

Anchor Trust

Eric Morecambe House

Inspection report

Harrow Grove
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Morecambe
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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

Eric Morecambe House is situated in a residential area of Torrisholme near to local shops and close to public transport links to both Lancaster and Morecambe. The building is arranged over three floors, with bedrooms and communal rooms on the first and second floors. The home provides care for older people who have physical frailty. There is a passenger lift and stair case providing access to the upper floors. Private car parking facilities are available for people visiting. At the time of our inspection visit there were 36 people who lived at the home.

At the last inspection carried out on 26 February 2016 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. 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 who lived at the home and their visitors told us they were very happy with the care provided at the home and staff were caring and compassionate. They told us staff were very kind and attentive and spent quality time with them. People visiting their relatives told us they were very happy with the care being provided. They told us staff were always polite and willing to listen if they had a problem.

A visiting healthcare professional told us they felt the service provided very good care. They were impressed with the knowledge and dedication of staff with their attention to end of life care.

Throughout the inspection we observed staff being kind and attentive to people in their care. We saw they were caring, patient and engaged people in conversation whilst providing their support.

People told us they felt safe in the care of staff who supported them. We saw staff were always in attendance and available when people needed their help.

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

The service had sufficient staffing levels in place to provide support people required. We saw staff showed concern for people's wellbeing and responded quickly when people required their help.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. Medication procedures observed protected people from unsafe management of their medicines. People received their medicines as prescribed and when needed and appropriate records had been completed.

We saw there was an emphasis on promoting dignity, respect and independence for people who lived at the home. People told us staff treated them as individuals and delivered person centred care.

We observed the daily routines and practices within the home and found people were treated equally and their human rights were constantly being respected.

The design of the building was appropriate for the care and support provided. We found facilities and equipment had been serviced and maintained as required to ensure the home was a safe place for people to live.

The service had safe infection control procedures in place. People who lived at the home told us they were happy with the standard of hygiene in place.

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.

People's care and support had been planned with them and was person centred. They told us they had been consulted and listened to about how their care would be delivered.

Care plans were organised and had identified care and support people required. We found they were informative about care people had received.

People told us they were happy with the variety and choice of meals available to them. Meal times were relaxed and well managed. People who required assistance with their meal were supported patiently by staff.

People were supported to have access to healthcare professionals and their healthcare needs had been met.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by people they supported.

People told us staff who supported them always treated them with respect and dignity.

The service had a complaints procedure which was made available to people and their family when they

commenced using the service. The people we spoke with told us they were happy with the service and had no complaints.

People who lived at the home told us they enjoyed a variety of activities which were organised for their entertainment.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits, resident meetings and satisfaction surveys to seek their views about the service provided.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Eric Morecambe 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Eric Morecambe House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This comprehensive inspection visit took place on 17 July 2018 and was unannounced.

The inspection team consisted of one adult social care inspector and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

Before our inspection on 17 July 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with a range of people about the service. They included six people who lived at the home, three relatives and a visiting healthcare professional. We also spoke with the service's

registered manager, deputy manager, the services district manager, five care staff, the activities coordinator and the cook. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of three people who lived at the home. We also viewed a range of other documentation in relation to the management of the home. This included records relating to the management of the service, medication records of five people, recruitment and supervision arrangements of three staff members and staffing levels. We also checked the care homes environment to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at the home told us they felt safe in the care of staff who supported them. Comments received included, "I do feel safe. It is a comfortable feeling to be here." And, "When the lift was out of action the way the staff dealt with us was brilliant."

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe.

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. Risk assessments we saw provided instructions for staff members when they delivered their support. These included nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe.

We saw personal evacuation plans (PEEPS) were in place at the home for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

People who lived at the home told us they were happy there were sufficient numbers of staff available to meet their needs. We saw the duty rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner. We saw requests for assistance were responded to promptly. Staff were in attendance in communal areas providing supervision and support for people who lived at the home and greeted and welcomed their visitors.

Records seen confirmed appropriate recruitment checks had been made to ensure staff were suitable and safe to work with vulnerable people.

We found people's medicines continued to be managed safely by the service. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines.

We looked around the home and found it was clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. Housekeeping staff had been provided appropriate personal protective clothing such as disposable gloves, aprons and cleaning materials to undertake their duties effectively. Cleaning schedules were in place and regular infection control audits had been completed.

We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

Is the service effective?

Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights. Comments received included, "The staff are very dedicated. You can tell they are well trained." And, "They are very astute. If you are feeling a bit off or upset they notice and act."

People had received a full assessment of their needs on their admission to the home. Following assessment the service had produced a plan of care for staff to follow. We saw people had signed consent forms confirming they agreed with the support to be provided. We found the records were consistent and staff provided support that had been agreed with each person.

We spoke with staff members and looked at the services training matrix. All staff had achieved or were working towards national care qualifications. In addition, staff completed the services mandatory training including health and safety, nutrition and hydration awareness, moving and handling people and safeguarding adults. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

The service provided equality and diversity training to all staff and this was refreshed annually. The training taught staff to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive environment.

People who lived at the home told us they enjoyed food provided by the service. They said they received varied, nutritious meals and always had plenty to eat. We saw snacks and drinks were offered to people between meals including tea, coffee, juices, fruit and biscuits and cake. Lunch was organised and well managed with people who required help eating their meals receiving the required level of support.

The kitchen was clean, organised and stocked with a variety of provisions. Staff told us and training records confirmed they had received training in food safety and were aware of safe food handling practices. The Food Standards Agency, a regulatory body responsible for inspecting services which provide food had awarded the home their top rating of five in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

The service shared information with other professional's about people's needs on a need to know basis. For example, when people visited healthcare services staff would assist with the visit to provide information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other

healthcare professionals had been recorded. A visiting healthcare professional told us they were very happy how people's healthcare needs were met at the home.

We found the building and grounds were appropriate for the care and support provided. People who lived at the home had access to the rear grounds which were enclosed and safe for them to use. The design of the building provided sufficient space to enable people to walk about safely. All bedrooms were single occupancy with ensuite facilities and a nurse call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Is the service caring?

Our findings

During our inspection visit we spent time observing interactions between staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw staff were caring and attentive. They were polite, respectful, kind and showed genuine compassion to people in their care. People who lived at the home told us they were very happy, well cared for and enjoyed living at the home. Comments received included, "The staff are genuinely kind and caring people. They are lovely every one of them." And, "I get on well with every member of staff they are lovely with me." Also, "The staff here have the heart for the job. They always make time to come and sit with me and they makes me feel special. I feel blessed to be living here I really do."

Care plans seen confirmed people and their families had been fully involved in their care planning. Records we looked at contained evidence of them being engaged in the development of their care plan throughout the process. Care planning and other documentation had records about their preferences and how they wished to be cared for. One person who lived at the home said, "I sat down and helped them produce my care plan. We review it together every month. I am very happy with my care."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

Staff received detailed equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. The intention was to ensure staff demonstrated interactions that respected people's beliefs, values, culture and preferences. Throughout the inspection we observed the daily routines and practices within the home and found people were treated equally and their human rights were respected.

We spoke with the registered manager about access to advocacy services should people in her care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

People we spoke with confirmed staff treated them with respect and upheld their dignity. We observed staff members spoke with people in a respectful way and were kind, caring and patient. We observed staff undertaking their daily duties during the inspection. We saw they respected people's privacy by knocking on their bedroom doors and waiting for permission to enter.

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. We saw people's communication needs had been assessed and where support was required this had been met. The service also had a loop system in the lounge to assist the hearing impaired to watch television or listen to music. Loop systems transmit sound from a sound system, television or other source, directly to a hearing aid equipped with a telecoil or 'T' position.

The service had technology to assist people to have contact with family members or friends if they wished. Two computers were available in the lounge for people to use to communicate through skype which is an internet based communication service. The computers could also be used for general use of the internet. In addition people who had their own hand held computers could access the internet from their bedrooms.

The service employed an activities coordinator who provided a wide range of interesting and innovative activities to keep people stimulated and entertained. The service had recently purchased a mini bus to take people on organised outings. On the day of our inspection several staff including the registered manager received training to drive the bus so they could take people on days out.

The service had a complaints procedure which was on display in the reception area of the home. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. People who lived at the home and their visitors told us they knew how to make a complaint and would feel comfortable doing so without fear of reprisals.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. A visiting healthcare professional told us how caring and attentive staff had been recently supporting one person on end of life care.

Is the service well-led?

Our findings

People who lived at the home and their visitors told us they were happy with the way in which the home was managed. Comments received included, "The manager is great. I find her very approachable." And, "The atmosphere is always relaxed and happy. It doesn't feel like a care home at all. Everyone is so friendly."

There was a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability. The manager, her deputy and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the staff on duty confirmed they were clear about their role and between them provided a well run and consistent service.

The service had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, infection control, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found so continuous improvement could be maintained. Staff told us they were able to contribute to the way the home ran through staff meetings, supervisions and daily handovers. They told us they felt supported by the manager and management team.

Additional quality monitoring procedures included planned visits from the district manager who checked facilities on a monthly basis. From this information they developed further action plans for the registered manager to manage future performance. 'Resident' and relative meetings were held on a regular basis and people visiting the home told us they had completed surveys providing their positive views of the service. They told us they felt consulted and involved in the running the service.

The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as G.P's, district nurses and speech and language therapists. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.