

Anchor Hanover Group

Dearne Hall

Inspection report

St. Andrews Square
Bolton-upon-Deane
Rotherham
S63 8BA

Tel: 01709882090

Date of inspection visit:
10 October 2022

Date of publication:
15 November 2022

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 ●

Summary of findings

Overall summary

About the service

Dearne Hall is a purpose-built care home providing accommodation and personal care for up to 48 people over three floors. At the time of our inspection there were 34 people using the service. Some people were living with dementia.

People's experience of using this service and what we found

People received support which took into consideration their choices. Staff told us they knew people well and could recognise if there were any changes required to people's care. The provider had a system in place to ensure people had access to social activities and stimulation, although throughout our inspection we saw very little evidence of people being engaged in activities. We have made a recommendation that the provider reviews social activities to ensure they have individual meaning and purpose.

There had been recent changes to the management team and the two deputy managers were being supported by the regional manager and quality team. The management team had identified areas for improvement and were working on an action plan to improve the service.

People were safeguarded from the risk of abuse and staff knew how to recognise and report concerns. Risks associated with people's care were identified and managed safely. People received their medicines as prescribed, by staff who received training and support in the safe handling of medicines. Appropriate systems were in place to minimise the risk and spread of infections. Staff were safely recruited and supported by the staff team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were assessed, and care delivered in line with people's preferences. People commented positively about the food they received, telling us they enjoyed their meals and were given choices.

We observed staff interacting with people and found they were kind and caring. We found staff knew people well and engaged with people in a positive way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 6 May 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 5 September 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dearne Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Dearne Hall is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dearne Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time observing staff interacting with people. We spoke with 9 people who used the service about their experience of the care provided. We spoke with 7 members of staff including the district manager, team leaders and care staff. We reviewed a range of documentation. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. We looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe living at the home. One person said, "I feel safe and the staff are very nice, they seem to know what they are doing and are very willing to do things for you if you want them to. I can't grumble about anything, they look after you." Another person said, "There is nothing threatening here, I feel safe."
- Staff told us they received training in safeguarding, and this covered the types and signs of abuse.

Assessing risk, safety monitoring and management

- Risk assessments were in place to safely manage risks associated with people's care. One person said, "I've only been here a week, but I am going to stay as my eyesight is failing and they will keep me safe. They are all very nice."
- Most risk assessments were detailed, and staff were aware of risks and how to keep people safe. However, we found one care plan which did not contain enough detail about how to safely move someone using a hoist. We raised this with the management team who took appropriate actions to address this.
- Checks on the building and equipment were regularly carried out by the handy person and any concerns were raised with the management team.

Staffing and recruitment

- Systems were in place to ensure staff were recruited safely. Pre-employment checks were carried out such as Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff completed an induction programme which introduced them to the home and their role. This included training and shadowing experienced staff.
- Through our observations and talking with people and staff, we found there were enough staff available to meet people's needs. One person said, "I don't know about how many staff there are. If I want one, I go to the door and shout. I am happy and looked after." Another person said, "If I press my buzzer, they [staff] come quite quickly although you can always do with more staff. The staff do seem to have plenty to do." Another person said, "I think the place is understaffed; the girls are run off their feet. They don't get much chance to sit and chat but one or two of them will put themselves out and spend a bit of time with you."

Using medicines safely

- People received their medicines as prescribed. Staff were trained in the safe handling of medicines and had their competencies checked regularly.

- Detailed protocols were in place when people were prescribed medicines on an 'as and when required' basis.
- Medicine amounts were not always recorded correctly when booking them in. However, the amount of medicines administered, and medicines left did tally. This was a recording issue. We raised this with the management team who addressed the concern.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider ensured people maintained contact with their family and friends and they were welcome to visit the home.

Learning lessons when things go wrong

- Systems were in place to learn lessons when things went wrong.
- Accidents and incidents were analysed, and trends and patterns were identified, and actions taken to mitigate future incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We looked at care planning documentation and found people's needs had been assessed. Guidance regarding health conditions was included in people's care notes.
- We saw staff assisting people in line with assessed needs. For example, when assisting people to mobilise, staff walked alongside people whilst they were using equipment such as walking frames.

Staff support: induction, training, skills and experience

- Staff received appropriate training to assist them to carry out their roles and responsibilities effectively.
- People told us they thought staff had the skills to care for them. One person said, "I do as much as I can for myself and the staff support me if I need them to."
- Staff felt supported by the management team.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed lunch being served and found people were supported to maintain a balanced diet.
- We saw snacks and drinks being offered to people throughout the day of our inspection.
- People told us they enjoyed the meals provided. One person said, "The meals are nice and they [staff] tell you what's on the menu and you always get a choice." Another person said, "The food is alright; some meals are better than others. The roast beef is really lovely, and I told the chef."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We saw health care records which showed professional visitors had been involved in people's care. For example, district nurse for pressure care and rapid response for catheter care.

Adapting service, design, decoration to meet people's needs

- The home was purpose built with accommodation and communal areas on all 3 floors. Corridors were wide and facilitated people moving around and using equipment such as wheelchairs and walking frames.
- Appropriate signage assisted people to navigate around the home.
- People had access to outside garden areas.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were knowledgeable about MCA and ensured best interest decisions were in place where people lacked capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff interacting with people and found they were respectful and considerate.
- People told us staff were kind and caring and knew their likes and dislikes. One person said, "I am well cared for and the staff are nice. If I wake early the night staff will make me a cup of tea if I want one."

Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff who knew them well. We observed staff involving people in decisions about their care.
- Staff told us they knew people well. One staff member said, "I know the residents well, and we see changes and adapt to meet people's changing needs. Each individual is totally different, and we have to respect that. It's their home and I am coming into their home."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt involved in their care and were supported to be as independent as possible. One person said, "I feel involved in my care and I'm supported to be as independent as I can. Nothing is too much trouble for them."
- People told us they were supported in their everyday choices and were not rushed. One person said, "Staff ask me if I am ready to go to bed and make sure I have a proper wash down. I go when I want to though and get up when I am ready."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care from staff who knew them and who were considerate. Care plans did not always contain a lot of detail, however, staff could explain how they assisted people in line with their needs.
- Some people's nutritional care plans stated they should have two home made milkshakes each day, to ensure they received the nutrition they required. These were not always documented to evidence these were offered. On the day of inspection we saw people being offered milkshakes and other snacks.
- The provider employed a wellness co-ordinator whose role was to support an ethos of individual engagement with people. However, people told us there was not much to occupy them. One person said, "There's not much to do during the day. The staff pop their head around the door as they pass." Another person said, "I sit here all day and it can be a bit boring at times. The staff don't have time to sit and chat." And another person said, "There's nothing much to do but apart from that I can't complain. The staff chat to you when they are seeing to you, they don't have time to do other things with us." People told us they enjoyed the trips out and had recently been to Cleethorpes.
- During our inspection we saw little social engagement with people. We discussed social stimulation with the district manager, who evidenced activities were taking place.

We recommend the provider reviews social activities to ensure people can engage in meaningful opportunities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans in place to guide staff in how to effectively communicate with them.
- Were people required spectacles and hearing aids, these were kept in good repair to support good communication. One person's care plan detailed information about the importance of facial expression when communicating with them.

Improving care quality in response to complaints or concerns

- People felt able to raise concerns using the providers complaints procedure or by informing staff.
- People felt issues raised would be acted upon. One person said, "I would take concerns to one of the senior carers or management if I wasn't happy."

End of life care and support

- People were involved in end of life care planning and their preferences had been discussed and recorded.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the time of our inspection there had been some changes in the management team. The home was managed by the two deputy managers who were being supported by a regional management team and registered managers from other locations.
- The management team were clear about their roles and responsibilities and were open and honest when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We observed staff interacting with people and found they knew people well and supported them in line with their needs and preferences.
- People were complimentary about the home and the management team. One person said, "I would recommend it [the home] to anyone. The place is lovely, and I like to do some bits myself although they are always coming in [my room] to clean." Another person said, "I would speak to [deputy] if I wasn't happy. It [the home] does seem to be smoothly run and it is always clean and tidy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had a process for gathering feedback about the home. Comments were used to develop the service.
- Staff felt involved with the home. One staff member said, "I feel well supported by the management team, it's a nice place to work, I want to progress in my career, and I know here there is that opportunity."
- The provider had a system in place to monitor the quality of service and used action plans to address any concerns or areas for improvements. The regional management team were currently supporting the home and had devised an action plan to develop the service.

Working in partnership with others

- The provider and registered manager worked in partnership with other professionals and took notice of their advice. Care plans included advice from healthcare professionals.