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The Anchorage

Inspection report

The Anchorage
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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 20 and 29 June 2016 and was unannounced. The Anchorage is a service for up to six people who have a learning disability.

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 also met with the providers HR manager during this visit. They were planning to apply to take over the registration of the service in the future.

The provider has another service, Daybreak Support Services, which is situated less than a mile away from The Anchorage. Daybreak Support Services is also the provider's main office. We visited the office as part of our inspection of The Anchorage. The two services have a number of staff who work across both of them. Records for both services are also held at the Daybreak Support Services offices.

The provider had a robust recruitment procedure in place. People were supported by staff who had only been employed after the provider had carried out checks. Staff were aware of their responsibilities to report any concerns and knew how to report this within the provider organisation. However not all staff were aware of who they could contact externally of the provider if they thought that someone had been harmed in any way.

People were supported by staff who had received an induction into the service and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

Medicines were stored safely and only administered by staff that were appropriately trained. Medicine administration records were up to date with no gaps in recording. This demonstrated people were receiving their medicines in line with their doctors' instructions. Healthcare professionals such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

The Care Quality Commission is required to monitor the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The principles of the MCA had not always been followed when decisions had been made on behalf of people who could not make them for themselves.

People were encouraged to take part in activities. Some people were out and others were taking part in activities at home. Relatives were complimentary about the service and were made to feel welcome and could visit whenever they liked. There was information available if people or their relatives wanted

complain.

People were supported to maintain a healthy balanced diet. Dietary and nutritional specialists' advice was sought so that people with complex support needs with their eating and drinking were supported effectively.

The management team assessed and monitored the quality of the service through audits that were undertaken. However, the system had failed to identify the issues associated the health and safety of the building. The system had also failed to identify that there were a number of risk assessments out of date.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people's safety were identified and assessments carried out and followed by staff to minimise risk of harm, however these were not always updated.

People received their medicines as prescribed and the management of medicines was safe.

There were enough staff on each shift to keep people safe and to meet their needs.

The service had procedures in place to protect people from the risks of harm. However, staff were not always clear on who they could report any concerns to.

Is the service effective?

Requires Improvement

The service was not always effective.

People received support from staff who had received enough training ensure they could carry out their roles effectively.

People were supported to maintain their nutritional and health needs.

Is the service caring?

Good

The service was caring.

Relatives thought staff were kind and caring.

Staff were knowledgeable about individual's communication methods.

Is the service responsive?

Good

The service was responsive.

Staff had a good understanding of how to respond to people's changing needs.

Staff delivered care and support that was in line with people's support plans.

People were able to take part in group and individual activities that took into account their interests and preferences.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had an auditing system in place that monitored the quality of the service provided. This was not effective in all areas.

Staff found the manager approachable.

The service had policies and procedures in place which the staff were aware of and worked to.

The Anchorage

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 20 and 29 June 2016 and was unannounced. The inspection was completed by one inspector. After the visit, we required some further information. This was in relation to a health and safety issue. This information was received within the specified timeframe.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. Due to technical problems, a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

Before we carried out this inspection, we also reviewed the information we held about this service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also made contact with the local authority quality assurance team to ask their views on the quality of the service.

Most people who used the service were unable to tell us verbally about their experience of care. However, staff who knew people well were able to assist some people to communicate their views in other ways. We made observations of people's experience of care and how staff interacted with people. This enabled us to better understand people's experience of the support they received. We also spoke with one person's relative.

We spoke with three care staff, the team leader, registered manager and HR manager. During the inspection, we looked at two people's care plans as well as records in relation to the management of the service. This included staff recruitment records, staff supervisions, complaints and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

During our inspection and tour of the building, we viewed all bedrooms and communal areas at the service. We found that a number of rooms had exposed pipework leading to the radiator or a radiator that was not covered. We also found some windows above ground floor level, which did not have restrictors on. There were no risk assessments in place in respect of these health and safety concerns. We raised this with the registered manager on the first day of our visit. They agreed to take urgent action. On the second day of our visit, we saw that work to address the identified risks had already begun. We were supplied with a risk assessment covering the residual risks and the provider kept us updated and notified us when the work was completed.

Not everyone who was living at The Anchorage could communicate verbally with us. We asked one of their relatives if they felt their family member were safe; we were told, "My [relative] is fine at The Anchorage. They are well cared for and safe." We saw that people were relaxed and calm around staff and whilst staff were. This told us that people felt safe when staff were supporting them.

Staff we spoke with had undertaken safeguarding training as part of their induction, and had regular updates afterwards. Staff had a good knowledge and understanding of safeguarding. They were able to explain the process they would need to follow to report any concerns they may have, what signs of possible harm they would look for, and who they would escalate their concerns to if they felt appropriate action had not been taken. However they were only clear on who they would contact within their own organisation. They were not aware that the local authority had the responsibility for investigating any safeguarding concerns or how to contact them. However, all were certain that they would report any concerns to the provider and would ensure that they were followed up and action was taken. Overall, we felt that staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

Care and support plans included risk assessments, which provided staff with guidance on how the risks to people were minimised. These included risks associated with people's support. We saw that some of these risk assessments were regularly reviewed, however, some had not been updated since 2014. We raised this with the team leader on the day of our inspection, who agreed to review the assessments to see if they were still appropriate and relevant.

Risks to people injuring themselves or others were reduced because equipment, including electrical items, had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks were undertaken to reduce the risks to people if there was a fire.

The provider ensured there were enough staff to meet people's care and support needs. The staff we spoke with all confirmed that there were enough staff on shift with the only exception being if staff are away from work unwell. One staff member said, "There is never a time when there isn't enough staff." Another staff member said, "The only time is if someone phones in sick. We try and sort it out but if we can't there is

always the on call person we can contact."

We saw that staff worked well together and people did not have to wait long for help or support. Some people received one to one support for periods of time during the day. We observed during our visit that this level of support was given and there were sufficient staff for this to take place. People were able to take part in activities they chose and there were enough staff to support them to do this.

We saw from staff files that recruitment checks were robust and all appropriate vetting had been carried out prior to staff working with people. For example, the provider ensured that checks on any gaps in employment history were explored as part of the interview process. We also saw that references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions by checking that prospective employees were of suitable character to work with people. This showed staff had been properly checked to make sure they were suitable and safe to work with people.

People received the medicines they needed in a safe way. We found that medicines were stored safely in a locked designated room. The area where medicines were stored was temperature checked daily and records were kept. Each person who lived at the service had a medicines profile with their medication administration record (MAR) chart. We viewed MAR charts for all people and found that they were completed correctly with no gaps in administration or recording. We also carried out a stock audit on several medicines and found that the correct amounts were in stock in line with what had already been administered. We were therefore assured that people were receiving their medicines. We were told by the team leader that the medicines and staff signatures of administration were checked by staff during every hand over to make sure that people received their medicines correctly.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in June 2014, we found that staff did not have a good understanding of their legal obligations in respect of the Mental Capacity Act 2005 (MCA). Inadequate steps had been taken to protect people from the risks of unlawful restraint. This was a breach of Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found that improvements had been made and that the provider was no longer in breach of this regulation.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made DoLS applications for some of the people who lived at the service to the authorising body.

The staff and registered manager told us that there were a number of people living in the service who lacked capacity to make decisions about their own care. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Care records we viewed did not contain information about decisions people could make for themselves and decisions, which may require a mental capacity assessment. The HR manager told us that one person had a best interest's decision made in conjunction with healthcare staff when it was decided that they required a blood test. However, there were no other mental capacity assessments or best interests meetings that had taken place for those people who lacked capacity to make decisions. For example, we found that one person had their toiletries stored away so they could not reach them. Whilst it was recognised that this was for the person's safety there was no evidence within this person's care plan to demonstrate that a capacity assessment had been undertaken. There was also no information within the care plan about who had been involved in determining that the restriction was in their best interests. Staff demonstrated an understanding of the MCA and how to apply its principles in their work. We saw staff offered people choices and gave them time to make decisions. These decisions were respected.

Staff were provided with training and support to ensure they were able to meet people's needs effectively. The staff we spoke with told us they had the skills and knowledge they needed to support people who used the service.

We saw evidence in staff files that new staff completed an induction when they commenced employment at

the service. This was confirmed by the staff we spoke with. We asked three staff what support new employees received. They told us they completed induction training and then shadowed a more experienced staff member for a while. The shadowing focused on getting to know people's individual needs and preferences. One member of staff told us that they had been able to request additional shadow shifts when had not felt confident to work with people on their own.

Induction training was followed by completion of the care certificate. The care certificate is an identified set of standards. It aims to give people the confidence that staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One member of staff told us that once they had completed the care certificate and during their probation they would be supported to undertake further qualifications. We also saw from the training records that a number of staff, both new and existing, were undertaking the care certificate. This demonstrated that new and existing employees were supported in their role.

The mandatory training for care staff deemed necessary by the provider included safeguarding people, manual handling, infection control, food hygiene first aid and fire safety. Staff told us that they found the training beneficial to their day to day practice. We saw from the training matrix that most staff had up to date training. Where there were gaps, staff were being booked onto the training course. This demonstrated people were supported by suitably qualified staff with the knowledge and skills to fulfil their role.

Staff we spoke with told us they felt appropriately supported by managers and they said they had supervision every one to two months and an annual appraisal. Supervision gives staff the opportunity to review their performance and training and discuss development requirements. One staff member said, "I have supervision every 6-8 weeks. I feel supported; I can speak up and can say what I think. I can put my point across and they do listen." Another staff member told us, "I have an appraisal yearly. It is a scoring system and has performance related pay. We [staff] reflect on our work and give ourselves a score. The managers speak to the staff we work with then come up with a score for us too. We compare scores and discuss it."

We spoke with staff about the menu within the home. Staff were able to tell us about people's food likes and dislikes and people's individual support needs. These were in line with the support plans and current guidance. Eating and drinking care plans were in place which clearly stated the required support people needed. We saw that risks to people regarding their nutritional status were identified. Support from a Speech and Language Therapist had been obtained for people who required it to support people with their dietary needs.

People were supported with their health needs. Everyone was registered with a GP surgery. We saw that people were referred to and supported by a number of health care professionals. Records confirmed that these appointments had taken place and that people were well supported by staff to attend them. We spoke with a healthcare professional who was working closely with the service. They told us, "I enjoy going to The Anchorage. The staff are very welcoming and take on board what I say. I am there [at the Anchorage] quite a lot with people. It is all positive, no negatives. Things are done as they should be. Occasionally I have to remind them but it is a nice team. We work well together."

Hospital passports were in place. A hospital passport contains key information about the person's needs to ensure effective care and support is received should they be admitted to hospital.

Good

Is the service caring?

Our findings

Most of the people living at The Anchorage who we met were not able to verbally tell us about the support they received. We spoke to a relative of one person using the service. They spoke highly of the care and support their family member received and told us, "[Relative] is very well cared for. I have never had a problem or cause to raise a concern. I have no complaints whatsoever." Staff spoke about people with warmth and enthusiasm. One staff member said, "If I had a relation, knowing the team like I do, I would be more than happy for them to live here. I would know my family was safe and well cared for."

People's privacy and dignity was not always protected and promoted. We spoke with the manager about our concerns on the first day of our visit. On the second day of our visit, the manager told us that they had spoken with the staff concerned and had raised this as a performance issue. During the second day we saw an improvement in the way staff communicated with and in front of people. On other occasions, support staff spoke respectfully to people and involved them in what was happening during the day. We saw, over both days of our visit, that support staff consistently knocked on people's doors before entering a person's room. People received their personal care support in private. We saw that staff members knew how people at the home communicated and could respond to their needs in a timely way.

We observed one person being supported with their lunch. We saw that they were not offered choice however they were asked if they liked their food once they were being assisted with it. We saw that one staff member assisting a person with their meal did not attempt to engage them in communication despite it stating within their support plan they should receive 'positive tone and praise' from staff during mealtimes.

We observed staff working in a kind and caring manner. One person was receiving one to one support during our visit. They were not feeling well and needed a lot of staff attention and support. This was given in a caring way and in line with the person's support plan.

People were supported by a named staff member who was referred to as their 'administrator'. This person had the role of ensuring that the person had support to purchase their personal items. The manager told us that the administrators would also be getting more involved in ensuring that people's support plans were up to date.

We saw that people had been supported to personalise their bedrooms with photographs, pictures and other items that made it individual. Staff we spoke with had a good knowledge of people's individual needs, their preferences and their personalities. We were told about people's support requirements by the staff, these matched their support plans and we saw this was also reflective of staff practice.

At the time of our inspection no one who lived at the service used an advocate. We were told that people had received the support of an advocate in the past. The HR manager told us that they were aware of advocacy services and that they would signpost to these if needed. Advocates are trained professionals who support, enable and empower people to speak up.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. Staff were aware of the needs of people who lived at The Anchorage and spoke knowledgeably about how people liked to be supported and what was important to them. Staff told us about how one person hated going out if it was raining. This was recorded in their support plan to make sure that all staff were aware of this.

Staff we spoke with knew the people they cared for well and how they liked their support to be provided. One staff member was able to tell us in detail about two people and their preferred routines. Staff had a good understanding of the way people preferred to communicate.

Everyone who lived at the service had a support plan which contained information about their likes, dislikes. People were supported by staff to follow programs and plans pertinent to their health and wellbeing. A healthcare professional requested that staff provide one person with additional monitoring for two weeks. This was done in order to assess whether they needed additional support to meet their needs. We saw that staff completed these records consistently during the time frame specified.

Support plans also contained detailed information about people's individual behaviour management plans. These included details of how staff cared for people when they exhibited behaviours that challenged. When we spoke with members of staff they were aware of this information. This showed the service responded to changes in the behaviour of people who used the service and put plans in place to reduce future risks.

People were supported to take part in social activities which they enjoyed. On the day of the visit one person told us about a trip they were planning with staff. We saw that the staff member was spending time with the person talking about the day. When we returned for our second visit, the same person gave us an update of their plans and how excited they were. We saw another person playing a game of dominoes with staff. This person told us that they loved playing dominoes and expressed great delight that they usually won against the staff they played. We saw other people were taking part in a cookery session in an activities kitchen, which was in place at the provider's office building. People were supported by staff to choose the recipe they wished to use and then make their choice which they then ate for lunch. One person told us that they really enjoyed this activity.

Records showed the service had not received any formal complaints in the last 12 months. However the HR manager told us that staff supported people who wished to make a complaint. We were told that there were arrangements in place where staff supported people to record their concerns and submit them to the office. Staff we spoke with told us the manager was approachable and if they had any concerns, they would speak with them. Relatives were aware of the complaints process which was available in the service. One relative told us, "I would know what to do if I wanted to complain about something but I don't. There is nothing to complain about."

Requires Improvement

Is the service well-led?

Our findings

Although there was a registered manager in place at the time of this inspection, they did not work directly from the service. We met with them on the first day of our visit, however on the second day we met with the provider HR manager at their office location. The HR manager told us that they planned to apply to take over the registered manager status from the current manager.

Staff we spoke with told us that the registered manager appeared to have 'taken a step back'. One staff member said, "The manager used to work here, however they don't come in that much anymore." Another staff member said, "The people who live here definitely know who the managers are." One of the other members of staff commented, "The manager comes in every other week when they update the support plans." All staff said that they could contact the manager if they needed to via phone or email.

Staff also told us that staff meeting's happened infrequently and were mainly held if there was something significant that the managers wanted to tell the staff. After our visit the registered manager told us that nine formal meetings had been held with staff over the previous 15 months. Some of the staff told us that they felt holding staff meetings more regularly would be a positive step for the service as it would enable staff to meet with management of the service.

There were opportunities for staff to engage with the management team at the service on a one to one basis through supervisions and informal conversations. Staff we spoke with told us they enjoyed their jobs and working for the provider. Staff confirmed they were able to raise issues and talk to their line manager if they had any concerns.

Staff told us communication was good within the service amongst themselves. A daily handover was held and a communication book was used to share information such as health issues, activities and incidents or concerns.

The HR manager told us that there were plans to increase the management presence within The Anchorage. They were keen that staff should learn by modelling good practice and from incidents that had occurred. They gave an example of an issue we had highlighted about staff not maintaining confidentiality. The HR manager told us that having more of a presence at the service would enable them to identify issues, influence practice and address concerns more speedily.

The provider was open and transparent about how the service was being run, and was keen to learn if there were things they needed to improve on. We found the registered manager and HR manager were approachable and responsive. When we raised a health and safety concern with them they were quick to respond. Relatives told us the service was well led and spoke positively of the manager. One relative told us, "If I have a problem with anything I can always talk to the manager. I never have had a complaint however."

There were systems in place to monitor and improve the quality of the service. We viewed an audit from

April 2016. This audit looked at the quality of the service such as support plans, medicines safety, health and safety and the environment. There were a number of actions devised because of this service audit and we saw that some work had been started. However, it was not effective as it had not identified the issue that we did during our inspection.

An additional system was in place whereby staff recorded if people had requested anything, such as a trip out or a favourite food. The date when staff actioned the persons request was recorded which enabled the registered manager and staff to see how quickly people had their wishes met.

A quality assurance process was undertaken. Part of this process involved a questionnaire seeking feedback about people's care and support .We looked at the records and saw that an annual questionnaire was sent out to people and to their families. The HR manager told us that the results were shared with the staff team and were communicated to people's families as part of individual's review meetings.

Records at the service were well maintained and kept securely in an office at the home as well as at the provider's office which was less than half a mile away. Policies and procedures were up to date and reviewed regularly. The registered manager and HR manager understood their responsibilities and the need to notify the CQC of significant events regarding people using the service, in line with the requirements of the provider's registration.