Anchor Trust

Kerria 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 inspection took place on 22 March 2018 and was unannounced. At the last inspection completed on 6 June 2017 we rated the service as good. At this inspection we found the service remained good.

Kerria Court 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. Kerria Court accommodates up to 47 people in one adapted building. At the time of the inspection there were 39 people living in the care home.

There was a registered manager in post, however they were not at work at the time of the inspection, there was however an appointed manager to oversee the home. 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 were protected from avoidable abuse. Risks were assessed, identified and managed appropriately. Premises and equipment were maintained to minimise the risk of infection. Staff were recruited safely and staffing levels were sufficient to meet people's needs. Medicines were managed safely. The manager had systems in place to learn when things went wrong.

People had their needs assessed and had effective care plans in place. Staff were trained to meet people's needs and were able to offer consistent support to people. People had a choice of meals and they were supported to eat and drink safely. The environment was adapted to meet the needs of people and people were supported to access health professionals. 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 were supported by kind caring staff. Peoples communication needs were assessed and care plans supported people to make choices and retain their independence. People were treated with dignity and respect.

People's preferences were understood and their diverse needs were assessed and planned for. People were supported to access activities and had their needs and wishes for end of life care considered. People's complaints were investigated and responded to.

People and their relatives were involved in discussions about the service and their feedback influenced developments. We found systems in place to check on the quality of the service people received and the provider used information from these to make improvements. The manager had systems in place to monitor the delivery of people's care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Kerria 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 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 inspection took place on 22 March 2018 and was unannounced. The inspection team consisted of one inspector, an inspection manager and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We reviewed feedback from the commissioners of people's care to find out their views on the quality of the service. 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, we spoke with seven people who used the service. We also spoke with the manager, the district manager, four staff and two visiting health professionals.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of seven people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including complaint logs, accident reports, meeting notes, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be good.

People told us they felt safe. One person said, "I feel safe because everybody's interested in each other". Another person said, "I'm safe because of all the people and the staff they are all very nice and very good". We found people were happy, smiling and chatting with other people and staff. Staff were able to demonstrate how they would recognise abuse and what action they would take to report any concerns. Staff had received training in safeguarding people from harm. We saw incidents had been investigated and where required referrals had been made to the local authority. This meant people were safeguarded from abuse and people were protected from the risk of harm.

People were protected from the risks to their safety. One person told us about the risks associated to them living with diabetes and how staff made sure they were managed. They told us, "I can't tell when I am unwell, so I'm a lot safer here". Staff could describe how they supported people to manage risks to their safety and we were able to confirm this information was included in people's care plans. We observed people being supported to manage risks safely. For example, we saw one person using a hoist to transfer from a wheelchair to a lounge chair with the support of staff, this was done in line with their risk assessment and care plan and the person appeared comfortable throughout. This demonstrated people had their risks planned for and managed to keep them safe from potential harm.

People told us they thought there were sufficient staff and they did not have to wait very long for care and support and they had the same experience in the evening and at weekends. One person said, "Staff usually come straight way". Staff told us there were enough staff on duty to meet people's needs. They told us cover was provided for vacancies. The manager told us this was provided by internal staff or a regular agency if needed. We observed there were staff available throughout the inspection to support people when they needed it. This demonstrated there were enough staff to support people safely.

People received support from safely recruited staff. Staff told us checks were carried out to ensure they were suitable to work with people. The records we saw supported this. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed.

People told us they received their medicines as prescribed. One person told us, "I usually have my medicines given on time". Staff had received training in medicines management and had their competency checked. We observed staff following the medicines policy when administering medicines, recording what people had on their medicine administration records (MAR). Staff ensured they followed the guidance available to administer the medicines safely and this was clearly available with people's MAR charts. We found medicines were ordered, stored and disposed of safely. For example, stock controls in place ensured medicines were counted daily and we found dates were included on all topical medicines to show when they had been opened. This meant people received their medicines as prescribed and systems were in place

to safely manage medicines.

People were protected from the risk of infection. Staff understood how to minimise the spread of infection and had received training in infection control. They were observed using gloves and aprons during the inspection. We saw there was guidance for staff on correct handwashing procedures on display and we found the home and equipment in use was clean. This meant people were supported and cared for in a clean environment which helped to minimise the risk of infection.

The district manager told us they discussed learning when things went wrong with staff. Staff confirmed they had information shared with them through supervisions and meetings and we saw records which confirmed this. For example, an analysis of falls within the service had been completed and the results were shared with staff during a meeting. There were action plans in place to make changes following audit processes. This meant the provider undertook analysis and made improvements when things went wrong.

Good

Is the service effective?

Our findings

At our last inspection the effectiveness of service was rated as good. At this inspection we found the service continued to be good.

We asked if people had their needs assessed before coming to the home. One person told us, "The doctor arranged for me to come [this person was staying at the home on a temporary basis] I had an assessment before I arrived". We found staff understood people's needs and could describe plans to support people. One staff member was able to tell us how to support someone with a food allergy; they understood the allergy and could describe in detail how the person's care plan supported them to maintain a healthy diet. We found people had their needs assessed on admission and care plans were put in place. Where required other professionals were involved in the assessments and the writing of care plans. We saw these were reviewed regularly with people and where appropriate relatives were involved. We saw technology was used to support people with their independence. For example, the lift access from the ground floor had accessible easy to use buttons, which included signage in braille. There was also a seat to enable people to sit down whilst the lift was moving this meant people were able to access the first floor without requiring assistance from staff. This showed people's needs were assessed and effective care was planned to meet those needs.

People were supported by trained staff. People all spoke highly of the staff and told us they understood how to support them. A visiting health professional told us, "The home only accepts people that have been assessed and they are confident they can meet the person's needs". They went on to explain that the home would state if they felt they could not safely support someone. Staff told us they had an induction when they first commenced their role and had regular updates to their training. One staff member told us, "We discuss any training needs in our supervision sessions". We saw staff had received training updates and that regular checks on training were carried out. We also saw competency checks were undertaken for example with medicines. Records showed staff had received training in safeguarding, infection control and manual handling for example. This showed people were supported by suitable skilled staff.

People were able to choose their meals and told us they had enough to eat and drink. We asked people what the food was like and we were told, "It's generally something nice". Other people described the food as very nice and wonderful. People told us the staff knew what they liked and disliked and were able to remember this. Staff could tell us about people's specific dietary needs. For example, some people had been assessed by the speech and language therapy team (SALT) and staff could describe in detail how people needed to be supported. We were able to confirm this with people's care records. We saw people could choose different meals; this was facilitated by staff showing people what was on offer and also offering alternatives. We were informed about meals which were provided to give people an experience of culturally sensitive food. There had been themed evenings offering Caribbean and Indian meals for example. This showed people had support to maintain a healthy diet and had a variety of meals available.

The staff told us they worked well as a team, and were well informed about people's needs, the manager supported this view. We saw staff communicated with each other about people's needs during the

inspection, and acted promptly when action was required. A visiting health professional told us the staff worked with them to ensure people had consistent care which supported their health needs and any guidance given was followed. Staff told us they were kept up to date about changing needs at meetings at the start of their shift. One staff member said, "Some assessments are done at people's home, others in hospital, these are then used to develop a care plan, we build on this with the person and their families to understand their preferences as well". This demonstrated people received consistent care and support.

People were able to see health professionals when they needed to and were supported to maintain their health and wellbeing. One person said, "I was having some pain in my legs and they got the doctor to see me". A visiting health professional told us, "The staff are good at following things up, they ensure prescriptions are in place, make sure blood tests are done and keep good records about people's health". Staff could give examples of how they sought advice and made referrals to health professionals as required. We saw people had access to a range of different health care professionals and referrals were done promptly. This meant people were supported to maintain their health and engage with health professionals as required.

We found the building was decorated nicely, had appropriate signage available and was suitable to meet the needs of people. For example, there were adapted bathrooms in place and people had access to their own bathroom which was also adapted. There was a range of different seating available and people had access to outside areas. The home supported some people that were living with dementia. We saw the decoration was suitable for people with dementia for example, there were contrasting colours and people could differentiate between different areas in the home. This meant peoples individual needs were provided for with the design, decoration and adaptation of the premises.

People told us staff asked for permission before helping people with tasks. Staff could describe how they would seek consent and understood the importance. We observed staff seeking consent. For example, asking if people were ready to receive their medicines or if they could help make them more comfortable before moving their chair. Staff could describe how one person sometimes refused personal care and how they would leave the person and go and try later. This meant consent was gained from people to make decisions about their care and treatment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people were unable to make decisions about their care and support a mental capacity assessment had been undertaken and a decision had been taken in the person's best interests. For example, one person was refusing their medicines, and a discussion had been held with the person's doctor, a family member and a pharmacist to determine what would be the least restrictive option to ensure the person had the medicines required. This demonstrated how staff applied the principles of the MCA.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found there were authorised Deprivation of Liberty Safeguards (DoLS) in place where people had restrictions to keep them safe. Staff understood these and could provide support in line with the authorised DoLS. This meant that people were supported in the least restrictive way and in line with the MCA.

Good

Is the service caring?

Our findings

At our last inspection we found the service was caring. At this inspection the service continued to be caring.

People told us they had a good relationship with staff. They told us they were able to have a laugh and joke with staff and their family members also got on well with the staff. One person said, "All the staff have been nice to me." Whilst another said, "The staff are pretty kind". Visiting professionals were confident staff knew people well. One visiting professional told us, "It was my first time seeing someone today and the staff stayed with me and introduced me to them. It worked well because it made the person feel more comfortable". Staff spoke about people with warmth and told us how they were able to spend time with people to get to know them. We saw a number of positive interactions between people and staff during the inspection. For example, one person was being supported to eat their meal; staff were gently stroking the person's hand to maintain their attention. We saw staff took time to greet people as they entered a room and people responded with a smile and chatted to staff. People appeared relaxed when they were being supported. For example, one person was being supported to use a hoist and staff were explaining and reassuring the person throughout. The person was smiling and speaking with staff the whole time. In a further example, we saw staff kindly embrace one person when they appeared anxious, this calmed the person. In another example, staff gently stroked a person's hand to wake them and remind them about an appointment. This showed people were treated with kindness and given emotional support when they needed it.

People were involved in making decisions and choices about their care and support. People told us they were able to express their views and be involved in decision making. One person told us they were given a choice about whether they were happy to have a male staff member support them. Staff were observed offering people choices throughout the inspection. We saw staff spend time asking people how they wanted things done. For example, one person was asked about whether they wanted hot or cold milk with their cereal. The staff member took the time to engage the person and help them make a decision. We saw people were asked about where they wanted to eat their meals, where they would like to sit. We saw people had been involved in their assessments and care plans and these guided staff on the decisions people had made. This showed people were involved in decisions about their care. One person told us they were very independent and didn't need much help from staff. They told us staff respected this and allowed them space to do things for themselves. We saw staff supported people to maintain their independence with their mobility. We saw information was on display for people and this was presented with pictures to help people with communication difficulties understand. People's communication needs had been assessed and plans were in place to support people effectively to understand their care plans and contribute to the planning of their care. For example, one person was living with a hearing impairment and the staff were guided in how to communicate with the person effectively through their care plan. This meant information was accessible to all people who used the service and they were supported to maintain their independence.

People were treated with respect and their privacy and dignity was maintained. People told us they felt the staff listened to them and they said they felt valued. Staff could describe how they would support people to maintain their privacy, for example they described closing curtains in bedrooms and covering people during

personal care. We saw people were treated with respect. For example, one person was sleeping in the chair and we saw staff discreetly offered to support the person back to their bedroom to take a nap and the person accepted. We saw staff using a piece of equipment to support one person to transfer to a lounge chair from a wheelchair. Staff were observed ensuring the person's dignity was maintained at all times. In another example, we saw staff offered one person a napkin as they had noticed the person had spilled some food on their clothing. This showed people were treated with respect and their privacy and dignity was maintained.

Good

Is the service responsive?

Our findings

At our last inspection we found the service was responsive. At this inspection we found the service continued to be responsive.

People's preferences were understood by staff. One person told us about their religious preferences and how these were met through a visit from the local church. Staff could describe people's preferences to us. They told us that people had their preferences discussed as part of their assessment when they came to the home. Staff could tell us about what people liked to do and what interests people had. We saw this information was available to staff as part of people's care plan. For example, where people had expressed a preference for a daily shower, we saw this was followed by staff and records showed the person was offered this daily. We found staff knew where people preferred to sit, who their friends were and how they liked to spend their time and staff supported people to maintain these relationships by ensuring people could sit and chat together. We saw staff followed people's plans and ensured their preferences were considered. For example, one person liked to come down to breakfast in their night clothes and then got dressed later on during the morning and we saw the person was able to do this. People's diverse needs were respected. We saw there was a poster on display advertising the Anchor Lesbian Gay Bisexual and Transgender group for people to access if they wished to. We found menu's provided different cultural options, for example, Indian curry. We saw people's religious and cultural preferences had been identified in their care plans, we found staff understood these and could describe how they were used to provide people with support. We found people had reviews and their needs and preferences were reassessed when things changed. For example, one person had a fall, a referral was completed straightaway for health professional input and following this review equipment was put in place which had prevented any further incidents. This showed staff understood people's needs and preferences and these were reviewed and responded to when things changed.

People had mixed views about taking part in activities and things that were of interest to them. Some people told us they didn't feel there was much to do and had not had the chance to go out whilst others were engaged in activities. For example, one person had an interest in the stars and staff supported the person to use a telescope in the evenings to view them. Another person had been supported to find a pen friend to enable them to write letters. People had been supported to take part in a virtual reality tour of a local museum. This had interested two people in particular so staff had arranged for an actual visit to the museum for them. One person had a visual impairment, which meant they found it difficult to read their bible which was important to them. Staff supported the person every Sunday with reading their bible. In another example, one person had an interest in transport and aeroplanes. Staff told us how the person had access to images of interest in their room and in the corridors. Staff told us they would like to arrange a trip for this person to the airport to see the planes, but this had been difficult due to staffing changes. We spoke to the manager about this they told us they would review this and ensure there were sufficient staff available to support people to follow their interests. We saw people doing crosswords, reading and watching their favourite shows on television. We found there was an activities planner on display, staff had not been able to offer the sessions shown that day as some of the equipment was not available however an alternative had been put in place. In addition some people were taking part in a themed craft activity. People were also

supported to take part in individual activities such as going shopping. This showed people had access to support to follow and maintain their interests.

People told us they knew how to make a complaint. People felt confident to raise concerns with staff and understood they could go to the manager to raise their concerns. We found there was information on display telling people how to make a complaint and the provider had a policy in place to investigate and respond to complaints. We saw where complaints had been made these were investigated and responded to. We found complaints were considered and the learning from the process shared. This showed the provider had a system in place to respond to people's complaints.

We found the provider had a system in place to assess people's needs and preferences for how they would like to be supported at the end of their life. We were informed there was nobody receiving end of life care at the time of the inspection. However, records showed this had been discussed with people as part of their assessment and their preferences had been documented. This showed people were involved in making plans for the care they wished to receive at the end of their life.

Good

Is the service well-led?

Our findings

At our last inspection we found the service was well led. At this inspection we found the service continued to be well led.

The manager understood their responsibilities in relation to their registration with us (CQC). We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the service. These may include incidents such as alleged abuse and serious injuries.

People, relatives and staff were engaged in the service. We found there were regular opportunities for people and their relatives to share their feedback about the service and make suggestions. For example, residents meetings had been held to discuss suggestions. Changes had been made to the menus as a result. In a further example, people and relatives had asked for the service to be more homely. This had resulted in kittens being purchased for people to spend time with in the home. In another example, people had requested access to post letters and a post box had been placed in the main reception. People had also made suggestions for changes to the environment. A request had been made for additional toilets and work had been carried out to put these in place. Staff told us they felt supported and they were happy working at the home. One staff member said, "I would recommend this place to anyone, its lovely here, it feels like a family". We saw the provider shared feedback on what the changes had taken place as a result of people's involvement. This showed action had been taken to ensure feedback was gained from people, relatives and staff to inform service delivery.

Staff received regular updates to their training. The manager had a system in place to monitor when staff needed refresher training. Competencies were checked on a regular basis. Staff told us they had supervision and team meetings and they could access support in their role. The records we saw supported what we were told.
We found staffing levels were set based on people's dependency. Dependency levels were checked every three months or more frequently if required to ensure there were sufficient staff in place to support people. There were agency staff in use, whilst recruitment to vacancies was carried out.

Accidents and incidents were monitored. The manager carried out reviews of accidents to look for any changes that were required. For example, analysis had shown there were repeated falls for one person. Immediate action was taken to make a referral to a falls service and increases in visual checks were put in place. We found the care plan and risk assessment had been updated for the person. This meant the manger had a system in place to learn from accidents and incidents.

The manager had systems in place to check the quality of the service. For example they carried out audits of infection control procedures. We saw the audits had identified where staff were not fully followed procedures and this had enabled actions to be taken. In another example, medicines audits were carried out and these had identified gaps in checks on daily stock counts. Action had been taken to address this. We saw there was a tracking system in place for checking on the status of DoLS applications and checks were carried out on daily records to ensure people had received the care they needed. Monthly checks were

carried out by the manager, and a further check was carried out by the provider and an action plan was put in place to make changes to improve the quality of the service. This meant the systems in place were effective in identifying areas for improvement and actions to improve were taken promptly.

We found there was a system in place to ensure staff worked collaboratively with other agencies. We saw regular referrals were made to health professionals such as doctors, physiotherapists and hospital consultants. Feedback from visiting professionals showed staff were responsive and provided the care people needed. One visiting health professional said, "There are always staff around if I need to talk to someone. The staff know people and their care needs very well. They are alert to any changes and report these to us well. People are well cared for when I come here". This meant staff provided consistent care and had support from other professionals to improve outcomes for people.