were aware of the irregularity of supervisions and their intention was to undertake supervisions on a six weekly basis. A supervision is a one to one meeting between a member of staff and their supervisor. Regular supervision can help highlight any shortfalls in staff practice and identify the need for any additional training and support. On the matrix we saw there were no dates entered for completed or planned appraisals. The registered manager told us appraisals were due to be undertaken in April. They said that they would check when staff's appraisals had been conducted when they undertook forthcoming supervisions. We concluded the provider had not taken appropriate steps to ensure staff received appropriate supervision and an appraisal to make sure competence was maintained.

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

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. Not all of the people who lived at the home had the mental capacity to make informed choices and decisions about all aspects of their lives. We saw some people had mental capacity assessments and when decisions were to be made for someone who lacked capacity, we saw best interest meetings had been held.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw people's capacity had been assessed and the provider had made appropriate DoLS applications to the Local Authority. However, we saw some confusion around documentation being used. For example, if people did not have capacity to make their own decisions, this was documented on a capacity assessment. Decisions in relation to individuals had been made through a best interest meeting. A best interest meeting is a meeting between different people involved with a person's life and care in order to make the best decision on behalf of the person. However, the service also had a form called the 'consent to care statement' which we found was signed by relatives who did not have a Power of Attorney for the person involved. This form therefore indicated a member of the person's family could make decisions on their behalf, when they were not legally empowered to do so. This therefore contradicted the best interest meeting's which had been held. We mentioned this during feedback and the district manager agreed this was an area of confusion and it would be looked at.

People were supported to access health services when needed, for example their care plans were in place which described the support each person needed to maintain their health. We saw where external professionals had been involved their recommendations were clearly recorded and implemented into the person's care plan. During our inspection we saw staff attending to one person who said they were in pain. Staff were responsive to this person offering pain relief and contacting the person's GP to arrange an appointment. Feedback from visiting professionals to the home was consistently good. They said that staff at the home communicated any concerns in a timely manner. One district nurse told us, "It's one of the best homes I come to. It's not just a beautiful building but the care is beautiful too."

The home was being provided with input from the Enhanced Care Home Scheme (ECHS). The team are made up of a range of therapists and are funded by the local CCG. They take referrals from care homes in the West Leeds area who have historically sought a high level of accident and emergency admissions. The scheme conducted an in-depth collaborative project with Beech Hall, partly to analyse falls data and make recommendations to reduce falls and potential harm to residents. Results based on a four months audit in 2017 were a 61% reduction in the average number of falls per month. The average number of individuals who have fallen had gone down. There has been a 31% reduction in emergency attendances and 46% reduction in emergency admissions following ECHS's input into the home.

Targeted training has been provided to staff by the ECHS, with a focus on people with a high risk of falls during handover periods. There has been a focus on nutrition and hydration, including bespoke mealtime analysis and promotion of meaningful activity. In addition, ECHS physiotherapists, occupational therapists and dieticians have had a presence in the home in response to individual referrals for falls, falls risk and changed mobility status. The registered manager spoke highly of the scheme and the positive impact it had on the home.

People were supported with their nutritional requirements. We saw people's weights were monitored where required. If people were nutritionally at risk, staff filled in a Malnutrition Universal Screening Tool (MUST) and evaluated this on a monthly basis. This tool indicated to staff the level of risk and if further action may be required. Records indicated some people were supported to eat high calorie diets to gain weight. Weight records were then plotted on a graph so it was easy to recognise their weight gain or loss. We received mixed

feedback from people about the food provided at the home.

Requires Improvement

Is the service caring?

Our findings

Although we did not observe any poor practice, due to the concerns raised during our inspection, we could not be assured of the caring nature of the provider.

Most of the people we spoke with told us they were happy with the care they received at the home. One person told us, "The staff are very helpful." Another person told us, "I like it here. Care assistants are good and they are lovely. My room is always nice and clean. My bedding is changed every week. I get a good shave." We also received comments from people relating to the availability of staff. Two people told us that staff were very busy and had a lot to do. One person said, "Staff are always rushing around, they never stop." Another person told us, "Sometimes I have to wait, I know they're busy I can't complain." We received positive feedback from relatives of people during the inspection. One relative told us, "By coming here my relative got a second life given. My relative is so happy to be here, I have never seen them so happy. I come to visit every Tuesday, Thursday and Saturday. We both go out shopping and have something to eat and drink."

Another person's relative who came to have lunch with their relative every day told us they are given space by staff to eat together. They said, "I am happy with the care that my relative is being given. Laundry is done by the staff. Room is clean with clean bedding and clean towels. My relative gets help when having shower. Medicines are given by the nurse."

We observed that people were treated with kindness and compassion in their day-to-day care. People knew the names of staff and we saw people smiling when staff members came into the communal areas. We observed staff provide soft drinks to people when requested. Staff had a good rapport with people and showed patience and skill at supporting people with behaviours that challenged, using de-escalation techniques when people became agitated.

Staff demonstrated a good understanding about the people they cared for in line with their care and support arrangements. Staff members were able to tell us about the preferences of people and the care and support they required. They described people's behaviours, likes and dislikes and health conditions.

Staff told us they respected people's privacy and dignity. We observed that people could freely go into their rooms when they wanted to and close the door without interruptions from staff and people. Staff told us that they knocked on people's doors and would wait for permission before entering. Observations confirmed staff respected people's privacy and dignity and knocked on doors before entering. Staff told us that when providing particular support or treatment, it was done in private. One person told us, "Staff shut the door when I am getting changed, they knock when the door is shut, they close the door when I am having a bath and shower."

Staff supported people to be independent in their day-to-day lives. Staff told us that people were supported and encouraged to be as independent as possible. We observed people were able to move around independently and go to the lounge, dining area, toilets and hallways if they wanted to.

Requires Improvement

Is the service responsive?

Our findings

Staff we spoke with told us they were expected to organise and facilitate activities but had not completed any training in relation to this. Staff also said they did not have time to provide any activities to people as they were too busy carrying out basic tasks. We spoke with the registered manager about this. They told us the enhanced care team who were working with the home to improve aspects of care, had sent out a survey to all staff working at the home. This was done in an attempt to better understand what the barriers were for staff engaging people in activities. They also told us there were plans to provide staff with training. However, this was in conjunction with local projects and not by the provider of the service. We were concerned that if the service was unable to provide people with the opportunity to engage in activities which were meaningful, this could have an impact on the quality of life for people living at the home.

We carried out observations around the home throughout the inspection. We saw there were times when people were not always offered the opportunity to engage in meaningful activity. We saw people were falling asleep in the communal areas and a number of people asked a member of the inspection team to sit and talk to them. In one of the communal lounges we saw there were nine people, three of who were asleep. We saw staff were not in the lounge and the remaining six people were left sat with very little stimulation.

People reported there were a lack of activities and staff being tied down in routine care tasks was partially responsible for this. We spoke with one person who asked for the TV to be put on. They told us, "Here I am again, sat in my chair. There's nothing to do but watch TV." Another person told us they were able to sit in their room after lunch which they often preferred as there was nothing to do. We did not see any particular activities targeted at individuals, for example, reminiscence work to assist people with memory problems.

During our observations at lunchtime we saw that staff were responsive to people when they required support. We observed the lunch period on the first floor and saw four members of staff supporting people during this busy time of day. On the top floor after lunch people were returned to the lounge chairs immediately after lunch. There was very little engagement from staff unless they were called over by people. Staff were busy clearing up after lunch and completing documentation.

In other communal areas of the home we saw that staff had placed items such as newspapers and colouring books and colouring pencils with people. However, on both occasions we saw the person did not show any interest and we felt that engagement from staff would have made this activity more meaningful.

The home had a range of communal areas and equipment which could be utilised to offer people activities. This included a cinema room where a sing along was held one afternoon which people appeared to enjoy. There was no plan in place to show what activities would be on offer to people. With no planned activities to look forward to people may become bored.

We reviewed the minutes of meetings held at the home involving both relatives and people living at the home. These were followed up on 'You said, we did' boards which were displayed around the home. These showed where actions had been taken to address issues raised. A number of concerns raised were in

relation to activities on offer for people. For example, "Like more activities each day quizzes, games and exercises". The response to this had been that there was on going work with the enhanced care homes team. Other feedback was positive in relation to plans for a harvest festival to be held at the home and a celebration of Yorkshire day. This meant there were mechanisms in place to communicate with people and their relatives.

Prior to people moving into the home, the service completed a pre admission form to make sure people's needs could be met in the service. This information was then used to develop support plans for people. Support plans were written in a personalised way and examples seen reflected people's needs and choices. Care records were in place for different areas of people's lives including, mobility, activities, continence, mental capacity, nutrition and hydration, medicines and personal care. Each section described what the persons preferences were, what they could do for themselves and what they required staff support with. Staff collected information around people's personal history, life experience, hobbies and things that were important to them. People's personal preferences, likes and dislikes had been recorded. For example, one person's care plan recorded that the person liked to stay in bed in a morning and another plan said someone preferred tea when offered a hot drink. People's preferred routines including the time they like to go to bed, if they like a drink or snack and if they wanted the room dark or with a light left on during the night was documented for other plans.

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. People we spoke with told us they had no complaints about the service but knew who they should complain to if necessary. They said they would not hesitate to raise concerns and complaints. Most said that they would speak to the registered manager. We saw the complaints procedure was on display in the main entrance. We looked at the complaints log and saw the service had received three formal complaints since 1 May 2017. Two of the complaints had been investigated and responded to in line with the policy. One complaint remained open. This was in relation to another health provider who had investigated the complaint jointly with the home. The registered manager told us they had dealt with two verbal complaints raised by one person's relative however, they only had records to show their investigation of one of them. They told us they would ensure that all complaints were recorded.

Inadequate

Is the service well-led?

Our findings

Quality assurance systems were in place in the home to assess and monitor the quality of service that people received, together with systems to identify where action should be taken. These included regular audits completed by the registered manager and monthly visits by the district manager to check the quality of the service. Where issues had been identified we found these often had no manager sign off where required and no date entered of when actions were to be completed by. This was relating to actions to address infection control equipment needed and the lack of mattress protectors for use within the home. However, we identified a number of concerns relating to health and safety which had not been identified via the system in place. Health and safety monitoring records showed that the registered manager had completed monthly review meeting documents and signed to say all safety checks had been carried out in July and August. We also saw that the district manager had completed quality visits in July and August 2017, and issues identified by us had not been found. We found the quality assurance system in place was not robust as it had not identified the areas of concern we identified over the two days of our inspection. These were issues relating to fire safety, maintenance and cleanliness of the premises and equipment, staffing levels, lack of provision of meaningful activities and inconsistencies in supervision and appraisal of staff.

The above issues related to a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff we spoke with gave mixed feedback in relation to working at the home. One staff member told us, "It is improving but there's a way to go. I'm hoping that things will get better." Other staff we spoke with told us they thought there was limited opportunity to have their opinions taken into consideration with regard to the running of the service. One staff member told us, "There isn't much point in giving an opinion about the home. They (the registered manager) want to do it their way." Another staff member said, "It isn't that kind of home. We aren't included, we just do the day job." Staff gave us mixed feedback regarding staff meetings. One staff member told us they felt they were unable to ask questions or raise issues during staff meetings. Another staff member told us they felt it was a 'paper exercise' and staff concerns were not listened to. We looked at the two most recent staff meeting minutes and saw that for one of the meetings, the names of staff in attendance had not been recorded. Issues raised were related to service provisions and included, use of personal protective equipment, issues with laundry, new documentation to be implemented and for staff to record activities offered to people.

The registered manager showed us the results from a satisfaction survey where 34 residents indicated that 88% were happy living at the care home. This was conducted in 2016 prior to the change in registration in May 2017. The Registered Manager showed us the annual staff survey from 2017, where the response rate was 28% and the engagement score was 75%. The main positive themes were, 'Staff felt able to use their skills and knowledge to the full in their work; staff worked beyond what was required in their job to help Anchor achieve its objectives.' The main negative themes were, 'Staff did not feel valued and recognised by Anchor; staff would not be likely to recommend Anchor as a great place to work; Anchor did not inspire staff to 'go the extra mile.' The registered manager showed us their service development plan, which detailed the following actions, 'Complete audit of staff files to ensure relevant information is evident, ensure monthly

care plan reviews, ensure team leaders understand the best way to deploy care staff.'

The service had a statement of purpose which outlined a clear vision which included the organisation's vision and values. We found these were clearly displayed in the reception area and we saw a copy had been given to all people when they came to live at the home.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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 was not provided in a safe way. The provider had failed to assess risks to the health and safety of service users. They failed to do all that was reasonably practicable to mitigate such risks. There was a failure to ensure staff providing care or treatment to service users had the qualifications and competence to do so safely. There was a failure to ensure the premises and equipment was safe to use for its intended purpose. Regulation 12 (1) (2) (a) (b) (c) (d) (e)

The enforcement action we took:

We issued a notice of decision to impose conditions on the providers registration, but specific to this location. Prior to publishing this report we revisited the service and the conditions had been met, we are issuing a separate inspection report with our findings.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not been established and operated effectively to ensure compliance. The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities. There was a failure to mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

Regulation 17(1)(2)(a)(b)

The enforcement action we took:

We issued a notice of decision to impose conditions on the providers registration, but specific to this location. Prior to publishing this report we revisited the service and the conditions had been met, we are issuing a separate inspection report with our findings.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was a failure to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet peoples needs. Regulation 18 (1)(2)(a)

The enforcement action we took:

We issued a notice of decision to impose conditions on the providers registration, but specific to this location. Prior to publishing this report we revisited the service and the conditions had been met, we are issuing a separate inspection report with our findings.