Anchor Trust
Prior Bank House

**Inspection report**

74 Cherry Tree Road  
Sheffield  
South Yorkshire  
S11 9AB  

Website: www.anchor.org.uk  

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12 December 2017  

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24 January 2018

### Ratings

<table>
<thead>
<tr>
<th><strong>Overall rating for this service</strong></th>
<th><strong>Good</strong></th>
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<td><strong>Is the service safe?</strong></td>
<td><strong>Good</strong></td>
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<tr>
<td><strong>Is the service effective?</strong></td>
<td><strong>Good</strong></td>
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<td><strong>Is the service caring?</strong></td>
<td><strong>Good</strong></td>
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<td><strong>Is the service responsive?</strong></td>
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<td><strong>Is the service well-led?</strong></td>
<td><strong>Good</strong></td>
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Summary of findings

Overall summary

Prior Bank House is a converted Victorian House with a purpose built extension to the rear. The home is registered to provide accommodation for persons who require nursing or personal care for a maximum of 32 older people some of whom are living with dementia. There were 27 people using the service at the time of our inspection. It is part of a group of care homes operated by Anchor Trust. Prior Bank House is set in a quiet location, surrounded by a mature garden. It is situated in the residential area of Nether Edge in Sheffield and is close to local shops and public transport.

At the last inspection on the April 2015 the service was rated Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Prior Bank House on our website at www.cqc.org.uk.

At this unannounced inspection on the 12 December 2017 we found the service remained ‘Good’. The service met all relevant fundamental standards.

The service did not have a registered manager. However the registered provider had appointed a new manager who had been in the post since August 2017 and had submitted an application to CQC to register. 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.

People were protected from abuse and improper treatment. The registered provider had systems in place to respond to allegations of abuse to keep people safe and staff understood their role in safeguarding people. Risks to people were reduced as staff assessed risks and put management plans in place for staff to follow. Risks relating to medicines management were reduced as staff stored, administered, recorded and disposed of medicines safely.

The registered provider had processes in place to learn and improve when things went wrong. The registered provider had robust systems to review any accidents and incidents to ensure people received the right support and that learning was shared across the organisation.

At the time of the inspection there were sufficient staff on duty to meet people’s needs. People and their relatives spoken with told us they thought there were sufficient staff on duty. Recruitment procedures ensured the right staff were employed to meet people’s needs safely.

People received care in line with the Mental Capacity Act (MCA) 2005 and the registered provider applied for and followed authorisations to deprive people of their liberty as part of keeping them safe. The registered provider supported staff to understand their responsibilities in line with the MCA by providing regular...
training. We observed staff took account of people’s individual needs and preferences while supporting them. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Staff were aware of peoples nutritional needs and people were supported to maintain a balanced diet. People were supported to maintain good health and had access to healthcare services.

People had the benefit of a culture and management style that was inclusive and caring. People were treated with respect. People spoken with and their relatives told us staff were kind, considerate and caring. Staff spoken with able to tell us how they respected people's preferences and ensured their privacy and dignity was maintained.

People’s care plans contained sufficient detail to be reliable for staff to follow in caring for people. The registered provider regularly reviewed people’s care plans so information remained current. People were supported to participate in activities the service provided, although some people felt a wider range of activities could be developed. The registered provider told us they would review the activity programme.

There was a system in place to tell people how to raise concerns and how these would be managed. People told us they would feel comfortable raising any concerns with the management team.

The manager was new in post but knew the service well as they were previously the deputy manager. They had a good understanding of their role and responsibilities, as did staff. Leadership was visible and capable at all levels.

The registered provider was effective in monitoring, assessing and improving the service with a range of audits in place to check the quality of service. The manager was well supported by the registered provider in overseeing the service and providing care to a high standard. The manager encouraged open communication with people and staff.

Further information is in the detailed findings below.
We always ask the following five questions of services.

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Prior Bank House

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 checked 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 comprehensive inspection took place on 12 December 2017 and was unannounced. The inspection was undertaken by two adult social care inspectors and an expert by experience with expertise in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at notifications sent to the Care Quality Commission by the registered provider. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and the local authority safeguarding team.

At the time of our inspection there were 27 people using the service. We spoke with the manager, the area manager, four support workers, one team leaders, the activity coordinator, the chef and a domestic. We also spoke with seven people who used the service and four visiting relatives.

We looked at documentation relating to 10 people who used the service and three staff, as well as the management of the service. This included people’s care records, medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits, policies and procedures.
Is the service safe?

Our findings

People told us they felt safe living at Prior Bank House. When asked if they felt safe one person said "Well yes, why wouldn't I do?" Another person said, "Yes, very safe." A third person said, "Yes" when asked if they felt safe living at Prior Bank House. One relative told us they believed their family member was very safe and said, "Basically, the treatment is excellent."

Staff understood the signs to look for if people were being abused and how to report this both internally and externally if required. Staff received regular training in safeguarding to ensure their knowledge and skills were up to date.

We found on the day of our inspection there were adequate staff to meet people's needs. Staff we spoke with confirmed there was adequate staff to be able provide the care and support required. During our inspection we did not see anyone waiting for support when this was needed. We observed call bells were answered promptly and staff were around in communal areas.

However, when we asked people we spoke with if there were sufficient staff to meet their needs in a timely way one person said, "Not really, no, not considering how many people is here." They went on to say, "Never see one [staff] in here unless it's time to go to bed." Another person told us, "They are a bit short staffed." One relative told us they had seen there was not always a member of staff in the sitting room at all times. Yet another person told us their needs were always met in a timely manner during the day and night. They said they always received the help they needed quickly. It was not clear what time of day people were referring to but the manager agreed to look into this and ensure there was effective deployment of staff. We identified that there were incidents and accidents at night that could be attributed to insufficient staff on duty. The manager agreed to review the accidents and the dependency tool to ensure adequate staff were on duty. Following our inspection they confirmed in writing that this had been completed and the evidence submitted was thorough and robust. It showed the required staffing levels and that these were in place to ensure peoples safety.

We found risk assessments were in place in people’s care files. Risks had been regularly reviewed and staff received regular training on how to manage risks to ensure people were safe. People also had personal emergency evacuation plans in place to follow in case of an emergency.

A robust recruitment and selection process was in place, which included new staff receiving a structured induction to the home. We sampled three staff files and found all essential pre-employment checks required had been received. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the systems in place for managing medicines. This included the storage, handling and stock of medicines and medication administration records (MARs) for people.
Medicines were stored safely. We saw records were kept for medicines received, administered and disposal of any medicines not required. We found people were receiving medication as prescribed. However, we found some records could be improved. For example, records in relation to ointments and creams, we saw care staff were completing the records to state when they had been applied, but these were not always completed, this did not evidence they were given as prescribed. We saw the issues we found had been identified by the registered providers audit system and was scheduled to be addressed at the next team meeting. We were sent minutes of the meeting following our inspection which confirmed these had been addressed.

The standard of cleanliness throughout the home was good and we were told further improvements to the environment were scheduled. This ensured that the home was well maintained.
Is the service effective?

Our findings

People told us they believed staff had the skills to support them in a safe and trained way. One person said, "They [staff] seem to know what they're doing." Another person said, "They [staff] do it [caring] very well, yes." However, one person said "Some [staff] have [skills], some not so much."

People told us the food was good. One person said, "The food tastes very good." Another person said, "The food itself is quite good." A third person explained, "I have a pretty good breakfast and I can have what I fancy." They also told us they could have as many cups of tea as they wanted. This helped to ensure people’s nutritious and fluid intake was maintained. This person also told us there was a choice of meals at lunch time.

During lunch time we saw people were offered a choice of food by pre-plated sample meals that were shown to them. This meant people who were unable to make a choice from a description were able to see what was most appetising to them. Three people in the dining room were assisted with their meal and we saw this was done in a dignified and unhurried way. However, we did see one person struggling to get a drink and staff did not notice this until we pointed this out. Throughout lunch there was a warm and relaxed atmosphere with lots of chatting between staff and people who lived in the home, as well as between the people themselves.

When we visited the kitchen, the chef was able to tell us which of the people living in the home were on special diets. The chef explained the information he received regarding this was checked and updated weekly but if there were changes in the meantime they were informed of these. The chef also instructed staff in the dining room which specific foods were suitable for people with different dietary needs. This meant people were helped to be kept safe by food which was prepared to their specific needs. When we asked the chef what action they would take if someone requested a specific diet, for example vegetarian, they were able to tell us what kind of food they would prepare. They explained they would do this in conjunction with the person so they could ensure their preferences were met. We saw that opened food, stored in the refrigerator, was dated to ensure it was fresh to be served.

However, when we asked how the decisions about meal planning were made we were told this happened at the head office of the organisation. Though they told us they 'tweaked' the menu plan this meant the people living in the home did not have direct input into the menu at meal times. This was discussed with the manager who confirmed that the menu was changed to incorporate people’s preferences and choices.

People were supported to maintain good health and had access to healthcare services when needed. Care records detailed any healthcare professionals involved in the person’s care, such as doctors, dieticians and occupational therapists. Healthcare professionals we spoke with spoke highly of the service and told us they had no issues.

When we asked people they told us they received medical help from local services when this was required. One person explained when they asked to see the doctor this always happened. They said, "I will ask the
team leader to put me on the doctors list." They went on to explain if they were really poorly then it was arranged for the doctor to visit straight away.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People received care in line with the MCA. The registered provider obtained written consent from people regarding their care package where they were able to give this. Where there was reason to believe people lacked capacity to consent the registered provider carried out MCA assessments to determine this and then held meetings with others involved in people’s care to make decisions in their best interests. However, these were not always in place the manager was aware of this and was addressing this to ensure all people were reviewed and had best interests in place if required.

The registered provider also kept records of MCA assessments and decisions not to resuscitate people in a medical emergency when they lacked capacity to decide these themselves. Staff understood their role in relation to the MCA. All staff received training on this. We observed staff giving people choices and supporting people to make decisions.

We found staff had the right skills, knowledge and experience to meet people’s needs. All new staff completed an induction when they commenced work. We saw this included completing an induction workbook and shadowing an experienced staff member until they were assessed as confident and competent in their role. One staff member said, "It is the best place I have worked for support, it is excellent."

Staff we spoke with told us they had received the training they required to do their job well. One staff member said, "The training is very good, we can request anything and it is facilitated."

The manager told us staff had to complete the company’s mandatory training when they commenced employment and then attend regular updates. Staff had received regular supervision sessions and an annual appraisal of their work. Staff told us they felt they were well supported and listened to. One staff member said, "I am well supported."

The service was adapted to meet the needs of older people. The environment was well maintained. However, it could be more dementia friendly, the manager was aware of this and further improvements were scheduled.
Is the service caring?

Our findings

People told us the staff were kind and considerate. One person said, "They're [the staff] alright if you need anything." Another person said, "They're lovely to talk to when they've got the time." They went on to say, "You can joke with them as well." Another person said the staff and atmosphere in the home was, "Free and easy" and said, "Careers are not standoffish. They are lovely."

People told us they were treated with dignity and respect. One person said, "Yes, the staff are very respectful, yes very, yes, very nice." Another said, "The care staff are lovely." One person expressed concerns about coming into the home and losing their independence and their dignity but they said this had not happened and staff always treated them with respect when they were receiving personal care. One person told us, "I am always treated like a real person."

 Relatives we spoke with also told us the staff were kind and caring. One relative told us their family member was always treated with respect and said, "More than that [respect]." They also said, Staff treat residents as people, as individuals." We saw an occasion when one person had not closed the toilet door fully when they independently mobilised and we saw a member of staff close the door to protect their privacy.

On the day of the inspection we saw sensitive and caring interactions from staff towards the people they supported. For example, we saw one member of staff approach a person with comforting words when they appeared to be distressed.

One member of staff explained how they made new people feel welcome when they came to live in the home. They said they sat with them in a quiet place and asked them about the important events in their life and what their preferences and interests were. This meant they got to know them as a person and could communicate effectively to ensure their needs were met.

We spent some time observing in the communal areas during the inspection. We saw that staff were consistently reassuring and showed kindness towards people when they were providing support. Staff also engaged people in day to day conversations and activities. The interactions we saw between staff and people they supported were inclusive and it was evident they had positive relationships with people who used the service.

 Conversations we heard between people and staff showed staff understood people's needs; they knew how to approach people and also recognised when people wanted to be on their own. Staff we spoke with knew people well, and described people's preferences and how they wished to be addressed or supported.

People who used the service had relatives, friends or a designated representative to represent them. However, staff were aware that advocacy services were available to anyone if they required them. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. The manager was aware of the need to seek advocacy when required.
Is the service responsive?

Our findings

People's care plans reflected their physical, mental, emotional and social needs. In addition people's care plans contained details about their background, people who were important to them, preferences and choices. However the manager told us they had identified they required more information in the care plans and were reviewing them to make them more person centred, reflecting more details of how people wanted to receive their care and their aspirations. People were involved in developing and reviewing their care plans, along with their relatives.

People described the activities they were involved in the home, these included, Thai chi, cooking, trips out for lunch and regular visits from the hairdresser. People told us they really enjoyed the activities and the coordinators were very good.

However, some people told us they got "Bored" and several people told us they didn't have enough to do to keep them occupied. People and their relatives told us they would like more one to one time with staff and felt this would enhance their experience of living in Prior Bank House. One person said, "One to one would be nice." Another said, "They [the activity coordinator] try really hard and are very good but it is not easy to cater for everyone." Another person said they would like more "Meaningful conversations". One relative said, "A little more engagement with staff would be beneficial." This was discussed with the manager who agreed to discuss this with staff at the team meeting and then meet with the people who used the service in January 2018 to find out what their preferences would be and incorporate this into the activity programme.

People told us they had choices made available to them through the day, for example, what they had for lunch, including the type of milk they enjoyed in their tea and what time they went to bed. One person also told us the routine in the home was to have one bath a week but if they asked to have an extra bath this was accommodated and they could request a bath as often as they wished.

One person explained how the home had responded to people's request for an outside area which was paved, they said "Now it's very good". However, when we asked if people were involved in decisions about refurbishment in the home one person said, "No, they just said what they were going to do." However, we saw minutes of meetings where people were consulted and their choices and preferences were documented.

One relative explained how their family member had become ill very close to Christmas and didn't want to go into hospital. The home responded with equipment and care so the person could stay in Prior Bank House.

There was a complaints' policy which was given to each person when their care package commenced. There were clear timescales for the service to respond to any concerns raised. A record of compliments received had been maintained with outcomes. People we spoke with and their relatives all told us they were listened to and any issues no matter how minor were addressed immediately.
End of life champions had been identified taking a lead on promoting positive care for people nearing the end of their life. Staff had undertaken specific training to ensure they had were able to support people appropriately as they approached this stage in their life.
Is the service well-led?

Our findings

At the time of our inspection the service did not have a manager in post who was registered with the Care Quality Commission. However the registered provider had appointed a new manager who had been in the post since August 2017 and had submitted an application to CQC to register.

There was a structured team in place to support the manager. This included a deputy manager, team leaders and support workers. There was also a regional manager and a regional head of care who supported the manager. Each member of staff we spoke with was clear about their role and the roles of the other staff employed at the home.

We found systems were in place for managing safeguarding concerns and incidents and accidents. The analysis of incidents and accidents was extremely thorough and identified any themes or triggers to ensure any management plans could be implemented to reduce the risk of further incidents.

Staff told us that the registered provider took steps to learn from such events and put measures in place which meant they were less likely to happen again.

The registered provider had good quality assurance processes in place to monitor and improve the service. The registered provider assessed and managed risks relating to the health and safety of the premises. For example, in-depth assessments relating to fire safety and water safety were carried out and were followed by action plans to reduce the risks. Also a comprehensive set of audits was in place to monitor other aspects of the service including medicines management, care documentation, falls management, staffing levels and staff training and support.

The registered provider worked in partnership with key organisations such as the local authority, safeguarding team and multidisciplinary teams to support care provision and joined-up care. The manager told us they always aimed to be open and transparent in sharing information. The registered provider was meeting their registration requirement to submit notifications to CQC of significant incidents such as allegations of abuse. From reviewing details of the notifications submitted to CQC we identified the registered provider communicated well with the safeguarding team in reporting and investigating any allegations of abuse. They were transparent with the local authority who regularly audited the service. The recent report showed the service was operating at the expected standard.

Effective systems to monitor and improve the quality of the service provided were in place. We saw copies of reports produced by the staff team and the area manager. Any issues identified were recorded on an action plan and were actioned. Most of the minor issues we identified during our inspection had already been picked up by the manager and were being addressed. The other issues we identified that had not been picked up by the audit systems were addressed at the time of our visit and action taken. There was also an overarching audit, "Excellence Tool" which was an on-going programme of improvements. This fed into an action plan which could be updated by management, senior management and the registered provider. This showed there was oversight of the governance by the registered provider.
The registered provider actively sought the views of people who used the service and their relatives. This was done in a number of ways such as interactions with people when they visited, resident meetings and questionnaires. People’s feedback was taken into account to improve the quality of the service. We saw the results of the last survey sent out and most of the comments were very positive. The survey was due to be sent out again to seek people views.

Communication within the staff team was described as very good. Regular handovers kept staff informed of people’s changing situations. All staff starting a shift were part of the hand over. Staff meetings enabled staff to keep up to date with and changes and updates. All staff we spoke with told us they were well supported and that management were always there if you needed them.