

Anchor Hanover Group

Harden Hall

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 ●

Summary of findings

Overall summary

About the service

Harden Hall is a residential care home providing personal care to up to 54 people. The service provides support primarily to older people, some who are living with dementia. At the time of the inspection there were 53 people using the service.

Harden Hall is a purpose – built care service with accommodation and facilities on three floors.

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

People and their relatives were happy with the service. Risks to people were assessed and staff were aware of the action to take to minimise risks. People received their medicines safely. There were systems in place to monitor staffing levels and recruit staff safely. There were safeguarding procedures in place and staff and managers had a clear understanding of these procedures. A relative told us, "[Person's name] is so well cared for, we are very happy with their care. It's always a lovely atmosphere when we visit, calm and relaxed."

Infection control procedures had been updated in line with COVID-19 guidance to help protect people, staff and visitors from the risk of infection. Where incidents or accidents occurred, there was evidence of analysis completed to determine what measures could be put in place to improve people's safety.

People's needs were assessed prior to them using the service. Staff received the training and support they needed to carry out their role safely and effectively. People were supported to eat a balanced diet and to maintain their health. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible; the policies and systems in the service promoted this practice.

Staff were kind and caring and treated people with respect. Staff worked well as a team and were responsive to people's needs. A relative told us, "They [staff] are very good. They are kind and caring and know what they are doing."

There were effective systems in place to monitor the quality and safety of people's care. People received care that met their needs.

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

Rating at last inspection

The last rating for the service under the previous provider was good, (published on 13 September 2018)

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct

Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Harden 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 Care Act 2014.

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.

Two inspectors and an assistant inspector carried out the inspection.

Service and service type

Harden 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before 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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We met with 12 people who used the service and six relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 members of staff including care staff, domestic staff, registered manager and regional manager. We spoke with three health and social care professionals.

We reviewed a range of records. This included five people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding protocols if required.
- People felt safe living at the service. This was confirmed in feedback from people and their relatives.
- People were comfortable around staff and interaction between them was meaningful and respectful.
- Staff received training to recognise abuse and protect people from the risk of abuse. Staff understood their duties to protect people and were aware of the whistleblowing policy. A staff member told us, "If I saw anything of concern I would tell the manager, and I am confident they would do what needed to be done."

Assessing risk, safety monitoring and management

- People's risks were assessed and reviewed regularly, or as their needs changed. A range of risk assessments were on people's care records including risks associated with health and wellbeing. For example, people who were at risk of falls had plans in place, and mobility plans were in place and included the equipment and support required for safe movement. Where appropriate risks in relation to people's care were escalated to the relevant healthcare professionals for advice and support.
- Staff told us they were kept up to date about changes in people's needs and were aware of risks, and a handover between staff teams took place at each shift change. A staff member said, "Communication is very good."
- Environmental risks were assessed and monitored. For example, regular maintenance checks were completed to monitor the safety of the premises and equipment was checked and serviced. This included lifting equipment, fire safety and electrical equipment.
- People had a personal emergency evacuation plan (PEEP) in place. This took into account the person's ability to take action in the event of a fire and also instructions for staff to follow about how to support the person if a fire broke out.

Staffing and recruitment

- We received some mixed feedback about staffing levels. Some staff were concerned about sufficient staffing on the second floor. We observed staff on the second floor to be busy but attentive to meeting people's care needs. We saw a number of people required two staff to help them transfer from bed. A dependency tool was used to calculate staffing numbers and staffing in place reflected this. We discussed this with the registered manager and provider during the inspection and they told us staffing levels were under constant review and they would review staffing levels on the second floor.
- People and their relatives did not raise any concerns about their care due to staffing levels.
- The provider followed safe recruitment practice. This meant checks were carried out to make sure staff

were suitable to work in the home. This included, references from previous employers, and disclosure and barring services 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.

Using medicines safely

- People received their medicines safely. One person told us, "The staff look after my medicines, they are very good, and always bring them on time."
- Staff involved in handling medicines had received training in medicine management and had their competency assessed.
- Protocols were in place for administering medicines prescribed to be taken, 'as and when required'.
- Systems were followed for ordering, receiving and storing medicines. Medication administration records (MAR) were accurate. Regular checks and audits took place to identify any concerns and address any shortfalls.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. The kitchenettes in the lounge areas on each of the three floors were worn and damaged. This had been identified by the registered manager who was able to show us the plans in place for complete refurbishment of these areas.
- 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 had ensured visiting arrangements were aligned with government guidance and we observed visitors in the service on the day of our site visit.

Learning lessons when things go wrong

- The provider had an effective electronic reporting system in place to learn from safeguarding concerns, incidents and accidents. They used the system to analyse information, learn lessons and take appropriate actions.

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

- People's care, and support needs were assessed before they started using the service. This ensured people's need could be met safely. The assessments covered aspects of their care and support needs such as medicines, eating and drinking, oral health, important relationships and religious and cultural needs.
- Information gathered during the pre-admission assessment was used to develop people's care plans and risk assessments. We saw that people's care plans and risk assessments were kept under review.
- A relative told us, "We are very happy with the care and [person's name] when they moved into the home they settled very quickly."

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained, supervised and appraised. Staff confirmed they received regular supervision meetings where they had the opportunity to discuss their work and help improve their practice.
- New staff received an induction into the service and were supported to complete the care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had completed training in core subjects to support them in their role. Training was regularly refreshed to ensure staff continued to follow best practice. Training included dementia care, life support, moving and handling and safeguarding adults.
- Relatives spoke highly of the staff, A relative told us, "They [staff] are very good. They are kind and caring and know what they are doing."

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

- We saw the midday meal on two of the three floors. Some staff used the method of show and tell to help people make choices about the meal. This is where food is plated and shown to a person so they can make a choice. However, this was not used consistently. The registered manager told us staff should be using this method to support mealtime choices. We saw the providers own mealtime audits were monitoring this.
- People had nutritional care plans in place. These stated the person's nutritional needs and any specific requirements and how to meet these.
- People who needed support from staff at mealtimes received this in an unhurried way. Equipment was in place to promote people's independence, for example plate guards were used where appropriate.
- People were offered regular drinks and snacks between the set meal times. The weather at the time of our inspection was exceptionally hot and we saw staff responded to this appropriately, and regular drinks were

offered including drinks chilled with ice.

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

- Harden Hall was purpose built. The environment was suitable for the needs of the people who used the service and corridors and doorways were spacious enough to accommodate mobility equipment and walking aids. The home was clean, clutter free and was inviting.
- However, there was limited dementia signage around the home. Signage benefits people with dementia it supports their independence, confidence and wellbeing as they navigate around the home.
- People's bedrooms were personalised with objects and pictures of their choice.
- There was a well-maintained garden with a variety of sitting areas.
- There were comfortable places for people to sit and socialise or spend time quietly.

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

- People's healthcare needs were recorded, including oral health needs.
- Care records included details about people's medical history and ongoing health needs.
- The provider involved health and social care professionals when needed and responded to recommendations from them.
- Relatives told us they were kept informed about changes in their family members health and wellbeing. A relative said, "What I like about here is any changes they are on the phone to me, I'm kept informed, communication is very good.
- A visiting healthcare professional told us, "The staff are kind and caring and do follow our instructions well. They will ask if they are unsure."

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 had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS. For example, staff told us they always asked for people's consent before commencing any personal care tasks.
- The provider had applied for appropriate authorisations in a timely manner, which meant people were not deprived of their liberty unlawfully.
- Mental capacity assessments were in place and regularly reviewed and care plans reflected the support people required to make decisions.

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 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

- People told us they were treated with kindness and respect. One person told us, " The staff are simply marvellous, they are so kind to me and nothing is to much trouble."
- We observed kind interactions between staff and people using the service. Staff communication with people was warm and friendly, showing a caring attitude.
- Staff knocked and waited before entering rooms and were patient when supporting people. When people became upset or distressed, staff were quick to respond and offer reassurance.
- Staff had received training on equality and diversity. The provider told us in their PIR (provider information return) they have organisational policies and procedures in place that promote equality and diversity. They have networks and ambassadors to help ensure inclusion including the disability network, rainbow network and inclusive ambassadors. The home celebrated Pride and there are signs in the home to let people know they are an inclusive home.
- A relative told us, "[Person's name] is so well cared for, we are very happy with their care. It's always a lovely atmosphere when we visit, calm and relaxed."
- A visiting healthcare professional told us, The carers engage well with their residents, and they always look well cared for."

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

- The provider sought feedback from people through residents' meetings and people were able to give feedback in relation to activities, menu choices and other things that were important to them.
- Relatives told us staff respected their family members wishes. A relative told us their family member could make decisions about their care, they told us, "The staff know them well, [person's name]likes to go to bed late and gets up late -they [staff] arrange the day around this to suit [person's name]." Another relative told us, "I feel the staff work with me 100% as a team, they want the best for [relatives name]."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence was respected, and their independence was encouraged. One person told us, "The staff are very good, I like to keep my independence and they support that, they ask me what I need help with."
- Staff gave us examples about how they ensured people's privacy and dignity was maintained.
- We observed staff speaking to people and supporting them in a dignified and respectful manner. When people received support with their personal care needs, doors were closed to promote their privacy and dignity.

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; End of life care and support

- People had care plans that described their health care and support needs and included guidelines for staff on how best to support them. For example, there were guidelines in place for staff to support people with moving and handling needs. One person had a plaster cast in place. A care plan had not been put in place regarding the monitoring needed and follow up actions required. We brought this to the registered manager attention, and this was actioned during the inspection.
- Care plans contained information about people's life experience and history.
- Staff had a good understanding of people's needs. They were able to tell us about people's individual needs and wishes and how they liked to be supported. They told us that handovers between staff teams took place at the start of each shift and they were kept up to date about changes in people's care needs. A staff member told us, "Communication is very good."
- There were systems and process in place to support people with end of life care and ensure people would be supported in a way they wished to be.

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's communication needs were identified during the pre- admission process and thereafter, were reviewed regularly.
- The registered manager was aware of their responsibility to meet the Accessible Information Standards. They told us information could be made available in large print, or any other formats if required.

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

- There was some mixed feedback about the range of activities available to people. Some people told us they were bored and did not have much to do. Some people told us there was no church visits taking place. Some relatives told us, prior to COVID- 19 there was a lot more activities going on in the home.
- Some activities were taking place during our site visit including baking, puzzles, soft ball game, a reminiscence session and people sitting in the garden, enjoying the warm weather. We could see evidence

from photographs displayed of birthday celebrations and events that had taken place in recent months including a jubilee party, which people told us they had really enjoyed. Some events and activities had also been planned to celebrate the forthcoming commonwealth games. Some people told us they preferred to spend time in their own room and did not want to take part in organised activities and this was respected by staff.

- There were no dedicated activity staff, care staff carried out activities as part of their caring role. We saw there was limited items for people to access that were dementia friendly. For example, rummage box, tactile and sensory activities. The registered manager was very receptive to our feedback, they told us COVID-19 had had an impact and they continued to review and re-establish activities options in the home that were accessible to all. They were also starting to re-establish links with the local community, including a local school and day nursery. A residents meeting had been planned for the end of July 2022 and we saw that agenda items included activities and church visits.
- A staff member told us they appreciated that organised activities were important. However, they went on to talk about the importance of personalised care. They describe the importance of building trust, getting to know the people they support and spending time to listen and talk to people and the importance of valuable one to one time. They told us that it is something they do and encourage other staff to do.
- A cinema room had recently been set up at the home and we received good feedback about this. People had been asked what films they would like to watch.

Improving care quality in response to complaints or concerns

- There had been no recent complaints. However, there was a system in place to record and monitor any formal complaints received.
- Relatives told us they knew who to approach if they were unhappy about any aspects of their family members care. A relative told us, "I know who the manager is, they are very approachable, and I have spoken with them when I have needed to, and they deal with things quickly."

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 rated 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

- The home had a registered manager in post. The registered manager was aware of their responsibilities including those under the duty of candour. Statutory notifications had been submitted to the CQC promptly. The registered manager was open and honest with people and their representatives and kept them informed of incidents and accidents.
- There was a positive culture in the service. The registered manager was focused on developing the service and demonstrated good knowledge of people's needs and the needs of the staffing team.
- There was a system of quality assurance and audits in place to help monitor the quality of service that people received. Action plans were in place and kept under review for any identified areas for improvement, and to manage any risks identified.
- There was an organisational structure in place and staff were clear about their roles and knew when and how to raise concerns. The registered manager provided good leadership to the team.
- The regional manager completed regular visits to the service and had effective oversight of audits and risks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us there was an open culture within the service. A relative told us, "Communication is very good I am always informed of any changes in [person's name] care."
- A staff member had recently won a national award for dementia care at the Great British care awards. They have been asked to be a judge at future events. They spoke proudly about their achievement and the importance of their role in supporting people with dementia.
- Feedback we received from staff was generally very positive. There was some mixed feedback about staffing on the second floor and the management team told us this would be looked at.
- The atmosphere was calm, and it was clear there were good relationships between people and the staff. Staff told us they felt supported by the management team. A staff member told us, "[registered managers name] is spot on and sees things, they are always out on the floor."
- Systems to support engagement with staff and people were in place. Staff meetings took place regularly and meeting records confirmed staff had the opportunity to raise items for discussion.
- People and their relatives were given the opportunity to provide feedback on the service through meetings

and surveys.

- The registered manager had recently reinstated the Harden Hall newsletter, we saw this reported on recent and forthcoming events, and resident meeting dates.

Continuous learning and improving care

- The registered manager and provider were open and very receptive to our feedback during the inspection. They acted on some matters immediately. For example, there were some minor gaps in a staff members employment history, this was addressed during the inspection. We were advised that a new electronic system for new job applications should be implemented soon, and the system should eradicate short falls as the application should not be able to be submitted unless completed in full. We brought some other isolated record issues to the registered manager's attention where some updates were needed, and these were addressed immediately.
- The registered manager and provider told us they had taken on board the feedback about activities and staffing levels [second floor only] and advised these areas would be looked at further.
- The provider recognised the importance of regularly monitoring the quality of the service. There was an electronic system in place, incidents and concerns were escalated to senior managers who had oversight of the service.
- The provider representative was caring out a routine visit of the service at the time of our unannounced site visit. We saw there was a close working relationship between them and the registered manager.
- The provider told us they had regular meetings and events with managers from the providers other registered services, from across the region. They told us these meetings provided an opportunity to share learning and good practice.

Working in partnership with others

- There was evidence the provider was open to working with external agencies to provide good care. For example, the service had sought advice from district nurses and dietician's specialist, and this promoted positive outcomes for people. Two health and social care professionals told us the staff team worked well with them.