

Harbour Care (UK) Limited

Anchor House

Inspection report

1 Evering Avenue
Parkstone
Poole
Dorset
BH12 4JF

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19 December 2018

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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

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

Anchor House is registered to accommodate up to seven people. At the time of our inspection seven people with learning disabilities were living there. The home consists of a main building with bedrooms, an office, a kitchen, a dining area and lounge.

The service had been developed and designed in line with the values that underpin the registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and 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. At this inspection we found the service remained good overall.

There was a registered manager in post. 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.

Staff cared about the well being of people living in the home and knew how they preferred their care and support to be given. We received positive feedback from relatives and people about the kindness of staff. Staff understood how to identify and report abuse and were well supported in their roles. Staff received training to enable them to carry out their roles competently.

People were supported by safely recruited staff and there were enough appropriately trained and experienced staff to support people in ways that suited them. Communication styles and methods were tailored to individual people and staff supported people to understand the choices available to them.

People were supported to make choices about how they spent their days. Staff had a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and promoted independence and choice. Where people were not able to make a specific decision, staff acted in accordance with the MCA.

People were enabled to have choice and control of their lives and staff supported them in the least restrictive way possible.

People's health care needs were met and staff supported them to see healthcare professionals when appropriate. They were supported to take their medicines safely by staff who had received the appropriate levels of training.

People were treated with kindness, dignity and respect by a staff team who knew them very well.

There was a clear complaints policy and relatives told us they knew how to make a complaint if the needed to and felt any concerns would be taken seriously and action taken straight away.

There were quality assurance systems in place to drive improvement and ensure the home offered a safe, effective, caring and responsive service.

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.

Anchor 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 visit took place on 18 and 19 December 2018 and was unannounced. The inspection team was made up of one CQC Inspector. We also made telephone calls to relatives as part of our inspection on the 21 December 2018.

Before the inspection we reviewed the information we held about the service. We had not asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to gather this information during our visit. We also reviewed information received from a local authority who commission the service for their views on the care and service given by the home.

During the inspection we met all of the people living at Anchor House. We observed and listened to how staff interacted with people and spoke with two relatives immediately following the inspection. During the visit we spoke with the registered manager, the deputy manager and three members of staff.

We observed how people were supported and to establish the quality of care people received we looked at records related to people's care and support. This included care plans, care delivery records and Medicine Administration Records (MARS). We also looked at records relating to the management of the service including: staffing rota's, staff recruitment, supervision and training records, premises maintenance records, quality assurance records, training and staff meeting minutes and a range of the providers policies and procedures.

Is the service safe?

Our findings

Staff and relatives all told us the support provided by staff at Anchor House kept people safe. One relative told us, "The staff deal with everything so well. If [person] is unwell we are told immediately. We have no issues, it is very safe."

Staff spoke knowledgeably about how to recognise the different types of abuse and knew how to report any concerns. There was clear guidance available for staff on the process of reporting potential abuse. Staff also told us that they knew how to whistleblow if they believed concerns were not addressed correctly.

Risks to people and the service were managed so that people were protected and their wishes supported and respected. Risk assessments covered all relevant aspects of people's lives whilst reflecting their preferences and encouraging their opportunities to make decisions. Clear guidance was included in people's risk assessments which highlighted what circumstances may cause people to become distressed. Staff had clear understandings of these risks and the support they provided to reduce them and keep people and themselves safe.

There were systems in place to ensure the premises were maintained safely. There were plans made for safe evacuation from the premises in an emergency situation such as a fire. This information was kept up to date. Up to date service and maintenance certificates relating to electric, gas, fire, lifts, hoists and water systems were available. Legionella testing had been completed which showed the premises were free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

There were enough appropriately trained staff employed to support people. Recruitment practices were safe and the relevant checks had been completed on all staff. These checks included the use of application forms, an interview, reference checks and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable. Staff rotas correctly reflected the levels of staff on duty during our inspection visit. Annual leave or staff sickness was covered by existing staff. If this was not possible agency staff were used. Wherever possible the same agency staff would provide cover to ensure consistency of care for people living at Anchor House.

One member of staff told us, "I believe there are enough staff on duty at all times. The system works well." Another member of staff told us, "There are the right staff here so that people get the care they need. It's organised very well."

Medicines were administered safely. We checked the stock and storage of medicines and reviewed the medicine administration records (MARS). These records were fully completed with no gaps or omissions in recording. Staff who administered medicines had received up to date medicine training and had their competency checked. Staff understood how people indicated when they were in pain and we saw pain relief medicine was administered with an explanation recorded. There were clear protocols for administering PRN (as required) medicine and staff spoke knowledgeably about administering PRN medicines. People had known allergies recorded and there was a photograph of people on their MARs to help ensure medicines

were administered to the correct person.

Where people required their medicine to be administered in food or drink. Appropriate authorities had been obtained from the Pharmacist and GP.

Staff had access to personal protective equipment and wore it when it was appropriate. Staff had received training in infection control and food safety and understood how important it was to reduce the risk of cross contamination. The home and equipment was clean and well maintained. The registered manager told us the provider had an ongoing programme to decorate and update the premises when required.

Is the service effective?

Our findings

One relative told us, "The staff are very well trained. They know how [person] likes everything done. The staff are really very, very good." A health professional provided written feedback which said, "Everything has improved hugely in the last year. It is well run and advice is used and taken forwards. Problems are flagged up when needed."

Care and support was planned and delivered in line with current legislation and good practice guidance. Assessments and care plans were comprehensive, detailed and reflected preferences and wishes. They covered areas such as communication, eating and drinking, health and personal care and ensured staff were given detailed guidance around how each person preferred their care and support to be given. Care plans were regularly reviewed and updated in consultation with people, family and professionals when appropriate. Each person was assigned a key worker who spent time with and ensured all their health and care needs were fully met.

Staff had the skills and knowledge they needed to perform their roles. Staff told us they could access the training they needed and had found the training thorough and detailed. Training was relevant to the needs of people living in the home and staff were able to use, and develop, their learning alongside colleagues. Staff told us they felt well supported by their colleagues and the management team and felt they all worked well together as a supportive team. One member of staff told us, "I feel it's all very rewarding and challenging in a nice way. We are given time to learn and well supported." Another member of staff said, "We all get the training we need and it makes sense and is organised correctly. I feel supported and feel any training I would need I would get. We try our best for the residents."

Supervisions were used to develop and motivate staff, reviewing their practice and checking if staff wanted to progress further or develop specific skills or training related to their interests.

People were supported to eat and drink enough to maintain a healthy balanced diet. Meals were planned that reflected their likes and dislikes. Care plans contained details of food preferences and the support required. Staff spoke knowledgeably about the foods people enjoyed and how they preferred to be supported during meal times. Where appropriate, people were weighed regularly, and their weight reviewed to ensure their health was maintained. Where people were at risk of choking or had swallowing difficulties, appropriate referrals had been made to speech and language therapists. The kitchen had recently been assessed by the local food standards and had been awarded a level five meaning that the home met the highest standards of hygiene. We saw the kitchen was clean and well maintained during our inspection.

There were systems in place to monitor people's on-going health needs. Staff supported them to keep active and to maintain relationships and interests. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure people got the right healthcare. Records reflected this was the case for ongoing health issues and emerging issues.

The environment reflected the homely, friendly atmosphere of the service. People had their own bedrooms

which they could decorate to their individual taste. Shared communal areas were bright and comfortable which helped provide a warm, family friendly atmosphere. One communal bathroom had a sensory bath which included coloured lights, different water sensations such as bubbles and jets and the ability to add calming aromas to the water. Staff told us people loved using the bath which really increased their sense of well being and gave them much joy. Some people had additional sensory lights in their bedrooms which they also enjoyed.

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 the service was working within the principles of the MCA. Staff showed a good understanding of how people consented to their care and support and the choices they could make each day.

Is the service caring?

Our findings

There was a welcoming, friendly and calm atmosphere at the home. Relatives commented on the caring nature of the staff team and told us they were always made to feel welcome. One relative told us, "We absolutely love it there. We can't speak highly enough of the staff and service. They have gone the extra mile and care for everyone so well."

Relatives told us they were always made to feel welcome and free to visit whenever they wanted. They told us they were kept fully involved in the care of their relative and found the staff team very approachable, friendly and professional.

People were comfortable approaching staff who understood how people preferred to communicate. There were smiles and laughter between people and staff who spoke warmly and knowledgeably about people and how they preferred to spend their day.

Staff understood the importance in respecting people's rights to privacy and dignity and this was supported by care plans. Care plans also identified the skills people had and outlined what tasks they liked to do for themselves to maintain their independency. Staff told us they encouraged people to do tasks for themselves and provided support where and when it was needed.

Personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Staff told us everyone was treated fairly and equally and with respect. The provider had an equality and diversity policy that staff were knowledgeable about. Care and support plans emphasised people's strengths and focussed on achieving outcomes that were meaningful to them.

Some people were not always able to express themselves through speech. Staff spoke knowledgeably about how each person communicated in ways that were specific to them. For example, through the use of body language, gestures, differing vocal noises and specific movements and actions. Staff communicated to people in ways they preferred. This enabled people to feel involved with everyone in the home and prevented them feeling isolated.

Is the service responsive?

Our findings

Relatives told us they felt involved in and kept up to date about important matters that related to people's care and support. One relative told us, "They phone us straight away and we are told immediately if there are any problems." One health professional told us, "Problems are flagged up when needed." Another health professional provided written feedback which said, "Family members are included and often invited to reviews. If they are unable to come, the information is communicated to them."

Staff were attentive to people's needs and ensured that their care and support plans were followed. Staff told us that communication within the home was very good with clear handovers of any changes. Staff worked well as a team to ensure people received consistent and appropriate care and support.

People's needs were fully assessed and care plans reflected their current needs. People's care plans were written in a person centred way, gave clear direction and guidance for staff and reflected people's individual preferences whilst allowing them to maintain as much independence as possible. For example, one person's care plan included the following clear guidance for care staff, 'It is important for staff to support me to maintain my mobility as much as possible' and 'Help me manage my medication and explain what I am taking and why'. Care and support plans included guidance for staff to recognise the different ways people presented depending on their mood. For example, if they were happy, agitated, excited or withdrawn. Examples given included, people vocalising a range of sounds, specific body movements, smiling or if they were becoming anxious, rubbing their hands together or not wishing to walk. Staff knew people well and spoke knowledgeably about people's likes, dislikes and what type of support each person preferred to reassure and calm them when needed.

Staff knew who and what was important to people living in the home, and how they preferred to spend their time. They knew what activities they enjoyed and how and when they preferred their personal support to be given. They understood how getting to know each person helped them to provide care. People were supported to take part in a range of hobbies and activities to maintain their independence and increase their well being and prevent social isolation. Activities included, attendance at day centres, aromatherapy sessions, swimming and hydro pool, walks in the park, visits to café and shops and in warmer weather visits to the beach and the Quay.

Staff communicated in ways that suited people. These ways of communicating effectively were described in care documents and shared with new staff and professionals appropriately. This meant the service complied with the Accessible Information Standard (AIS). The AIS is a framework put in place in August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

The service used technology to support people and maintain their health and wellbeing. Sensor and call bell alarms were available throughout the home and staff and people had easy access to these when required.

People and relatives told us they knew how to complain if they needed to. There was guidance available

informing people how and who to make a complaint to if required. The provider's complaint policy gave the correct contact details for the local authority should people need to contact them in the event of a complaint or concern. Any complaints received had been actioned in accordance with the providers complaint policy.

People had been sensitively supported to make decisions about their end of life care. Where possible people had been involved in compiling their end of life plans which included where they would like to spend the last days of their life, who with and any specific requests they may have for this time.

Is the service well-led?

Our findings

The home had a registered manager in post. 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.

Staff, relatives and health professionals spoke positively about the registered manager. There was a happy, open, friendly, supportive culture within the home with a clear management structure. Written feedback from a health professional said, "I have always found the service to be well run...the manager communicates regularly with me to keep me updated of any resident health issues." All staff told us they felt well supported and listened to by the management team at Anchor House.

Staff told us and records showed there were regular staff meetings and handovers to keep staff fully informed about things at the home. Staff told us communication within the home was effective and they felt listened to and supported in all decisions.

People and relatives were asked for their views on the service as part of quality assurance and these were used to improve the care and support people received. We saw that this was positive and over a period of time any issues highlighted had been addressed. We reviewed the returned satisfaction questionnaires which had been completed by people's relatives and health professionals that had visited the home. Questionnaires had been positively completed, comments included, "Small, happy family home with dedicated staff who always go the extra mile to ensure the health and well being of all."

The registered manager maintained regular oversight of the service working alongside staff and people on a day to day basis. A range of audits and checks were also carried out to ensure that care plans were up to date, that the environment was safe and well maintained and that medicines were given as prescribed. Any shortfalls that were identified had action taken on them. The provider had an ongoing action plan in place for Anchor House that was reviewed by the management team every three months. This ensured a system of continuous improvement and quality monitoring was adhered to.

In addition to the regular arrangement to monitor the quality and safety of the service provided, there was a system of monthly out of hours checks that were conducted by registered managers from neighbouring services within the Harbour Care (UK) Limited group. This had proved an effective method to manage a process of continual improvement and quality assurance and enabled any potential areas of improvement to be quickly highlighted.

The registered manager had a good understanding of what notifications they needed to send to CQC. The notifications included what actions the service had taken in response to any incidents and were completed as required by the regulations. The service had their current rating displayed in the communal area of the home and on their website as required.

The provider organised staff consultation forums at regional and national levels. Staff were able to access the 'You Say' meeting and posters were displayed that encouraged people to have their say at these meetings and raise any issues. The registered manager described how they stayed up to date with good practice and how they took up opportunities to share and learn from colleagues and other professionals.