

Anchor Hanover Group

Bishopstoke Park

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service: Bishopstoke Park is a retirement village consisting of privately owned apartments and a registered residential care home. The retirement village includes a wellness centre and spa, restaurant, café a general store and a library. The provider (Anchor Hanover Group) is registered with CQC to provide a personal care service to people living in their own apartments in the retirement village. The residential care service is registered separately with CQC. This inspection relates only to the personal care service provided for people in the retirement village.

At the time of our inspection nine people were receiving the personal care service.

The registered manager's responsibilities had recently increased as they had also become registered for a new Anchor service. This service was in the process of being developed but in the future it was planned that her time would be spent between the two services with a team leader taking day to day management responsibility for each site.

People's experience of using this service:

Most people using the service described it in very positive terms. They described a caring and helpful staff team who provided them with reliable care in line with their expectations. Seven people required one member of staff to support them. Assistance required included some help with washing and dressing, prompting them or assisting to take medications, preparation of hot drinks and meals and escorting to and from the dining room. People told us staff managed these tasks well and that they were supportive and reliable. We found a good service was being provided to people who needed this level of support.

The service did not provide safe care to people who required greater levels of support, particularly those who needed assistance to move.

This was the current experience of two people.

Whilst one person who needed this amount of support was full of praise for the service provided the other person said they did not always feel safe when they were being assisted to move.

We found the lack of clear guidance regarding how to assist people to move safely was of such concern we notified the local authority under safeguarding protocols. The local authority has the lead responsibility for ensuring individuals are kept safe. The local authority involvement is ongoing at the time of this report.

We found six breaches of The Health and Social Care Act 2008 during this inspection.

Systems and processes to safeguard people were not effective as people had contacted CQC to raise

concerns and they felt these had not been acted upon by the provider.

The provider had not taken all reasonably practical steps to mitigate risk, particularly when they assisted people to move.

There were not sufficient staff deployed to meet peoples' collective assessed needs.

Staff were not provided with suitable training and support in a timely way to enable them to carry out the duties they were employed to perform.

Concerns raised had not been investigated and appropriate action had not been taken to rectify any shortfall identified.

Governance systems in place were ineffective and feedback given was not used to evaluate the service and to drive improvement.

Rating at last inspection: The service was rated as Good at the last inspection in March 2017.

Why we inspected: This was a planned inspection which was brought forward due to concerns raised to CQC

Follow up:

As we have rated the service as inadequate, the service will be placed in 'special measures'. Services in special measures will be kept under review and, if we have not already taken immediate action to propose to cancel the provider's registration of the service, it will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe, so that there is still a rating of inadequate for any key question or overall, we will act in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our Well-Led findings below.

Bishopstoke Park

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection at this time was prompted in part by concerns raised with CQC. These concerns related mainly to staffing levels, staff training and the management of the service. The inspection examined these areas as part of a comprehensive inspection of the service.

Inspection team:

The inspection was carried out over three visits by one inspector.

Service and service type:

Bishopstoke Park is a Retirement Village. People own their own apartments. Bishopstoke Park is registered with the CQC to provide a personal care service for those living in the retirement village when this is needed. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The first day of this inspection was unannounced. We gave the provider notice when we returned on the second and third days.

What we did:

Before the inspection we reviewed the information we held about the service. This included information of concern received from five whistleblowers and from two other people who were involved with the service. We wrote to the provider in January 2019 to follow up on concerns raised to us and they responded providing assurances and further evidence which is considered as part of this report.

During the inspection we looked at

- ☐ Seven people's care records
- ☐ Records of accidents, incidents and complaints
- ☐ Audits and quality assurance reports
- ☐ Three staff records
- ☐ We spoke with seven people using the service and with four relatives
- ☐ We spoke with three members of staff

Separate to our visits we spoke with five staff and with three health and social care professionals. We asked the provider for further information regarding staff recruitment which was supplied.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Most people said they received safe care. One person for example said "The staff never make me feel vulnerable or uncomfortable". One person reported they did not always feel safe when some staff assisted them to move. They said they felt some staff lacked experience to help them safely.
- There were two people who according to their assessed needs required two staff to support them to move. Staff had not received training in a timely way to enable them to do this safely.
- We referred one person to Hampshire County Council under safeguarding protocols during the inspection process because we were concerned staff may not be supporting the person to move safely.
- People were not supported to raise safeguarding and quality concerns and some felt fearful about doing so.
- CQC received an anonymous concern and some similar concerns from people who identified themselves to us but did not feel safe for us to share their names with the provider. They reported a lack of staff training insufficient numbers of staff and little support from management.
- Some people told us they had raised their concerns with the registered manager and others within the organisation as they believed this had at times put people receiving the service at unnecessary risk. They had raised the issues with us as they felt their concerns had not been taken seriously or acted upon by managers.
- Staff should raise concerns with the provider about their ability to provide planned care. When concerns are raised the provider should respond appropriately and without delay.

This is a breach of Regulation 13 (4) (d) of The Health and Social Care Act 2008 (Regulated Activities 2014).

Assessing risk, safety monitoring and management

- Safety concerns were not consistently identified or addressed quickly enough.
- Although there were systems and processes in place to identify risk to people's safety, once identified

these were not acted upon in a timely manner

- The service had been slow to take appropriate action to keep people safe when they were assisting them to move. For example staff had not always received moving and handling training before supporting people. At the time of the inspection further training was being delivered.
- Equipment used to help people move safely had been reviewed by relevant health care professionals. However this had not always been done in a timely way and advice had not always been followed.

This was a breach of Regulation 12 (2) (b) of The Health and Social Care Act 2008 (Regulated Activities) 2014. Providers must do all that is reasonably practical to mitigate risk.

Staffing and recruitment

- The registered manager said the staffing levels required were three staff in the morning and two in the evening. Rotas showed this did not happen consistently. For example, for the rota for week commencing 1/4/19 there were four recorded times when only one member of staff was on duty in the evening. The registered manager was included in the three staff required in the morning Monday to Friday and was one of only two staff on duty on Saturday and Sunday.
- There were three full time vacancies of 30 hours a week and two part time vacancies of 20 hours a week. The area manager said they were over recruiting but had received little response to adverts.
- The registered manager confirmed there was no contingency plan in place to cover staff sickness or staff annual leave. Current staff covered shortfalls which meant they at times worked double shifts.

We have since been told contingency plans were in place as the home care manager would and could cover sickness and annual leave due to it being a low volume service. The organisation told us "We have an agency agreement in place that we can utilise. In addition to other care services within proximity could be and were utilised to provide additional staffing including care home on site and other care home locations."

- Two people required two staff to support them according to their assessed needs. There were not sufficient staff deployed consistently to support them to do this as described in their care and support plans.
- There had been some occasions when a family member had been asked to assist their relative to bed with one member of staff. Staff told us there were times when they had supported a person who required two staff on their own and other times when a person was assisted to bed much earlier than their care plan stipulated as this fitted in with when two staff were on duty.
- After the inspection one person was given five day's notice the service would have to cease. The reason cited by the provider was insufficient staffing.
- Employment checks were in place before staff started working with people who used the service.
- Most people required one person to support them with their care and support needs. They told us staff supported them reliably and that they did not have to wait too long for staff to visit. They said staff stayed the right amount of time. The service had also been able to provide flexible care at times, for example

increasing the amount of time allocated to one person who had been recovering from a bout of ill health.

There were not sufficient staff deployed This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People using the service stored their own medicines.
- Staff prompted or assisted some people to take their medicines as prescribed. Where topical creams were applied by staff there were body maps highlighting the affected areas.
- Before the inspection we received concerns some staff were administering medicines without appropriate training. We contacted the provider about this before our visit. The registered manager replied all staff assisting people with medications had received the appropriate training and supervision.
- Records checked showed staff had received training in safe handling of medicines. This this had been completed by three staff following our contact with the service and after concerns had been raised. These staff had been responsible for managing medicines before their training had been completed.
- During the inspection staff said they felt confident to support people with their medicines.

Preventing and controlling infection

- Staff were given personal protective equipment (PPE) such as aprons and gloves to help ensure there was no cross infection from individual to individual. People confirmed that staff used PPE when providing care.

Learning lessons when things go wrong

- Some staff were afraid to raise concerns and described to us a culture of blame.
- The registered manager and area manager were very responsive to providing information requested before, during and after the inspection visit. The evidence provided however showed they were responding to concerns raised rather than to people's assessed needs.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience.

- In January 2019 we received some anonymous concerns related to lack of staff training in moving and handling techniques and in handling medicines.
- We contacted the provider about this who said some shortfalls in training had been identified but these had been addressed.
- Staff training records showed most staff had completed moving and handling people in the home training following our contact with the provider. Some staff had also completed safe handling of medicines training following our contact with them.
- During our inspection some staff told us they had been administering medicines and had been assisting people to move before they had received relevant training. They confirmed this training had since been provided.
- Staff were not receiving training at the appropriate time to meet people's assessed needs. This put both the person receiving the service and staff at risk of harm.
- Occupational Therapists (OT) from the local authority had visited the service in February 2019 and March 2019. The purpose of these visits was to demonstrate moving equipment and to train staff in using it safely.
- Feedback from one OT was "It became quickly apparent to me that there is a massive gap in knowledge when it comes to moving and handling – even the more experienced carers were using illegal moving techniques and quite frankly I am not surprised they have hurt their backs in the past".
- The OT was concerned the Moving and Handling training provided by Anchor Homecare did not provide a practical element. They were also concerned how the training provided by them was cascaded to staff who were not present.
- The area manager said training provided by the OT in February 2019 was cascaded to others not present by the senior member of staff who had attended the session. This person was not trained in providing training in moving and handling.

- Records showed three staff employed between April 2018 and December 2018 had not completed their care certificate. These staff were new to care. Staff confirmed this when we spoke with them. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme.

- Staff differed in their views on how well supported they were by management to carry out their roles and responsibilities. Some said they were very well supported. Others said they did not feel supported and when they had raised concerns they had not been listened to by the registered manager or by the area manager.

This was a breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training and professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

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

- People's needs were assessed before the service started. Information gathered included medical history, medication, personal care needs and how people communicated.

- Care plans were devised from the initial assessment to guide staff how to provide support and assistance when needed, as well as the timing and length of visits required. Records showed care needs were reviewed and discussed with the person concerned.

- Care plans varied in their content. Some were very detailed. For example one care plan provided staff with clear instruction about how to assist a person when showering, guiding staff about what they could do for themselves which promoted their independence.

- Other care plans, particularly when people's care needs had increased did not provide enough information for staff to support people safely and consistently.

- Some staff said they had been unclear for some time about how to support people to move and this had been raised by different staff members with the registered manager. One staff member said for example, "We need clarification on what we can and can't do. When I asked (registered manager) she just said you have had your training."

Staff working with other agencies to provide consistent, effective, timely care

- As discussed in other sections of this report some staff were not confident in moving and handling techniques despite receiving clear guidance and training from an occupational therapist employed by the local authority. The organisation continued to provide contradictory advice which meant staff were not clear about how to provide consistent safe care.

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 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.

We checked whether the service was working within the principles of the MCA.

- People said staff always asked for their consent before they assisted them with personal care.
- Records showed staff had received training in the Mental Capacity Act. Records showed staff respected people's decisions if they refused care at any particular time.
- People or their families had signed a consent form to authorise staff to provide them with personal care. Two records seen had been signed by family members although it was not evident the person lacked capacity to do this themselves and there was no record of whether the family member who had signed had power of attorney for the person's care and welfare in the event of the person not having capacity. This was not in line with the Mental Capacity Act 2005. We discussed this with the area manager who was in the process of reviewing the way the information was collected and recorded.

Supporting people to live healthier lives, access healthcare services and support

- People told us staff were proactive and would contact health care professionals such as the GP or district nurses after discussion with them if they had concerns about people's health.

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

- People had access to a restaurant on site where they could purchase meals and drinks. Some had an assisted living package which entitled them to one meal a day from the restaurant. It was one of the care staff responsibilities to escort people to and from the restaurant if they needed support to do this.
- Most people managed their own nutritional needs but there was a nutritional care plan in place where staff needed to provide some support. This contained information about dietary requirements and wishes.

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

People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence.

- People's dignity had been compromised at times by staff shortages. One person had been served five days' notice the service would be withdrawn because there were not sufficient staff to consistently meet their assessed needs. Their family said this had caused them all them much distress.
- People said they were treated with kindness.
- Representative comments were "The girls are all lovely and friendly. We are very lucky." and "Staff are respectful and polite" A relative said "They keep family in the loop. They are friendly and helpful and do more than they need to."
- Staff demonstrated a good knowledge of people's likes and dislikes. One person said- They make a lovely breakfast. I've got them all knowing how to make coffee"
- People said they knew all the staff supporting them and any new staff were introduced to them before they provided support. Staff demonstrated a good knowledge of people's needs and interests and knew family members names. People said this helped staff to have a good conversation with them.
- Care plans were written to remind staff to promote people's independence and choice.
- Some elements of the service were flexible. For example one person had been ill and staff had increased their visits to them. They were gradually reducing these at the person's own pace. This helped them to regain their independence.
- Staff were observed to respect people's privacy and waited for people's permission to enter their apartments.

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

- Records showed people were involved in the review of their care.

- Staff shortages sometimes meant the service was task focussed.
- This was particularly apparent in the care of people who needed two staff to support them at any time although did impinge on occasion to others. For example staff said one person who had a rigid regime and who had been assessed as needing one hour to have a weekly shower did not always receive this time. When staff questioned this they were told others (staff) could do this in half an hour.
- People who needed two staff to support them had on occasions been asked if they would mind being assisted to bed earlier than stipulated in their care plan.
- Some people and their families felt others were given preferential treatment. Some staff agreed with this sentiment.

Is the service responsive?

Our findings

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

People's needs were not always met.

- When people had been assessed as needing two staff to support them at the same time there were times when insufficient staff dictated the timing of the care they received. For example to assist them to go to bed. This practice was task focussed rather than needs led.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs preferences and interests were known as they were discussed and recorded before they moved to the retirement village.
- Staff demonstrated a good understanding of how people liked to be supported.
- Communication needs were considered for example for people who did not have English as a first language. No people currently using the service were assessed as needing additional support in regard to their communication.
- People were asked if they had a preference for male or female care staff, although there were currently no male staff employed. No people using the service at present had expressed a preference for a male carer.
- Although not part of the registered service, people had access to good communal facilities, such as restaurant, community shop and spa and wellness centre.
- People were offered a flexible service, with increased support when they needed it, for example to help them to recover from an illness.

Improving care quality in response to complaints or concerns

- Most people who received the service said they had never needed to complain but said they would discuss any concerns with the registered manager or with the team leader.
- The registered manager said no complaints had been made to her since the last inspection.
- CQC had received concerns about the service from a number of different sources. Most people who contacted us wanted to remain anonymous as they were concerned about possible repercussions. Some people told us they had raised the issues with the registered manager, and/or with the area manager but had not believed they had been listened to.

- A representative comment was "Anchor write in all sorts of places including their contracts and care plans that they welcome feedback and complaints.. the truth is to the contrary."
- Staff told us they had for example raised concerns over several weeks over lack of proper equipment and training in moving and handling but that nothing had been done.

When people raised concerns or complaints the provider had not investigated or taken action in response to any failure identified. This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- At the time of our inspection the service was not supporting any person to receive end of life care although the area manager said in principle this care could be provided with staff working in conjunction with external health care professionals.
- The registered manager said staff were not provided with training in end of life care but said they were looking into how this could be provided.

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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Seven out of nine people received a reliable service. Two people with higher care needs did not have the same experience.
- Staff struggled to provide a safe and consistent service when people's movement deteriorated because they did not always have sufficient trained staff on duty to support these assessed needs.
- Feedback from staff was divided regarding the support they were provided by the management team. Some staff said they were well supported by the registered manager and the area manager. Others said that they were not well supported. Some staff told us when they had expressed concerns they had not been listened to and at times they felt they had been unfairly treated because they had raised issues with the management team. Whistle blowers told us they felt very vulnerable.
- The organisation had a clear set of values. These were to be accountable, respectful, courageous and honest. There were times, discussed in other areas of this report where the service fell short of achieving these values.
- The registered manager and area manager assisted during and after the inspection visits and provided information and documentation as requested. However, before the inspection the registered manager provided CQC with assurances that standards were being met when this was not the case.
- When we asked for evidence of staff training they wrote to us saying "All staff are trained fully within 12 weeks of commencement, until fully trained all staff are supervised or only undertake activities for which they have been trained for". This was not accurate.

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

- There was a registered manager in post. She was currently completing NVQ5 in management and leadership.
- The registered manager had a number of responsibilities. Their current role was to carry out pre

assessments, devise care plans, review care, manage staff rotas, perform quality audits, arrange training, check staff competencies, and ensure paperwork was complete for staff wages and for the billing of care hours provided. She was involved in staff recruitment. She shared some of these responsibilities with a team leader.

- The registered manager also provided some personal care to cover shortfalls in the rota.
- The registered manager's responsibilities had recently increased as they had become registered for a new Anchor service in addition to their responsibilities at Bishopstoke Park. The new service was in the process of being developed but in the future it was planned that the registered manager's time would be spent between the two services with a team leader taking day to day management responsibility for each site.
- The service did not have effective contingency plans in place to respond to an increase in people's needs. They managed this by existing staff working longer hours. The area manager said they did not have any bank staff and they did not use staff from other agencies.
- Staff rotas were changed often without asking staff members first. one staff member said "Rotas are changed pretty much every day with no consultation".
- The area manager's response to shortfalls in staffing was that they had adverts out to recruit more but the response had been poor.
- As a result the service could not always provide person centred care and managers had taken insufficient action to ensure existing staff were adequately trained or to ensure sufficient staff were on duty to meet the assessed needs of people they were supporting.
- Staff roles and responsibilities were not clearly defined. Staff working in the service were also the first point of call if a person living within the retirement village who were not receiving the personal care service needed urgent assistance, for example if they had a fall. There were occasions when staff were also responsible for responding to calls to reception.

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

- There was a staff survey completed in 2018. This had a low satisfaction score for staff response to the statement 'I feel valued and recognised within the organisation.' No action plan had been devised to address issues identified and the area manager was not aware of its existence.
- The area manager said "The care we provide is second to none" They were however unable to substantiate this statement as at the time of the inspection they had not consulted with people who used the service and had not reviewed any records. They had only limited contact with staff, apart from with the registered manager.
- Whilst some staff said they were happy and well supported in their role others were disaffected and gave examples of different staff who had left for a variety of reasons. We were contacted by some of these staff and the common themes throughout their feedback was of insufficient staffing, inadequate training and poor support from management. These are the themes we also identified during our inspection.

- The description by some staff was of a divided team with some staff perceived to be favoured above others whilst others felt intimidated and not properly heard. This had an effect upon team morale. One member of staff said for example, "We do not have a team" Another said "It's a horrible, horrible atmosphere" Another said " I have questioned the actions I have felt to be wrong and been ostracised for it"

Continuous learning and improving care

- Quality assurance processes were not robust. The registered manager or team leader were mainly responsible for monitoring the quality of care provided.
- Checks included monitoring how staff managed medicines, and reviewing people's plans of care
- The registered manager completed an extra care monthly checklist. These had highlighted some, but not all areas requiring improvement. For example in February 2018 the audit highlighted staff were awaiting training for in-house fire and health and safety training and some personal plan training. There was no action plan in place to address this. The monthly audit said this was still the case between March 2018 and June 2018 and then there was nothing further on record. Therefore although these shortfalls had been identified action had not been taken in a timely to address them.
- The registered manager and area manager said a quality audit was due by other staff within the Anchor organisation.

Working in partnership with others

- The service was not always collaborative with external professionals.
- The service had requested help from specialist health care professionals to provide support and guidance in how to support people when they needed to assist them to move.
- Training and support had been supplied by a senior occupational therapist employed by Hampshire County Council. They provided training to most staff but concluded "There is a fundamental flaw in the provision of training for these carers and that of management being unable to recognise this as the issue. I have concerns that the care manager providing moving and handling reviews, has very little awareness of correct moving and handling techniques and equipment also"
- There were clear instructions given by the senior occupational therapist to staff about how to move the person safely and who confirmed the correct equipment was in place.
- Subsequent to the training provided by the senior occupational health professional. The registered manager was given contradictory information by another staff member within the Anchor organisation who were supporting in an advisory capacity. They said "The staff team are struggling to achieve a positive outcome primarily because I believe the incorrect equipment is being used" They recommended the person concerned should be supported in bed until a further assessment was completed. Staff continued to be provided with unclear guidance about how to support this person safely.

Providers must have effective governance systems in place and act upon feedback so they can continually improve and drive improvement. This is a breach of Regulation 17 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Providers must do all that is reasonably practical to mitigate risk.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Staff should raise concerns with the provider about their ability to provide planned care. When concerns are raised the provider should respond appropriately and without delay.
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints When people raised concerns or complaints the provider had not investigated or taken action in response to any failure identified.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Providers must have effective governance systems in place and act upon feedback so they can continually improve and drive improvement.
Regulated activity	Regulation

There were not sufficient staff deployed.
Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training and professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.