

# Anchor Trust

## Clifton Meadows

### Inspection report

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#### Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

#### Overall summary

We inspected Clifton Meadows on 21 July 2015. The inspection was unannounced.

Clifton Meadows provides accommodation and personal care and is registered for 65 older people including those living with dementia. The accommodation is over two separate units. Solway unit accommodates up to 40 people and Wentworth unit up to 25 people. On the day of the inspection 61 people were receiving care services from the provider.

The home had an experienced manager who had been in post for several years. 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 this inspection we found that people who used this service were safe. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety.

# Summary of findings

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them.

People were treated with kindness and respect. One person who used the service told us, "It's smashing, I have everything I need."

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work with vulnerable people. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. The service was well managed and took appropriate action if expected standards were not met. This ensured people received a safe service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service. This was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was well-led. There was a formal quality assurance process in place. This meant that aspects of the service were formally monitored to ensure good care was provided and planned improvements were implemented in a timely manner. We found that the audits carried out did not always identify discrepancies and areas for improvement in relation to records.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe and the provider had systems in place to protect them. Staff understood the provider's safeguarding and whistle blowing procedures and told us what actions they would take to make sure people were safe.

There were enough staff to meet people's needs and the provider carried out checks when appointing new staff to make sure they were suitable to work in the home.

People consistently received their medicines safely and as prescribed.

Good



### Is the service effective?

The service was effective.

Care staff were trained in appropriate topics to care and support people.

People told us they enjoyed the food provided and we saw staff offered people choices.

Staff supported people to attend health care appointments and made sure their health care needs were met.

The provider met the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring.

Staff treated people with kindness and patience and gave them the care and support they needed promptly and efficiently.

Staff supported people to take part in group and individual activities. Staff respected people's choices if they decided not to take part in planned activities.

Staff offered people choices about aspects of their daily lives, including what they ate and activities. Staff made sure people understood available choices and gave them time to make decisions.

Good



### Is the service responsive?

The service was responsive.

People or their representatives were involved in developing and reviewing their care plans. The provider assessed each person's health and social care needs and the person and their relatives or representatives were involved in these assessments.

The provider had systems in place to gather the views of people using the service and others.

The provider had arrangements in place to enable people to raise concerns or complaints.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

Staff told us they found the managers and senior staff supportive.

Staff worked well as a team to meet the care and treatment needs of people using the service. During the inspection, we saw examples of good team work where staff supported each other to make sure people using the service did not wait for care or attention.

The manager and provider carried out a range of checks and audits to monitor the service.

# Clifton Meadows

## 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.

We carried out this unannounced inspection on 21 July 2015. The inspection team consisted of one adult social care inspector.

We spoke with three care staff, the registered manager and the area manager. We asked five people who used the service and two relatives for their views and experiences of the service and the staff who supported them.

We looked at the care records for ten people and also looked at records that related to how the service was managed.

Before the inspection the registered manager of the service had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed the information we held about the service, including the information in the PIR.

# Is the service safe?

## Our findings

People using the service, their relatives and other visitors told us they felt safe. One person who used the service said, “I have no concerns at all about my safety.” Another person told us, “It’s smashing here, there’s no danger.” A relative told us, “I don’t have to worry about my [relative], I know they are in a safe environment.”

The members of staff we spoke with gave examples of the different types of abuse and the action they would take if they suspected someone was abusing a person using the service. One staff member said, “There are our own internal procedures such as telling the most senior person on duty but I know that I could also report abuse directly to the local authority.”

The provider had systems in place to protect people using the service. We saw the provider had clear guidance for all employees on identifying possible abuse and reporting any concerns they had about people’s welfare. The manager told us all staff completed safeguarding adults training as part of their induction training. Staff told us they had completed the training and the training records we looked at confirmed this.

The provider assessed risks to people using the service and staff had access to clear guidance on managing identified risks. We saw people’s care plans included risk assessments and guidance for staff on how to reduce risks to individuals. The risk assessments covered areas such as: personal care, mobility, pressure care, falls and nutrition. We saw that most risk assessments were regularly reviewed, although one person’s weekly bed rails assessment had not been reviewed since 7 July 2015.

The provider learnt from incidents and accidents involving people using the service. Support staff recorded incidents and accidents involving people and we saw that the manager and the provider reviewed each report. Where reviews identified the need to make changes to a person’s care plan, we saw the manager and staff took appropriate actions to make sure people received safe and appropriate care. For example, following a fall in the home, staff reviewed and updated one person’s risk assessment and made appropriate referrals to external healthcare professionals.

The provider ensured there were enough staff to meet people’s needs. One person told us, “The staff are great.” A second person said, “They are all very nice but very busy.”

A member of staff told us, “I think there are enough staff.” We looked at current and historic staff rotas and saw that staff numbers were consistent and sickness or annual leave was covered by other staff.

During the inspection, we saw there were enough staff to provide people with the care and support they needed. We did not see people having to wait for care and support. Staff responded promptly when people used the call bell system in their rooms.

The provider had systems in place to make sure staff were suitable to work with people using the service. Staff recruitment files we looked at included application forms, references, proof of identity and Disclosure and Barring Service checks.

We saw records of safety checks of the home’s hot water and fire safety systems and service records for hoists, assisted baths, passenger lifts and portable electrical equipment. All of the checks and service records we reviewed were up to date.

We observed medicines being given to people, and senior staff did this safely. We saw that staff took time to administer medicines to people in a caring manner without rushing. They explained what any new medicines were for and asked people if they needed pain relief, or assessed people for signs of pain if people were unable to communicate verbally that they were in pain.

There was an effective system for ordering and returning unused medicines. Up-to-date records were kept of medicines received and disposed of, as well as a clear record when people had allergies to medicines. We saw copies of medicines audits, which were carried out regularly on all units, and we saw that these were effective in picking up and addressing issues with medicines. We saw evidence that all controlled drugs were stored securely, with accurate records kept. Whilst there were systems in place to ensure that people received their medicines safely and as prescribed there were not always effectively employed. For example creams were not always signed for as being administered and refusals of medicines

## Is the service safe?

were not accurately recorded. The provider had recognised this and we saw a letter from the district manager to all staff responsible for medication about the need to address these errors.

# Is the service effective?

## Our findings

People told us they were well cared for by staff who understood their needs. One person who used the service told us, “It’s smashing I have everything I need” Another person said, “There is nothing to improve on really.” A relative told us, “The staff are caring and communication about (relative) is good.”

The provider made sure staff received the training and support they needed to work with people using the service. The training records we looked at showed all staff were up to date with training the provider considered mandatory. This included safeguarding adults, fire safety, medicines management and food safety. In addition, we saw the manager had arranged training to enable staff to support individuals with specific care needs, including diabetes, epilepsy and managing challenging behaviours.

Staff told us they felt prepared and well trained to do their jobs. One member of staff said, “I get all the training I need.” Another staff member told us, “Training is relevant and frequent. If there’s anything specific we need to meet a person’s care needs it’s arranged.” We asked a member of staff about their induction, they said, “My induction was very good. As well as training I shadowed more experienced staff.”

Staff told us they had regular supervision meetings with a senior member of staff. This gave them the opportunity to talk about their work, training and development needs. One member of staff told us, “It’s a supportive environment. We meet regularly and senior staff and the manager are always available for advice and support.” The six staff records we checked included details of individual supervision sessions. The files we reviewed showed each member of staff had met with a senior member of staff within the last three months. The files also included details of an annual appraisal of each member of staff’s performance in 2013 and 2014.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and it’s Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Staff we spoke with had a broad understanding of the Act’s provisions and how it affected the people they provided a service to. They were aware of people’s mental capacity to make day to day decisions about their lifestyle. The home made sure they considered the least restrictive options when supporting people and ensured people’s liberty was not unduly restricted.

People told us they enjoyed the food and drinks provided at Clifton Meadows. One person said, “The food is really good.” Another person told us, “There’s always a choice and the quality is good.” We observed the lunch time meal being taken. There was a positive atmosphere and lots of conversations being held. We saw one person had a meal which was not on the advertised menu. They told us, “I didn’t fancy either of the choices so I asked for an omelette. The staff are quite happy to do it for me.”

The provider arranged for and supported people to access the healthcare services they needed. The care plans we looked at included details of people’s health care needs and details of how staff met these. We saw staff supported people to attend appointments with their GP, dentist, chiropodist and hospital appointments.



# Is the service caring?

## Our findings

People told us they felt well cared for at Clifton Meadows. Their comments included, “I’m very happy here, the staff are lovely.” “The staff are excellent.” “All of them (the staff) are very good. They are very helpful.” “The care here is very, very good, I don’t know how it could be better.” “I’ve never been better looked after, it’s a wonderful place.” A visitor told us, “I think the care is excellent. The staff are always very welcoming.”

During the inspection, we saw most staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and individuals did not have to wait for staff to help them. Staff told us it was important to care for people using the service. One staff member said, “We have lots of things to do but good care is at the heart of it all.” However, during our observations we saw one person who used the service having their breakfast. A member of staff was sat at the table with them. The staff member did not engage in conversation or enquire if the person required any assistance but spent the time reading a magazine. We discussed this with the registered manager who assured us that this would be addressed immediately via supervision.

The manager and care staff we spoke with knew people’s care needs very well. They were able to tell us about things which were important to each person, their individual daily routines and preferences. We saw care plans contained a life history document which recorded historic and significant events in the life of the person who was receiving care at Clifton Meadows.

People using the service chose where to spend their time. We saw there was a daily programme of activities provided

and many people chose to take part. Activities included quizzes, games and group discussions. We saw four people playing dominos. They told us, “We love playing dominos so we meet every morning and afternoon to play.” Other people spent time in their rooms when they wanted privacy or spent time in the lounges when they wanted to be with other people.

We saw staff interacted well with people. Whenever staff helped people they ensured they discussed and explained what was going to happen. For example, we saw two staff assisting a person to transfer from the lounge to the dining room. Staff gave reassurance and were patient throughout the transfer explaining what they were going to do, and why they needed to do it. They advised the person that they should take all the time they required in order to ensure their comfort and confidence. This meant that people experienced staff supporting them in a reassuring and transparent manner, which met their needs.

We spoke with staff about how they preserved people’s dignity. Staff responses showed they understood the importance of respecting people’s dignity, privacy and independence. They gave clear examples of how they would preserve people’s dignity. This included closing doors and curtains while personal care was provided. One staff member told us, “We have dignity champions but we all know it’s the responsibility of every staff member.”

People said they could express their views and were involved in making decisions about their care and treatment. They told us they talked to staff about their care and their wishes. One person told us, “The staff ask my opinion and permission for everything, which is good.”

# Is the service responsive?

## Our findings

People and their visitors told us they met with staff to talk about the care and support they received. One person said, “The staff are very helpful, they know what care I need.” A relative told us, “I visit whenever I want to, it’s never a problem.” Another visitor told us “I can’t visit as often as I’d like but the staff are very good about letting me know what’s happening.”

People who used the service told us they were very happy with the care provided and complimented the staff for the way they supported them. One person who used the service said, “I couldn’t ask for more.” Another person told us, “I have everything I need, I have no complaints.” People also told us they enjoyed the daily activities provided in the home.

Care plans were well written and provided detailed information about how the planned care and support was to be provided. The plans provided details about the person’s life history, their health care needs and the social activities they liked to participate in. The plans were person centred and had been written and developed with the involvement of the person or their representatives. Where possible people had signed to say they agreed to their plans.

People’s care plans reflected their views and described how people should be supported with their, likes and dislikes. The plans also included information about what they could do independently and areas where they needed support from care staff. We saw staff supporting people in accordance with the assessed needs described in care plans. One person told us, “Some days I can do most things

for myself and others I need more help. The staff always adapt to my situation.” Care plans had been kept under regular review or as people’s needs changed although one care plan we saw had not been reviewed for the month of June. The provider ensured guidance was available to staff regarding what to look for and what to think about when reviewing care plans and risk assessments.

The provider had systems in place to gather the views of people using the service and others. One person told us, “We have residents meetings to discuss things.” A relative told us, “There are meetings but it’s difficult to get people to attend.” The manager told us she arranged meetings for people using the service and their relatives four times a year to discuss the running of the home. We saw a notice board informing relatives and residents of the action taken following the meetings. This was done in a “You said, we did” format. The manager also told us the provider sent surveys to people using the service, their relatives and others involved in their care every year. The last survey was completed in 2014, the results of which were positive for all aspects of the service.

We saw the service had a complaints procedure which was publicly displayed. People we spoke with knew how to make a complaint. One person who used the service said, “If I was unhappy about something I’d let them know.” Staff we spoke with were confident in their knowledge of how to respond to complaints, raise concerns or whistleblow. One staff member told us, “I have confidence that I could raise any issues directly with the manager and would be supported and encouraged to do so.” We saw that complaints were responded to quickly and in line with the provider’s policy.

# Is the service well-led?

## Our findings

The service was well led by an experienced manager who had been with the provider for several years and registered with the Care Quality Commission to manage Clifton Meadows since 2012. People we spoke with told us they knew who was the manager and said they were approachable. One person said, “I really like her, she is funny and kind”.

The registered manager worked alongside other staff to provide hands on care and support to people. They led by example to provide a service which was tailored to each person’s individual needs and wishes. Staff felt the registered manager was relaxed yet professional. They felt the registered manager listened to them and that they could speak freely with them about any aspect of the service. One member of staff said, “We have a great team who are always supportive of each other.” Another staff member said, “The senior staff know their jobs and are always available for advice and support.” A visiting relative told us, “The manager is very good and easy to talk to, but so are all the staff.”

People told us they were sufficiently supported by staff. Staffing was above the level indicated by the staffing tool. The staffing tool determined the staff required at the home based on the needs of people who used the service. We saw staff were effectively deployed to deliver a high quality service. The lunch time experience for people appeared positive, with conversation and humour. People received support when required and there was always a staff presence in the lounge areas. This meant that staff were available when required to deliver the care expected.

We reviewed staffing rotas and saw that there were an adequate number of staff on duty. Staff sickness was

covered by existing staff doing additional shifts or by dedicated bank staff. Staff told us how the handover system worked well and ensured that the staff coming on shift were aware of any particular concerns from the staff going off duty.

Systems were in place to monitor and review accidents and incidents. We saw that this information was completed with an assessment of the incident. Accident and incident forms were made available to the provider so that they could assess the action taken by the registered manager. This ensured that accidents were reviewed to reduce the risk of reoccurrences of a similar nature.

The provider had a system in place whereby a quality assurance audits were completed by the registered manager and periodically by the district manager. Medication audits were done on a weekly basis. In addition we saw monthly care plan audits were undertaken, as well as annual health and safety audits. Whilst these were in place to identify shortfalls in the service provided and seek improvement they had not identified all the issues identified during our inspection in relation to records and topical creams.

The provider was also introducing an audit of staff performance. This involved observations of staffs practice and knowledge in various settings. Any training needs or issues arising from these observations were to be discussed in staff supervision sessions.

Throughout the inspection the atmosphere in the home was open, welcoming and inclusive. Staff spoke to people in a kind and friendly way and we saw many positive interactions between care staff and people who used the service. All the staff we spoke with told us that they enjoyed working in the home. One staff member said, “It really is a great place to work.”