

## Anchor Hanover Group

# Elizabeth Court

### Inspection report

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Date of inspection visit:  
20 October 2022

Date of publication:  
17 November 2022

### 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

### About the service

Elizabeth Court is a purpose-built residential care home providing accommodation and personal care for up to a maximum of 59 people. The service has three floors which are divided into separate living areas, each with their own dining room and lounge. The service provides support to people living with dementia, or with long term health conditions. At the time of our inspection there were 42 people using the service.

### People's experience of using this service and what we found

People were well cared for by staff at the service, although we identified some inconsistencies in relation to the level of engagement and activities on offer to people. We have made a recommendation to the registered provider in respect of this.

People were happy living at Elizabeth Court and told us staff were kind and caring towards them. Relatives reporting feel their family member was well cared for and said they knew who to talk to should they have any concerns.

People lived in an environment that was suitable for their needs. Rooms were personalised and homely and the premises were checked for their safety.

People were safe with staff. Staff identified potential risks to people and took action to help prevent accidents or incidents. Staff knew how to recognise and report safeguarding concerns.

People received the medicines they required and were supported to access healthcare professional input when needed. People were monitored to help ensure they maintained a good level of health and provided with a sufficient amount and choice of food and drink to support this.

People were cared for by trained staff who were appropriately deployed around the service. People said they did not have to wait to receive care, but they were also encouraged to remain independent and make their own choices in their care.

Staff knew people well and provided individualised care to people. People's social histories were used to help develop activities they liked and the manager planned further opportunities for people, such as external outings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The manager was making a good impression at the service as relative's told us she was responsive to them and staff said they felt supported. The manager had plans for where she wished to take the service and had

already created links with the local community to broaden people's experiences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (report published 19 September 2020).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elizabeth Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Elizabeth Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by three inspectors.

#### Service and service type

Elizabeth Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elizabeth court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for five weeks and had applied to register with CQC. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our inspection, we spoke with five people who lived at the service and four relatives. We also spoke with 11 staff, which included the district manager, the manager, the deputy manager as well as care, catering and housekeeping staff.

We reviewed documentation in relation to the care of people, as well as the running of the service. This included six care plans in varying detail, medicines records, audits and policies. We also looked at four recruitment files for staff.

Following our inspection, the registered manager sent us further information we had requested which included information on activities, their staff supervision calendar, infection control training evidence and updates on action taken following our inspection. We also received written feedback from two relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely as we saw both the manager and several staff members not wearing their masks correctly. This included when staff were close to people assisting them with their lunch. We fed this back to the manager and district manager and were comfortable that this would be addressed. Following our inspection, the manager sent evidence of refresher training held with staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was following the latest Government guidance in relation to visiting in care homes which meant people were able to see their family members.

### Systems and processes to safeguard people from the risk of abuse

- Relatives said they felt their family member was safe with staff. Comments included, "They always take and interest in her and the security is good" and, "There are monitors (call bells) in rooms."
- Staff had received training in how to recognise abuse and put this training into practice as incident forms showed where staff had raised appropriate safeguarding referrals. Staff told us, "Safeguarding is about protecting vulnerable adults from any kind of abuse. Depending on what was happening I would go the police, MASH (safeguarding authority) or CQC."
- Notifications of potential safeguarding concerns were raised with the local safeguarding authority and CQC, and management carried out internal investigations.

### Assessing risk, safety monitoring and management

- Staff helped people remain safe as they understood what could cause harm people. One person said, "There's no reason to not feel safe." A relative told us, "I feel I can fully trust the home and its individual staff and systems to care for her well."

- People's care plans were personalised in terms of their individual risks and action taken to prevent accidents or incidents. One person said, "I've not fallen over since coming here."
- Where people were at risk of their skin breaking down, they were provided with pressure relieving mattresses which were put at the correct settings. Other people whose mobility was poor were provided with mobility aids, such as a walking stick or Zimmer frame. One person said, "I used to have a frame, but now I've gone over to a walking stick."
- Each person had a personal evacuation plan in place should they need to be evacuated in an emergency and the premises were checked for their safety. This meant people lived in a service which was safe for them.

#### Staffing and recruitment

- People were supported by a sufficient number of staff. Comments from people included, "Generally there is enough and they cope very well" and, "I have this bell and the staff come when I ring it." Relative's said, "There is a good ratio", "I know where to find staff and I can always stick my head in the office" and, "Overall there are enough staff."
- Observations on the day were that staff were always around and we did not hear call bells ringing for long periods of time.
- Staff were employed through a robust recruitment process which included evidence of their work history and right to work in the UK. All prospective staff underwent a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received the medicines prescribed for them. One person told us, "I have my medication in liquid form." Another said, "I get all my medicines on time."
- Medicines were stored in an appropriate way and in line with the manufacturers guidance. Administration of medicines was safe. Staff locked the medicines trolley when walking away from it and did not sign a person's medicine administration record until after they had seen the person take their medicine.
- Where people had 'as required' medicines, such as over the counter pain relief, protocols were in place to guide staff on what medicine the person could be given and how often.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded in detail and included actions taken and outcome.
- Monthly analyses were completed to help identify trends and themes and lessons shared with staff.
- People were referred to external healthcare professionals or provided with equipment to help reduce the reoccurrence of an incident. For example, the Speech and Language Therapy team where people had experienced trouble swallowing, or sensor alarms fitted to rooms where people fell trying to get up and walk unsupported from their bed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we issued a recommendation to the registered provider in respect of the Mental Capacity Act 2005. We asked the registered provider to ensure documentation for people always followed the principles of the Act. At this inspection we could see action had been taken.

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Capacity assessments had been completed for people in respect of sensor alarms in their room, or living in a service with locked doors. When a person was deemed not to have capacity, a best interests decision was made.
- Staff understood the MCA and knew that people who had capacity did not require a capacity assessment. A staff member told us, "I've just completed a best interest around medicines, personal care and end of life decisions, assessing if this is the right place for them."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-assessments were completed with people prior to them moving into Elizabeth Court. This helped ensure the service could provide appropriate care to the person.
- The assessment formed the basis of a person's care plan and information was added and reviewed as staff got to know people. For example, a person's history or information about their social interests.
- Nationally recognised tools were used to help monitor a person's health and well-being. This included a malnutrition scoring tool which helped staff check a person sustained a healthy weight.

Staff support: induction, training, skills and experience

- Staff, including agency staff, receiving induction when first starting work at the service. Permanent staff then went on to complete a number of mandatory training courses which helped prepare them for their role. Staff said, "The training was very good. We're always getting new training."
- Staff received training specific to their role and related to the needs of people. A staff member said, "I had dementia training. It was useful to learn the seven major types of dementia and how this affects them. I am more conscious about how I approach people."
- Staff had not always had regular opportunity to meet with their line manager on a one to one basis. The manager was aware of this and had developed a supervision schedule to ensure that staff received supervision. This would give them the chance to discuss their role, progression or any concerns.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives said they enjoyed the food at Elizabeth Court and were offered a choice. Comments included, "There is quite a nice choice", "The food is very nice" and, "She loves the food and has gained weight."
- People were provided with food prepared in a way appropriate for their needs. For example, soft or pureed. Catering staff had a good understanding of the different ways to prepare food and were knowledgeable in respect of people's individual dietary requirements.
- Some people were at risk of losing weight as they had a very small appetite, or were particular about the food they liked. In order to help ensure they stayed healthy, staff provided them with fortified meals, monitored their daily intake and weighed them more frequently.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked as a team to provide effective care to people. One person had moved into the service with very poor mobility, but in the time they had lived at Elizabeth Court their mobility had improved due to staff support.
- People were supported to see appropriate health care professionals to help prevent hospital admission or deterioration in their health. This included the GP, district nurse, Speech and Language Therapy team and the mental health community team.

Adapting service, design, decoration to meet people's needs

- People lived in an environment that was suitable for their needs. The interior was bright and colourful and signage and items of interest were displayed along the corridors.
- Furniture was easy for people to get in and out of and we saw many of the chairs had risers on the legs to further assist with this.
- People's rooms were individualised and personal to them. They were comfortable and homely looking.
- The service was over two floors and each floor had two separate units; each with their own dining and lounge area. Staff encouraged people to move between the units to mix with others and make friends and the layout of the building allowed for this to happen in a safe way.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they liked living at Elizabeth Court, staff were kind and took an interest in them. Comments included, "I love it here. The staff are lovely" and, "I am surprised as to how good the carers are. They look after the elderly beautifully."
- Staff were attentive to people. We heard a staff member say to one person, "You've lost your glasses again lovely. Come on, let's go and have a look for them. We can't have you bumping into things, can we?"
- People and relatives told us staff were kind and caring. Comments included, "It's good. It doesn't feel like a care home. It's very friendly and staff are lovely" and, "It's quite a relaxed atmosphere."
- Throughout the day we heard staff chatting to people in a relaxed and friendly manner. It was evident good relationships had formed and staff knew people. A relative told us, "She is so happy and telling me constantly how lovely and kind the carers are."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make their own decisions. One person told us, "I can go to bed when I want and get up when I want. Sometimes, I want to stay up later listening to [my favourite singer] and I do." Another person said, "The Anchor staff are excellent and the important thing is they listen."
- People were asked to choose their preference of a male or female carer and whether they liked a shower or bath. Staff supported these choices as much as they could.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to retain a sense of independence. Care plans were individualised for people and recorded what they could do for themselves and what they needed support with. One person's was very clear in the amount of personal care they could manage themselves and how their appearance was very important to them.
- Staff were very respectful of people. Relative's said, "The staff are really good (respectful), sometimes you will walk in and they will just be sitting talking to her (relative)" and, "I never feel she is neglected. When I came in the other day a staff member was sitting gently holding her hand. It was lovely."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met through good organisation and delivery.

### End of life care and support

At our last inspection we issued a recommendation to the registered provider around end of life care plans as they were not routinely being completed. We found improvements had been made at this inspection.

- People's care plans recorded information around their wishes and preferences at this time of their life. This included who they wished to spend time with, whether they wanted to remain in Elizabeth Court and how they wanted to be care for.
- Staff involved external healthcare professionals to support them with caring for a person at the end of their life. For example, the GP.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives said activities had started to take place again following the COVID-19 restrictions and we heard from the manager there were plans to organise external trips using the service minibus. People and relative's said, "They have started to up their game", "She was joining in on a singsong the other day and I know they have a Halloween party planned" and, "I see her doing art and see staff with her."
- We observed some units within the service were very quiet with little going on for people, whilst others were busy. One person had told us, "That's the only thing, there's nothing really happens." We fed this back to the manager who following our inspection told us, "We have a regular monthly activity meeting with residents, which gives them the opportunity to tell us how they like to make best use of their time. Following your feedback on engagement (in the quieter units) we will be meeting these residents to review the activities they enjoy and explore any other opportunities they may wish to take."
- Staff had similar views and a staff member told us, "I think there probably could be more activities. The pandemic has had such an impact. We used to have more outings and having groups coming in. It's taking it's time, but we're picking things up."
- People were seen participating in art sessions and two people sat listening to their favourite singer on the television. One person told us, "I have my paper every morning and the TV. We sometimes do a singsong and some exercises."
- People's social preferences were recorded in their care plans which helped staff plan activities people would enjoy. One person said, "I sit with my door open and people passing come and chat with me."

We recommend the registered provider continues to develop activities and social past times in line with peoples wishes.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was personalised to them. Each person had a care plan which recorded all relevant information about the person. This included information around their mobility, nutrition, sleep, communication, social history and health conditions.
- Staff knew people well. They were able to tell us detail about people's lives and demonstrated compassion and understanding.
- Care plans were reviewed monthly to help ensure they remained accurate and up to date. This helped staff provide the most appropriate care to people. A relative told us, "She is consistently well cared for with her dementia, mobility, hearing and sight needs, as well as her emotional and physical needs."
- Records showed people were asked about their preferences, likes and dislikes. This covered their food preferences, where they liked to spend their time and what was important to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication plans which detailed their specific needs. One person was non-verbal but staff had identified if they followed them with their eyes, they were interested in what staff were saying. Staff were reminded to be aware of their body language and facial expression which may identify signs of distress.
- People said staff communicated well with them. Comments included, "They (staff) are cheerful and listen to anything you have to say", "They always smile. We have some good conversations" and, "I'm a person who likes to chat and now there's trust there and that makes me feel comfortable."

Improving care quality in response to complaints or concerns

- Relatives and people said they knew who to speak to should they have any concerns or complaints. Comments included, "I know who to speak to should I have any concerns" and, "I had to speak with the manager the other day about something and she said she would investigate and email me in the afternoon. She did and everything was sorted."
- The service had a complaints procedure and complaints were investigated and responded to appropriately.
- Since our last inspection, few complaints had been received. Where they had, there was evidence of an appropriate response and where needed a meeting held with the complainant.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was new to the role and told us they were, "Still learning." They said, "I want to start going through everything and check we are on top of compliance. I want to start auditing the personal (care) plans and start to empower the staff."
- We identified however recording of medicines was not always robust. This related to recording where topical creams (medicine in cream format) had been applied to people and one person had not received one of their eye drops on one occasion. These gaps were addressed immediately and a meeting arranged with the relevant staff members to discuss.
- A range of internal and external audits took place covering all aspects of the service. Where shortfalls were identified, these were addressed. For example, an external medicines audit had identified one person's medicines should be given in a particular order and this was adjusted on the person's medicine administration record. Call bell audits were completed and the deputy manager explained, "A person's call bell will automatically go to 'emergency', if the bell is not answered within two minutes. Team leaders will answer bells when necessary."
- Elizabeth Court was required to have a registered manager in post. Although the manager was not yet registered with CQC, their application to register had been submitted and was being processed by the Commission.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Everyone we spoke with felt the service/staff provided a good level of care. Comments included, "She is very well cared for", "It's great we don't have to plan a visit; we can just pop in. Nothing could be better" and, "She is very well cared for and staff are very kind to her."
- People were impressed with the new manager. A relative said, "She seems very pleasant. She has gone out of her way to say hello"

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management understood their responsibility to apologise when care fell below the expected standard.
- There was evidence duty of candour had been applied when people had accidents or incidents or complaints had been received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had not been given the opportunity to express their views on the service since the last manager had left Elizabeth Court. The manager told us, "I want to set up a residents/relatives meeting." Following our inspection, the manager sent us evidence they had arranged a meeting for 1 November 2022.
- The manager had held two staff meetings to get to know staff and to hear their views. The manager said, "Working as a team is really important." Staff felt there was good teamwork, telling us, "I like it (working here). It has its challenges, but we all try to have a nice rapport and make people laugh" and, "They are a really nice and caring bunch of staff here and we work as a team."

Continuous learning and improving care; Working in partnership with others

- The manager told us their vision for the service was for it, "To be an outstanding home and for the residents to have outstanding care." They added, "The home has got heart and soul – it's a lovely place – I want staff to be happy at work."
- The manager had been in post for five weeks and had spent time networking with the neighbourhood. They had arranged with a local school for the students to do work experience at the service and for another school to come in to sing.
- The manager has signed up for the Surrey Care Association to participate in seminars and presentations.