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Anchorage House

Inspection report

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Date of inspection visit:
10 May 2017
11 May 2017

Date of publication:
27 June 2017

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

The inspection took place on 10 and 11 May 2017 and was unannounced. This service was last inspected on 26 and 27 May 2016 and found two regulations were not met and improvement was required in relation to the maintenance of the property and quality assurance checks. This inspection found the required improvement had been made.

Anchorage House provides accommodation and personal care for up to six people who have learning disabilities, some health conditions and some complex and challenging behavioural needs.

There were six people living at the service; we met and spoke with five of them. People told us they liked living at the service and received the care and support they needed. They were happy with their support arrangements; they liked the staff and told us staff were kind and caring. They thought the service was clean and tidy and provided a comfortable living environment.
Accommodation is arranged over three floors and each person had their own bedroom. Bath and shower facilities were shared.

The service did not require a registered manager as the provider manages this service and another owned locally by her. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The provider was present during the inspection.

Staff followed correct and appropriate procedures in the storage and dispensing of medicines. People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty to make sure people were safe and received the care and support they needed.

Staff had completed induction training when they first started work at the service. Staff were supported during their induction, monitored and assessed to check that they had the right skills and knowledge to be able to care for, support and meet people's needs. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The provider monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, for example a fire, the staff knew what to do.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the provider had applied for DoLS authorisations for people who were at risk of having their liberty restricted to help keep them safe.

The care and support needs of each person were complex, and each person's care plan was personal to them. People had detailed care plans, risk assessments and guidance in place to help staff to support them in an individual way.

Staff encouraged people to be involved and feel included in the running of the service. People were offered activities and participated in social activities when they chose to do so. Staff knew people and their support needs well.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to meet any improvements identified.

Staff told us that the service was well led and they felt supported by the provider. The provider had good management oversight and was able to assist us in all aspects of our inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received their medicines when they needed them and in a way that was safe.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

The provider carried out appropriate checks when employing new staff and there was sufficient staff on duty to meet peoples' needs.

Is the service effective?

Good

The service was effective.

Staff understood the importance of gaining consent and giving people choice. Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were supported and had one to one meetings and appraisals to support them in their learning and development.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it. People were provided with a range of nutritious foods and drinks.

Is the service caring?

Good

The service was caring.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

Staff knew people well and knew how they preferred to be supported.

People's privacy and dignity was maintained and respected.

Staff supported people to maintain contact with their family.

Is the service responsive?

Good

The service was responsive.

People's care and support was planned in line with their individual care and support needs.

Staff had a good understanding of people's needs and preferences. People were supported to take part in activities that they chose.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the leadership at the service. Staff told us that they felt supported by the provider.

Quality assurance surveys, regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

Records were accurate, up to date and stored securely.

Anchorage House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection of this service on 10 and 11 May 2017. The inspection was undertaken by one inspector, this was because the service was small and it was considered that additional inspection staff would be intrusive to people's daily routine.

We spent some time talking with people in the service and staff; we looked at records as well as operational processes. We reviewed a range of records. This included two care plans and associated risk information and environmental risk information. We looked at recruitment information for five staff, including one who was more recently appointed; their training and supervision records in addition to the training record for the whole staff team. We viewed records of accidents/incidents, complaints information and records of some equipment, servicing information and maintenance records. We also viewed policies and procedures, medicine records and quality monitoring audits undertaken by the provider. We spoke with each person, three staff and the provider who manages the day to day running of the service.

Before the inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and healthcare professionals. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the home is required to tell us about by law. The provider had completed a Provider Information Return (PIR) before the inspection which we used to help us inform our Key Lines of Enquiry (KLOE) for inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service, they were happy, had confidence in the staff supporting them and thought they received the right support. Comments included, "I am happy living here," "The staff are fair and treat me well," and "I feel safe and settled, I know I could talk to the staff if I had any problems. I feel more at home here than I have anywhere else". Staff knew people well and were able to respond quickly to their anxiety or worries. People were relaxed and happy in the company of staff.

Our last inspection in May 2016 found the service was not always safe. This was because sufficient priority had not been given to undertaking some remedial works; this had resulted in the growth of mould and an insect infestation in one person's bedroom. At this inspection we found required improvements had been made.

Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed hot water temperatures, portable electrical appliances and firefighting equipment were properly tested and maintained. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Health and Safety audits were completed monthly and that these were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment; the service provided a homely environment, it was very clean, well furnished and decorated.

People received their medicines when they needed them with procedures in place to make sure this happened safely and at the right time. All medicines were stored securely in locked cabinets in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was written criteria for each person who needed 'when required' medicines. Topical medicines, such as creams and ointments, were stored in line with requirements and there was guidance showing where and how creams should be applied.

Regular medicine checks were carried out by staff and the provider, with detailed records kept of the checks that had taken place. The provider completed competency checks for all staff who administered medicines. This helped to ensure people received all of their medicines safely.

Robust recruitment practices were in place and checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check and checking employment histories. These records were held in staff files along with application forms and interview notes.

There were enough staff on duty to meet people's needs and keep them safe. Staffing levels were based upon people's dependency assessments and were flexible to accommodate outings, activities and accompanying people to appointments. Staffing comprised of four staff on the day shift and one sleep night member of staff. There was an established on call system should additional support be required. Agency staff were not used, any shortfall was met by staff employed by the provider. This ensured familiarity of people's needs and enabled them to be addressed consistently and safely. People and staff felt there were enough staff on duty to support them, their activities and safety. The provider kept people's assessed needs and staffing levels under review.

The provider had clear policy and procedures in place for safeguarding people from harm and abuse, this gave staff information about preventing abuse, recognising signs of abuse and how to report it. It linked to the local authority safeguarding protocols. There were contact details for relevant agencies for staff to refer to. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Risks associated with people's care and support had been assessed and procedures were in place to keep people safe. Staff knew the different risks associated with each person and how to minimise any occurrence. Risk assessments were in place to help keep people safe in the service and when outside or attending activities and day centres. They clearly set out the type and level of risk as well as measures taken to reduce risk. These enabled people to be as independent as possible. For example, they included safety in public places, smoking and consumption of alcohol. This helped to ensure that people were encouraged to live their lives whilst supported safely, consistently and not presenting a risk to others. Risk assessments were reviewed when needed and linked to accident and incident reporting processes. Where incidents had occurred, particularly with one person when in public places, staff had discussed ways of reducing risk with the person and introduced measures to reduce the risk of them happening again. Our discussion with the person found they understood why the measures were in place; they had agreed to them, recognised they helped to keep them safe and thought they still had enough independence.

Strategies were in place to support people with behaviour that could challenge. Staff were aware of potential behavioural triggers and indicators of people's anxiety or agitation. Discussion with staff and our observation found there was an emphasis on managing people's expectations about their plans or what was happening that day together with clear, reasoned communication. For example, staff were specific with some people about what was happening and when because this helped to manage their anxiety brought about by uncertainty. There was clear guidance about how staff should speak to people and what to do if people were unreceptive or showed behaviours which may challenge staff or other people. During the inspection one person became anxious and challenging towards staff. Staff spoke calmly to the person, their actions, explanations and reasoning reflected guidance provided in the person's support plan.

Accidents and incidents involving people were recorded and the provider reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. There was a low incident and accident rate.

Personal emergency evacuation plans (PEEPS) explained what support a person needed in the event of an emergency. They included important contact details and a current list of medication people took and what it was for. The plans were up to date and easily accessible in a grab bag; the grab bag also contained spare keys for the service to ensure people could get out as a locked door policy was in place. Duplicate PEEPS

were kept in the service's mini bus in case people should need support outside of the service, for example, an unplanned admission to hospital.

Good

Is the service effective?

Our findings

People felt they received good care; they reacted positively when staff supported them and were cheerful and contented. One person told us staff were "Good," another person commented, "The staff are marvellous."

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS form part of the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. These safeguards protect the rights of people by ensuring appropriate authorisation is sought, if there are any restrictions to their freedom and liberty.

Records showed people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. The provider had knowledge of the Mental Capacity Act 2005 (MCA) and staff had completed training in the MCA and DoLS. The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. We saw examples of where best interests meetings had happened.

The MCA requires providers to submit DoLS applications to a 'Supervisory Body' for authority to impose restrictions. Applications had been made to the local authority for each person. Four DoLS authorisation were in place and the remaining applications were receiving consideration. Receipt of the applications had been acknowledged and the service maintained contact with the local authorities pending their decision making processes.

Staff had an induction into the service, this involved spending time reading people's care records, computer based learning, policies and procedures and getting to know the service. They also attended some classroom based training; spent time shadowing experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support; there was an on-going programme of training which included face to face training and on-line training. A training schedule was maintained by the provider. It showed when training had been undertaken and when it was due to be renewed. Staff told us they regularly completed training and this included specialist training relevant to their roles and the needs of the people they supported, such as, courses about positive behaviour support, proactive interventions, learning disabilities and person centred care.

Most staff had achieved at least a level two National Vocational Qualification (NVQ) or its Qualification and Credit Framework (QCF) replacement in health and social care; with a number of staff having or studying

towards three or higher. NVQ's and QCF's are work based qualifications which recognise the skills and knowledge staff need to do their job. Staff have to demonstrate their competency to be awarded each level.

Staff had individual supervision meetings and annual appraisals with the provider. Staff told us this time gave them the opportunity to discuss any issues or concerns they may have, and gave them the support that they needed to do their jobs effectively. Staff told us that they felt very well supported in their roles. They said that they were listened to and were given the support and help that they needed on a daily basis and their requests were acted on. There were handovers at the end of each shift to make sure staff were informed of any changes or significant events that may have affected people.

The staff team knew people well and understood how they liked to receive their care and support. The staff had knowledge about how people liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they supported each person to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had clear, personalised communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving clear examples of different actions or signs people may give, and what these mean. They also described different triggers that may upset people and how they may react.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see and any changing needs were met. Each person had a health needs checklist and action plan, these detailed how to support each individual to remain healthy and recorded details about appointments they attended, what happened and what action would be taken next. People also had a hospital passport, which contained important details about how to support them should they need to go to hospital. People who had specific challenges, such as behaviours that may place themselves or others at risk of harm, had detailed personal guidance for staff to follow.

People enjoyed their meals, in the kitchen there was a small menu planner on the wall for staff to remind people what choices there were. Staff were aware of what people liked and disliked as well as specific dietary needs. Staff respected people's choices about what they ate. People were supported and encouraged to eat a healthy and nutritious diet. Some people liked to eat in pubs and local cafés. People's weight was monitored to make sure they remained as healthy as possible.

Good

Is the service caring?

Our findings

Staff spent time with people to get to know them. Most people had lived at Anchorage House for some years. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices.

Everyone thought they were well cared for. One person told us, "This really is a good place, I honestly can't fault it". People were settled and happy, they were treated respectfully and with dignity; their individuality was recognised and their independence actively promoted to suit their needs. Staff enjoyed working at the service and felt this was reflected in their approach to work and the quality of care delivered.

Staff were intuitive in their interaction with people, giving reasoned explanations. Interactions between people and staff were positive, respectful and often made with shared humour. The atmosphere was light, calm and friendly. When staff supported people, they responded promptly to any requests for assistance. Staff spoke with people in appropriate tones and were friendly and unhurried, giving people time to process information and form their responses. Staff knew which people responded to different styles of verbal communication and were consistent in the way they spoke with them. Short sentences helped some people understand what to do, where as other people benefitted from a more conversational approach. This helped people know what was happening, avoiding unnecessary worry or anxiety. Staff helped people budget if they were saving towards more expensive items such as a watch, certain clothing and holidays. This helped to manage people's expectations and anxieties about when such things could be purchased.

There were many examples of positive interactions between staff and people. Staff held affection toward the people they supported, always showing respect and kindness. Staff spoke respectfully about people and this was also reflected in terminology used in written records.

People were encouraged to make decisions about their care. Care plans contained a lot of pictorial information to make them more meaningful and engaging for people. People told us they had plenty of opportunity to talk to staff about their care, they felt they were listened to and thought the care they received reflected their needs. People told us they could keep their own daily routines and chose where they spent their time. People moved around the house and garden as they wanted to, attended varied activities and spent time away from the service supervised by staff when needed. Each person had a key to their bedroom. Bedrooms were decorated how people wanted them, reflecting their interests and tastes.

People's independence was maintained and some activities linked to daily living skills, such as reading, computers and managing money. People chose the meals they liked to have, planning menus, helping to prepare food and going food shopping. People were involved in household chores if they wanted to; there was pictorial information to help remind people what they were doing. People felt staff encouraged them to improve their independence and daily living skills.

Each person had a detailed pen picture. This included the most important things about them, the most important things to them and the most important areas where they required support. This provided detailed information for staff and helped to ensure staff were aware of these needs. Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They knew what people liked and didn't like. Staff told us they had got to know people well by spending time with them and, where possible their relatives, as well as by reading people's care records. There was information about people's lives and who was important to them so that staff were able to support them with their interests and keeping in touch with friends and family. Staff had offered counselling and helped to support a person who had experienced a recent bereavement.

People said staff knocked on doors before going in and respected people's privacy and wishes if they preferred staff not to come in. People told us they felt clean and well cared for. When clothes were washed people told us they got their own clothes back with very few mix ups. Staff and the provider all recognised the importance of dignity and respect for people and this was conveyed in the way they supported them.

Care records were stored in a locked room when not in use. Information was kept confidentially. Staff had a good understanding of privacy and confidentiality and there were policies and procedures to underpin this.

Good

Is the service responsive?

Our findings

People felt staff knew what they liked and which activities, interests and subjects of discussion were important to them. They had regular activities and outings, some people felt they especially benefitted from going to social clubs, day centres and events held locally. They told us this gave them an opportunity to see friends, learn new skills and practice day to day life skills. This helped to ensure that people did not feel socially isolated. The service had a mini bus available help with transport to activities.

Pre-admission assessments were completed to ensure that the service was able to meet people's individual needs and wishes. Care plans were then developed from the assessments as well as discussions with people, their relatives where possible and the observations of staff. Where one person had joined the service more recently, a comprehensive care plan was in place.

Care plans contained information about people's wishes and preferences. These were in an easy to read format and some people had completed parts of them themselves or with the support of staff and signed them to show they were happy with the content. Care plans contained details of people's preferred routines, such as a step by step guide to supporting the person with their personal care. This included what they could do for themselves, however small and what support they required from staff. For example, the elements of personal care that people could do independently.

There were behaviour support plans and risk assessments about the support people needed when they became distressed or challenging towards staff or others. This included information for staff to help them understand why some behaviour may occur, primary and secondary behaviour prevention strategies and any reactive action that should be taken or avoided. Evaluation of behavioural events and the support provided helped to inform reviews by staff and health care professionals. Care plans gave staff an in-depth understanding of each person and staff used this knowledge when supporting people. Care plans reflected the care provided to people during the inspection. Daily notes reflected what each person had done, their mood and any events of importance.

Care plans were reviewed continually to ensure they remained up to date. Annual reviews were current and provided an oversight of the care provided. These were open to people's social worker, their family or an advocate and staff. People told us they thought they received the support they needed. Care plans included what people wanted to change in their lives and what they wanted to remain the same. Activities and goal setting enabled people to create changes they may want and introduced structure and a way of helping people manage and meet their expectations. We looked at how people's goals and aspirations were recorded and reviewed and saw how this linked to activity planning, development of learning and exploring new activities and challenges. People told us about a car mechanics and woodwork course and the sense of fulfilment and enjoyment it gave them. Other people enjoyed their own company and liked helping around the service with household chores.

People had monthly key worker reviews about their care and support. A key worker is a specific member of staff who works closely with people to help ensure their needs are met. This included discussions about

health issues and appointments, activities and any contact with family and friends. In addition people told us they had an annual review meeting with their care manager, their family or an advocate and staff. Some people told us that staff supported them to travel to see their family and they had regular telephone contact.

The service's complaints procedure was accessible to people and visitors and available in pictorial form. People told us they did not have any complaints and did not wish to make any. They told us they knew the staff and provider by name and were confident that, if given cause to complain, it would be resolved quickly. There were no complaints at the time of our inspection. Staff clearly explained how they would support people to make a complaint if the need arose and gave us examples of when they had done this. However, the complaints policy needed updating because it wrongly showed CQC as the final complaint handler instead of Local Government Ombudsman. We discussed this with the registered manager who agreed to amend this information without delay.

Good

Is the service well-led?

Our findings

Our last inspection found checks and audits had not identified shortfalls found during the inspection or enabled the provider to meet all regulatory requirements. This inspection found required improvement had been made.

The provider demonstrated a good knowledge of people's needs and spoke with passion when talking to us about supporting people. During the inspection we observed people engaged well with the provider, they were open and approachable. Staff had delegated responsibility for health and safety, doing daily allocated jobs and attending training courses. They were clear about their role and responsibilities and were confident throughout the inspection. Staff felt they were well supported and spoke highly of the service and the provider. Staff enjoyed working at Anchorage House and said they would recommend the service.

The provider made sure staff were kept informed about people's care needs and about any other issues. Staff handovers and team meetings were used to update staff regularly on people's changing needs. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Throughout our observations at this inspection it was clear there was a good team work ethic and that staff felt committed to providing a good quality of life to people. Staff told us they enjoyed coming to work.

Staff told us and records confirmed the culture within the service was supportive and enabled staff to feel able to raise issues and comment about the service or work practices; staff felt they would be supported by the provider. The values and commitment of the service were embedded in the expected behaviours of staff and were discussed with staff and linked to supervisions and appraisals. Staff recognised and understood how their behaviour and engagement with people affected their experiences living at the service. Staff displayed these values during our inspection, particularly in the respectful way care and support was delivered.

The provider had good oversight and provided direction to the service; they said they felt well supported by the staff team. Observations of staff interaction with each other showed they felt comfortable with each other and there was a good supportive relationship between them. Staff felt they worked together to achieve positive outcomes for people, for example, discussing changes in wellbeing and ensuring appropriate action was taken.

People had completed quality assurance questionnaires to give feedback about the services provided, which were positive. Other feedback included responses to surveys from people's relatives and care professionals. Again the responses received were positive.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The provider was aware that they had to inform CQC of significant events in a timely way and

had done so consistently.