

Anchor Trust

Henry Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate agreements; this inspection looked at their personal care arrangements. There were 43 people receiving personal care when we inspected. At the last inspection, in February 2015, the service was rated Good overall. At this inspection we found that 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 and associated Regulations about how the service is run.

People were safe when staff were in their home providing care and received care from staff that protected them from the risk of potential abuse. Staff told us about how they kept people safe when providing care and support. People's individual risks had been recorded and reviewed. Staff told us they looked at the plans in place to understand how to keep each person safe to ensure people were at low risk of harm or injury. People who had support with their medicines had them administered when needed, with staff who were trained and competent to do so.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. Staff understood the need to gain people's consent to care and treatment before providing any care or assistance. 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 told us they attended healthcare appointments as required and staff would help with telephone calls and reminders if needed.

People knew the staff well and told us they had a personalised service in their home. People felt the care they had received met their needs and had been able to tell staff how they wanted their care on each call. People felt the staff were considerate and supported them in maintaining their dignity.

People's views and decisions about their care had been recorded and were changed when needed. People knew how to make a complaint and information was provided to people who used the service should they wish to raise a complaint.

People were always able to talk with the management team about any concerns if needed. Staff were able to speak with the registered manager and provide feedback on the service. The registered manager told us they kept their knowledge current and provided staff with input and direction about the levels of care they expected. Regular checks were completed to monitor the quality of the care that people received, that

included reviewing records and observing staff practices.

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.

Henry Court

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.

This inspection took place on 24 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We reviewed the information we held about the scheme and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with seven people who used the service. We spoke with six care staff, four team leaders, the deputy care manager and the registered manager.

We looked at two care plans, including the medicine records, three staff and two residents' meeting minutes, incident forms completed in the last 12 months, and quality audits that the registered manager had completed.

Is the service safe?

Our findings

People we spoke with told us how the staff supported them in their homes and made them feel safe. One person told us, "I am comfortable with all the staff that support me". People also had access to an emergency call button they could use to call for help. The provider ensured a team leader was on duty 24 hours a day so people would be able to access advice and assistance when they needed it. One person told us, "The team leaders will pop and check if you are not feeling well".

Staff told us how would report any concerns about a person's safety or suspected abuse to the management team. Staff were assured that steps would be taken to protect the person from the further risks of harm or abuse. Staff told us they were aware of the signs and possible situations that they would report on.

People told us they were aware of their own risks, for example using equipment to aid walking. Their care plans showed staff how they could reduce the potential risk of further harm when providing care and support. People we spoke with told us that care staff always looked at the care plans as well as asking them about any changes. Care staff were aware how to provide safe care and used the care plans.

People we spoke with told us that the care staff arrived at the expected time had not rushed them in their support. Staff we spoke told us they worked as a team to cover the calls as much as possible. The recruitment files we looked at had relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before applicants were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

Three people we spoke with told us the care staff looked after their medicines for them. Where people managed their own medicines, they told us staff provided helpful reminders when providing care. Staff we spoke with told us they had received training to support them in correctly administering people's medicines. The management team had regularly checked to make sure staff were competent and understood their training.

Is the service effective?

Our findings

People we spoke with told us they knew the care staff had received training and the staff knew how to look after them. One person said, "They [staff] often understand my care needs more than me". All staff told us they felt the training proved them with the skills and knowledge to provide people with the care they needed. The management team assessed and monitored the staffs learning and development needs through regular meetings and supervision meetings. Staff competency was checked by the management team so they could be assured staff were providing care that met people's needs.

People told us they had provided their consent for decisions about their care, day to day routines and preferences. Staff understood people's right to choice and told us they respected people's decisions. Where people were unable to make decisions themselves, and they were supported by family and advocates to make decisions that were in their best interests. People were supported by the staff to have as much choice and control as they were able to in their daily life.

People chose what to eat and where they wished have their meal and were happy that staff made meals they enjoyed or requested. People had the option to eat in the communal restaurant or have staff prepare meals in their flats. Staff took the opportunity to offer people drinks and leave people drinks when the call had been completed.

People we spoke with told us they were supported in looking after their health appointments. All care staff we spoke with told they would help people arrange appointments where needed or let a family member know. Staff said that they worked alongside other health professionals to help people get the care at home they needed, this included matching call times with district nurses.

Is the service caring?

Our findings

People told us they enjoyed living with the scheme and that the staff were kind and caring and always happy to help. One person told us, "I have a laugh with the carers" People told us how staff found out about things that were important to them and one person told us, "We sit and have a chat, really get to know each other". Staff told us they enjoyed their role and liked speaking with people and supported people according to their wishes.

Staff explained how they got to know people by chatting to them and their relatives and by reading people's care plans. People also felt that where staff knew them very well, that they got into a routine that suited their preferences. All people we spoke with said staff asked them how they would like their care to be given or knew their preferred routines. One person told us, "I just direct them on the day, if I want something done they do it". One person said that when they started using the service the registered manager discussed the care they wanted and that is the care they received.

People we spoke with told us that staff encouraged them to take part in their personal care, where they were able to do this, so that their independence was maintained. People told us that staff were respectful about their privacy and dignity. One person told us, "I am comfortable with all staff during my personal care".

Staff we spoke with also provided us with examples of how they respected people's wishes and treated them with dignity. Staff described how they made sure that people were covered during personal care, and that they ensured that curtains were closed when required, so that people's dignity and privacy was maintained. Staff spoke respectfully about people when they were talking and having discussions with other staff members about any care needs.

Is the service responsive?

Our findings

People that we spoke with told us the care provided supported their needs and they were able to make changes when needed. People said this could be a one day change where they would just direct or ask staff. People's care plans were kept in their homes and staff could access these to in support of the person's needs. One person told us about their care and the said staff were, "Very flexible, I'll just direct them on the day".

People told us their care needs were reviewed regularly and support received if any changes were needed. One person told us, "I had just had one (care plan review) looking at my care". People we spoke with told us they the staff would respond to any change in their care needed. Staff had responded to people's changing needs and asked the person if they were happy to seek advice from professionals in the community.

People's families had helped to support their relative and had given a lot of information to the registered manager about their relative's personal history and lifestyle. Some relatives continued to take an active role in ensuring that their family members received the support they required. Activities and fund raising were organised with people living at the scheme with a member of staff to support this. People told us staff encouraged them to participate in events on site to reduce their risk of isolation. One person told us, "I feel there is the right amount of encouragement to take part".

People told us they were happy with the service and knew how to make a complaint. Information on how to complain was made available to people in their homes. Where a complaint had been received these had been investigated and responded to.

Is the service well-led?

Our findings

People and their relatives were confident in the way the overall scheme was run and managed and told us they had provided their views about their care. People had also provided feedback and suggestions for the scheme. Overall the responses were positive and where changes were needed these had been made. One person told us, "There are proper systems in place; resources are good and it's run like a well maintained hotel".

The service had a registered manager who spent time working alongside the deputy manager and team leaders. Team meetings also provided opportunities for staff to raise concerns or comments with people's care. The staff told us that the management team were approachable, provided leadership and consistent guidance they needed to provide good care to people. Their values were based on respect for each other and putting people at the heart of the service.

The provider and registered manager carried out quality checks on how the service was managed. Where improvements with quality were identified the registered manager recorded the action taken. For example reminders to staff to ensure the use of Personal Protective Equipment (PPE) which is intended to be worn or held by a person at work to protect them against risks to their health and safety.

The registered manager and care staff sought advice from other professionals to ensure they provided good quality care. The registered manager felt they were supported by other professionals locally, such as GP surgeries, and community care specialist teams. These provided guidance and advice in how to support people's needs and we saw that this had been used in support of people's care.