

Anchor Lodge Retirement Home

Anchor Lodge Retirement Home

Inspection report

Cliff Parade
Walton On The Naze
Essex
CO14 8HB

Tel: 01255850710

Date of inspection visit:
11 February 2019

Date of publication:
28 March 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Anchor Lodge Retirement Home accommodates up to 14 people in one adapted building. On the day of our inspection there were ten people living at the service. Anchor Lodge is a detached building situated on the sea front in Walton on the Naze. The premises is set out on three floors with each person using the service having their own individual bedroom. The service has a communal lounge and dining area.

Rating at last inspection: At our last inspection, the service was rated 'Inadequate'. Our last report was published on 25 July 2018.

Why we inspected: This was a planned inspection based on the rating at the last inspection. Following our last inspection, the provider sent out an action plan setting out the actions that they intended to take to address the shortfalls that we found.

People's experience of using this service:

At our last inspection we found that there had been a deterioration in the quality of care provided at Anchor Lodge Retirement Home. There were breaches of Regulations 9,11,12,17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service was placed in in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. We found that while there was still some work to do, the service met the characteristics of Requires Improvement.

People received care from staff who knew them well. People told us they were happy living in the service and staff were kind and caring.

Improvements had been made to staffing and a new activities member of staff had been appointed. However, we were not assured that there were always sufficient numbers of staff available. Several of the people living in the service had a diagnosis of dementia and other health conditions which meant that their needs were complex. The layout of the building meant that staff did not always have oversight of the communal areas which presented some risks. We have asked the provider to take action on this.

The environment was better maintained.

There were systems in place to reduce the risk of cross infection.

Medicines were better managed and while we found some shortfalls, practice largely followed professional guidance.

There were improved systems in place to recruit staff and ensure their suitability before they started work at the service.

Staff received training to develop their skills.

People told us they enjoyed the food.

People were referred for specialist health care support when needed.

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

Care plans were in place but were not always sufficiently detailed.

People had better access to activities to enhance their wellbeing.

The manager had started the process of developing oversight systems, but these had not identified some of the areas that we identified at the inspection such as gaps in documentation and safety shortfalls.

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

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Anchor Lodge Retirement Home

Detailed findings

Background to this inspection

The 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.

The service had a manager who was managing the service on a day to day basis. They told us that they intended to apply to CQC for registration. 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.

Notice of inspection:

This inspection took place on the 11 February 2019 and was unannounced.

Inspection team:

The membership of the inspection team consisted of one inspector.

What we did:

Prior to our inspection we reviewed information we held and notifications we received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

We spoke with four people who used the service. Not everyone using the service was able to verbally express their views and we spent time observing care within the communal areas. We also spoke with one relative, the manager, the provider and five staff.

We reviewed the care records of two people. We also looked at records relating to the overall quality and safety management of the service, three staff recruitment files, staff training records and medicines management.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- At the last inspection in March 2018 staffing levels were not adequate to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since the last inspection some improvements had been made and an activity worker had been appointed to work alongside care staff.
- Prior to the inspection we received concerns about staffing levels at the service. We discussed staffing with the manager who told us that they completed a dependency tool and used this information to calculate staffing levels.
- We observed that the service supported people with dementia, those who were at high risk of falls and others who required two staff to mobilise. Two staff were on duty but were not always available in the communal areas as they were engaged in supporting people on the first and second floors of the service. This meant that there was a risk that people may not receive the support they needed.
- Staff told us that they could be busy but, "It was ok at the moment, as we are not full and recently lost a resident." One person told us, "They are kind but busy and I can't expect them to come through the door, as they are busy."
- We were not assured that staff were available at all time to support people and have asked the provider to review again the deployment of staff and staffing levels.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we found that recruitment checks were not robust. At this inspection we found that changes had been made and appropriate checks were made on new staff to ensure that they were suitable. Checks were undertaken to confirm people's identity, references obtained from previous employers and a Disclosure and Barring Check(DBS) was undertaken.

Assessing risk, safety monitoring and management

- At the last inspection in March 2018, we found that risks to people were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that some improvements had been made
- Risk assessment tools were in place to assess risks to people's welfare. Management plans set out how the risks should be minimised. However, these plans were not consistently followed by staff. One person had been identified as being at risk of skin damage and required support to change their position at regular intervals. We looked at the repositioning records and these had not been completed and therefore we could not be confident that they were being repositioned in line with their risk assessment. Fluid charts were also

in place to record people's fluid intake and reduce the likelihood of dehydration, but these were not being totalled or reviewed.

- Falls were logged and equipment such as pressure mats were in place to alert staff to people's movement and reduce the likelihood of injury. However, we saw that for people who had fallen, post falls monitoring was not undertaken in a robust way. The manager subsequently confirmed that this had been addressed.
- The risks relating to the environment and the running of the service were identified and more effectively managed. Specialist contractors checked the safety equipment to ensure that it was working effectively. There were systems in place to guide staff on how to evacuate people in the event of an emergency.

Using medicines safely□

- We found at the last inspection, that medicines were not managed safely. At this inspection, we found that while there was still some work to do, the management of medicines had improved.
- People were given their medicines in a caring way and staff were observed giving people the time they needed to take their medicines.
- Medicines were stored securely, and regular stock checks were undertaken to check that people were receiving their medicines as prescribed.
- One person was not however offered their medicines as they were described as 'anxious' and in bed. The medicine they were not offered was for the management of their anxiety. We discussed this with the manager who agreed to address this with staff.
- One person did not have a photograph maintained with their medication administration chart to help with identification. Handwritten entries on the medication administration chart were not always checked by second member of staff in line with the providers medicine policy.
- We observed staff administering pain relieving lotions in the communal area which was not reflective of best practice. We discussed this with the manager who agreed to address this with staff.
- Medicines which needed to be given at specific times were clearly identified. The amounts of medicines we checked tallied with the amounts on the Medication administration charts.
- Protocols were in place to guide staff on administering as required medicines.
- Not all staff had their competency to administer medicines checked in line with the providers medicine policy.

Preventing and controlling infection

- At our previous inspection, we found that food hygiene processes needed improvement. At this inspection we found that the kitchen was clean, and food was appropriately stored and labelled.
- There were no unpleasant odours throughout the service and most areas were clean. However, we did show the manager some areas where further cleaning was needed. The manager agreed to immediately address these shortfalls.
- Staff had access to personal protective equipment to reduce the risk of cross infection. The manager told us that the use of disposable gloves for some tasks was to be reviewed.

Learning lessons when things go wrong

- The provider told us that they had been working with the local authority quality improvement team to drive change at the service.
- When an accident or incident occurred the manager reviewed the event to identify what happened and if there was any learning needed.
- The manager collated data on urinary tract infections and falls to look at patterns and reduce any risks.

Systems and processes to safeguard people from the risk of abuse

- The manager demonstrated knowledge of safeguarding procedures.
- Staff had undertaken training in safeguarding and staff spoken with, were aware of what was a

safeguarding concern and the steps that they should take to keep people safe. One member of staff told us, "I would do whatever it took."

- Staff expressed confidence in the manager of the service and told us that they would respond to any concerns in a robust way.
- People told us that they felt safe and they were happy living in the service.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider and manager had started developing systems in line with national guidance and had been working with the Local Authority Quality Team, Prosper and the My Home life project.
- There was some use of technology. Pressure mats were in use to alert staff to people's movement who were the risk of falls.
- Assessments of need were completed prior to people being admitted to the service. The manager told us that they considered the needs of all the people resident before making a decision on admission.

Staff support: induction, training, skills and experience

- At the last inspection in March 2018, we found shortfalls in training and that staff did not receive regular supervision. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that some improvements had been made.
- Staff received training opportunities to develop their skills and knowledge. The manager showed us a training matrix which gave the dates on which staff had completed the providers mandatory training.
- Training certificates were stored on staff files to show what training staff had completed.
- The manager told us that no new staff had started at the service since taking over the role as manager. Records of induction training was available on staff files. Staff spoken with confirmed that all new staff completed training as well as shadowing experienced colleagues.

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

- People were supported to receive meals which met their dietary requirements.
- People told us that they had choice and enjoyed the food. The menu was on display and on the day of the inspection people had roast meat or chicken burgers. We heard people being offered choices and a member of staff say, "Now what do you fancy."
- Staff were available at meal times to support people and provide encouragement. Some people required a specialist diet to reduce the risk of choking and staff spoken with were clear about the texture required.
- Peoples weights were monitored and there were clear arrangements in place to identify and support those at risk of weight loss. We saw that one person's weight had recently increased and another had been discharged by the speech and language service.

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

- The service was in an adapted building with most of the bedrooms on the first and second floor. However, the geographical layout of the service and the dependency levels of people made ongoing monitoring difficult at busy periods.

- People's bedrooms had been personalised to varying degrees and contained items of importance to the individual. One person who spend significant periods in bed had items of interest above their bed to look at.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies and acted on the advice given.
- People told us that their health care needs were met, and we saw that staff worked with external professionals to promote people's wellbeing.
- There was evidence on people's records of consultation with a range of health professionals such as specialist nurses, GPs, chiropody and the speech and language team.

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 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- At the last inspection in March 2018, we found that the staff did not understand the MCA and their responsibilities. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We found that some improvements had been made and where people were being deprived of their liberty, applications had been made to the local authority.
- Care plans contained an assessment of people's capacity to make specific decisions and we saw that best interests were documented, and consideration given to the least restrictive option.
- Staff were observed asking people offering people choices and seeking their permission before commencing support.
- Staff told us they had completed training on the MCA and DoLS but they were not always able to tell us what the training covered. We discussed this with the manager at the end of the inspection and they told us that they would discuss the MCA at the next team meeting to ensure that staff were putting their training into practice.

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

At our previous inspection, we rated this key question as 'Requires Improvement'. At this inspection we found improvements had been made. We have judged this domain as 'Good'.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- At the last inspection in March 2018, we found that care was not person centred and documentation was not always written in a respectful way. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that some improvements had been made.
- At this inspection people told us that they were well treated and liked living in the service. One person told us, "It's very nice here...I have got a buzzer which I can press, there is always one member of staff on duty at night." A relative told us, "They are ever so kind and caring, I would give them ten out of ten."
- We observed that people were treated as individuals and with kindness and compassion.
- Staff were observed communicating with people and giving them the time, they needed to communicate effectively.
- Care records were written in a respectful way.

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

- People were supported by a small team of regular staff who knew them well. Staff knew people's daily routines and could tell us about them.
- People were consulted and asked for their opinions in several ways including surveys. These were undertaken at regular intervals.
- People told us that they were actively supported and involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was protected and documentation was securely secured.
- Staff gave people opportunities to do what they wished. One person told us, "I am able to go out, but I just have got to tell them where I am going."
- People were supported to maintain and develop relationships with those important to them. Relatives told us they were welcomed. One relative told us, "They are lovely people, I am made to feel welcome."
- Staff knocked on doors and ensured that they were closed when providing personal care.
- One person spent the day in their nightwear and we were informed by the manager that this was their choice, and they had previously done so when they lived in their own home.

Is the service responsive?

Our findings

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

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection we received mixed feedback on the activities which were available to people living in the service. At this inspection we found that improvements had been made. An activities worker had been appointed and provided people with a range of social opportunities.
- The manager told us that they were working on developing links with the local community. A local school was due to commence weekly visits and they were working with FaNS a local initiative to improve people's quality of life.
- Where people had recently moved to the service pre-admission assessments had been carried out to identify their needs to ensure that the staff had the skills to meet them.
- Care plans set out people's needs and preferences. However, there were omissions and some of the plans needed further detail on how staff should support people.
- One person did not have clearly documented arrangements in place for the management of their catheter. We saw that another person could become distressed, but the care plan did not set out how best staff should support the person and reduce their anxiety.
- People told us that they were happy with the care. One person said, "I am happy here, there is good food and plenty of it."

Improving care quality in response to complaints or concerns

- People told us that they would speak with the manager or the provider if they had any concerns.
- The service had a complaints procedure. No complaints had been received since the last inspection.
- The provider showed us thank you letters which the service had received. One person had written, "You made a stay [my relative] was dreading into an enjoyable time."

End of life care and support

- There was evidence of some consultation about people's preferences for end of life care. However, some of the care planning documents were very brief and would benefit from further information.
- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) were in place for some individuals which set out their wishes not to be resuscitated.
- The manager told us that they worked alongside other services such as the hospice and the district nursing team to provide the support that people needed.
- The manager told us that they were planning to implement the Gold Standards Framework (GSF) and two staff members were due to attend training. The GSF is used to enable earlier recognition of people with life limiting conditions, helping them to plan and live as well as possible.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection in March 2018, we found that there was a lack of governance and oversight. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that some improvements had been made but further work was needed to implement processes.
- A new manager had been in post for five months and had started to implement change at the service. They had not yet made an application to register with CQC but told us that they intended to do so.
- All the staff we spoke with told us the manager was approachable and supportive. One member of staff told us, "Things have got better with this manager, we tell them if things need fixing and they get done. We now have a second hoist and a stand aid which makes things easier."
- The manager had started the process of developing oversight systems, but these had not identified some of the areas that we identified at the inspection such as gaps in documentation and safety shortfalls.
- The previous inspection rating was displayed at the service but not on the provider's website. The manager and the provider were not aware of the legal requirements to do so but told us that they would immediately address this and we subsequently saw that they had done so.
- When required, notifications had been completed to inform us of events and incidents, this helped us to monitor the action the manager had taken.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The manager demonstrated an open and positive approach to feedback and developing the service.
- Staff told us they were listened to. One member of staff told us, "It's a lot calmer and happier. The manager has been amazing... we get regular supervision and I feel things are more private."
- Regular staff meetings and supervisions were held to drive improvement.
- The manager told us about changes that they had made at the service which included improving communication and enabling staff to be more involved in the care planning process.
- Policies and procedures had been reviewed.
- The provider visited the service regularly and knew the people they supported and their families.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager recognised the commitment and work of staff.
- There was a more positive culture within the service manager told us that the staff team had been working

on key values and how to translate these into their day to day practice.

- The manager sought the views of people, relatives and staff in different ways, including resident meetings and questionnaires.
- Links were being developed with the local community and key organisations for the benefit of people who lived in the service.

Working in partnership with others; Continuous learning and improving care

- The manager collated data on a range of areas such as falls and weights and reviewed this information to identify shortfalls and learning.
- Audits were undertaken on areas such as the environment and medicines.
- The manager had worked in partnership with the local safeguarding authority and quality improvement teams to improve overall quality and safety monitoring systems. The service was also part of the prosper project.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing levels did not consistently meet people's needs.