

Anchor Trust

Wyken Court

Inspection report

87-91 Attothall Road
Wyken
Coventry
Warwickshire
CV2 5AL

Tel: 02476659529
Website: www.anchor.org.uk

Date of inspection visit:
01 June 2016
02 June 2016

Date of publication:
29 June 2016

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

We undertook an announced visit to Wyken Court on 1 and 2 June 2016. We told the provider before our visit that we would be coming. This was so people could give consent for us to visit them in their flats to talk with them.

Wyken Court provides housing with care. People live in their own home and receive personal care and support from staff at pre-arranged times and in emergencies. At the time of our visit 27 people at Wyken Court received personal care.

The service was last inspected in June 2014 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care from staff who had a good understanding of what constituted abuse and knew what actions to take if they had any concerns. There were sufficient numbers of staff to meet people's individual needs and keep them safe. Identified risks were assessed and managed in a way that promoted people's independence and safety. There was a safe procedure for managing people's medicines and people received their medicines as prescribed.

People received care from a regular team of staff who stayed long enough to complete the care people required. People told us staff were friendly and caring and had the right skills to provide the care and support they required.

There was a programme of induction, training and supervision so staff could deliver effective care. Staff had the right skills to provide the care and support people required.

The registered manager understood their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff respected people's decisions and gained people's consent before they provided personal care.

Support plans and risk assessments contained relevant information to help staff provide the personalised care people required. People knew how to complain and information about making a complaint was available for people. Staff said they could raise any concerns or issues with the management team, knowing they would be listened to and acted on.

There was an experienced management team who provided good leadership and who people who used the

service and staff found approachable and responsive. There were systems to monitor and review the quality of service people received and to understand the experiences of people who used the service.

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 were protected from the risk of avoidable harm or abuse because staff understood the processes they needed to follow to keep people safe. Staff knew how to manage and minimise identified risks to people's care. People were supported by sufficient numbers of staff to keep them safe and provide the support people required. Staff had been recruited safely and there was a safe procedure for managing and administering medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training and support to ensure they had the right skills and knowledge to provide effective care. The management team understood the principles of the Mental Capacity Act 2005 and staff respected decisions people made about their care. People received support to prepare food and drink where required and people had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People said staff were caring, friendly and kind. There was a regular staff team who people knew well. Staff respected people's privacy and supported people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were regularly assessed and people received a service that was based on their personal preferences. Staff understood people's individual needs and were kept up to date about changes in people's care. People were able to share their views about the service and knew how to make a complaint.

Is the service well-led?

Good 

The service was well-led.

People were satisfied with the service and told us Wyken Court was well managed. Staff received the support and supervision required to carry out their work safely and effectively. The management team provided good leadership and regularly reviewed the quality of service people received.

Wyken Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services provided to people. They had recently visited Wyken Court and had no concerns about the service provided.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided.

The visits took place on 1 and 2 June 2016 and were announced. We told the provider we would be coming so people who used the service could give agreement for us to visit and talk with them. The inspection was conducted by one inspector.

We visited people on 1 June to find out their views of the service and carried out the office visit on the 2 June. During our visits we spoke with ten people who used the service, five care staff, a team leader and the registered manager.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People told us Wyken Court was a safe place to live. They told us they felt safe with the staff that supported them and secure in their flats as they knew there was restricted access for people who did not live or work there. Comments from people included, "It's a very safe place to live. The staff look after you well and it's secure. You can't get access without someone knowing you are in the building and no one can get into the corridors without a fob to open the doors." and "Yes I do feel safe here, I feel safe in my flat and with the carers, they are all lovely." People knew who to speak with if they did not feel safe; "I would speak to any of the carers or [team leader]," and, "I would talk to [team leader] or the manager, no problem with that."

Staff had a good understanding of abuse and their responsibility to report this to the team leader or registered manager to keep people safe. One staff member told us, "I had refresher training in safeguarding people the other day, it reminds you about the different types of abuse, including physical, emotional, financial, neglect, and sexual and what to do if you suspect anything. Any concerns I would report it to my line manager." There was a policy and procedure for safeguarding people and guidance for staff was displayed in the staff office, to remind them what to do if they suspected abuse and who to refer concerns to. The registered manager understood their responsibility, and the procedure for reporting allegations of abuse to the local authority and CQC.

People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. Each person had plans completed to instruct staff how to manage and reduce the risks. For example, where people needed assistance to move around; the prevention of skin breakdown; risk of falls and to manage people's medication safely. One person told us, "Staff take care of me very well. I have just had this, [wheeled walker] they remind me to slow down to make sure I don't have another fall. I go to the falls clinic at the moment as I've had a couple of falls, they sorted this wheeled walker for me, it's great. I can get around with this much better and feel safer than I did with my frame."

Staff confirmed they referred to the information in care records to manage risks to people. One staff member told us, "Customers have risk assessments in their folders that tell us about any risks. If they need assistance to stand or transfer, it will tell you what to do, how many staff are needed and if they need equipment. One person who used equipment to transfer into a wheelchair told us, "I use a rotunda, I always feel safe they [staff] know how to use it." Staff had completed training so they could support people who needed assistance to move around safely. Staff said they were confident assisting people as they had been shown how to use the equipment.

Staff understood the importance of making sure equipment that people used was safe. One staff member told us, "We always make a visual check before we use equipment to make sure it is working correctly and we record that we have done this." Records confirmed this was routinely completed

People and staff we spoke with told us there were enough staff to meet people's care and support needs. People told us staff arrived when they were expected, "Is there is enough staff? Yes there is. They arrive when

they should, you can set your clock by them," and, "They come when they should, and they stay the full time as well. Sometimes it doesn't take the half hour to do what I need but they stay and talk with me. They never rush me, I need time. I would hate it if they did that. All the carers here are brilliant." Call schedules and staff rotas confirmed there were enough staff to provide the calls people required.

People had personal alarm pendants they could press to alert staff if they needed help in an emergency situation. This made sure people could contact staff outside their call times when required.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. Staff told us and records confirmed, Disclosure and Barring Service (DBS) checks and employment references were in place before they started work. The DBS helps employers to make safe recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

There was a procedure for supporting people to take their medicines safely. Where people required assistance with medicines, how this should be provided was clearly recorded in their care plan. Staff told us, and records confirmed they had received training to administer medicines safely, which included checks on their competence by team leaders, to ensure they continued to do this in a safe way.

Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Completed MAR records we looked at showed people had been given their medicines as prescribed. There was a protocol (guidance) in place for staff where people had medicines prescribed 'as required' (PRN). We noted that staff recorded when these medicines had been given on the back of the MARS. The registered manager told us they were looking at devising a more formal recording document for PRN medicines, which would make recording, monitoring and auditing easier.

Medicine records were audited regularly to make sure there were no mistakes. Weekly checks were made by team leaders to ensure staff had administered medicines correctly. Any errors in recording medicines were discussed with the staff member concerned and standards re-set when required. These procedures made sure people were given their medicines safely and as prescribed.

Is the service effective?

Our findings

We asked people if staff had the skills and knowledge to meet their needs. People told us staff knew how to provide the care and support they needed. Comments included, "Oh yes, they know how to look after me, I think they are very well trained. My mobility isn't that good and I need help to get up, I'm alright when I'm up, I can use my frame to walk but I don't walk very far. They know how to help me get up out of bed, and when they help me shower they always check to make sure the skin on my bottom isn't sore. They are very competent." Another said, "Yes I think they are well trained, they all seem confident when they use my rotunda, they know how to use it. They also know how to give me my tablets, very thorough, they check every time that I've taken them before they sign the sheet."

Staff completed an induction which prepared them for their role before working unsupervised. One staff member told us they received all the training needed to support people's individual needs. They told us, "I had a thorough induction and training when I started. I was new to care although I did have some knowledge as I completed a Health and Social Care course. The induction training really helped me understand how to provide good, safe care." The induction was linked to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to provide high quality care and support.

There was a programme of regular training for staff as well as an expectation they complete a vocational qualification in social care. This included training in health and safety, medication administration and safeguarding people. Staff told us they had regular refresher training to keep their skills up to date. One staff member said, "We have regular updates in all the mandatory areas to keep our skills up to date with any changes." Another said, "We have to complete regular training, we have e-learning and face to face training, it's always to a good standard. After any training they always test you to see that you have listened and understood." We asked staff how the training they received supported their everyday practice. One staff member responded, "It helps you understand what customers need and how we can help them." Another staff member told us, "It makes you more aware of what you do and how you should do it. Things change all the time, for example how to move people safely, years ago we did things that are considered unsafe practice now, so you need to have training to know what not to do as well as how you should do things."

The registered manager told us, "Team leaders are allocated certain staff who they are responsible for providing individual supervisions, discussing personal development and making sure their training is up to date". Staff confirmed they had supervision meetings with their line manager where they discussed their personal development and training requirements.

We checked whether the service was working within the principles of the MCA. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and team leader understood their responsibilities under the Act. There was no one using

the service at the time of our inspection that lacked the capacity to make decisions.

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. No one using the service required a DoLS authorisation; however the registered manager was aware of when this may be applicable for people.

Staff understood the requirements of the Mental Capacity Act (MCA). Staff had completed training in MCA and knew they could only provide care and support to people who had given their consent. One staff member told us, "You should assume people have capacity until they have been assessed as not. Everyone here has capacity to make everyday decisions." Another said, "People here can make their own decisions. We do have some people with early onset dementia which does mean they take longer to decide sometimes and may need a little more support to make decisions, but they can all do this themselves at present." Staff respected the decisions people made, even when they thought this was unwise, for example in regard to people smoking. One staff member said, "Some people can make decisions that we think are risky, like smoking or refusing personal care. In regard to smoking we try to make them aware of safety issues, but at the end of the day it's up to them, it's their flat. If someone refuses personal care, we would try to find out why and if there was no risk would record it so other staff knew. If we thought it was in the person's best interest to have a shower we would try to persuade them and explain why. But again everyone here can make decisions so we would accept this." All the people we spoke with had capacity to make decisions and told us the service helped them to be as independent as they could.

People required a range of support to prepare food and drinks. Some people prepared all their own meals; others made their breakfast and supper and bought a lunchtime meal from the dining room, whilst some people relied on staff to prepare their food and drink. People we spoke with told us staff offered them choice from the food they had available and made them regular drinks. People said staff made sure they left them with a drink before leaving. There were procedures in place to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were being met. There was no one who required their food and fluids monitoring when we visited.

People told us staff helped them to arrange health appointments if they asked them to. One person told us, "Yes they do this for me, they phone the doctor or the district nurse if I need them." Staff said they helped people manage their health and well-being if this was part of their care plan. Records confirmed the service involved other health professionals with people's care when required including district nurses, speech and language therapists, occupational therapists and GPs. For example, one person told us that they had started to fall recently. Staff had arranged an appointment for the person to see their GP so they could be referred to the falls clinic for assessment. The person told us the falls clinic had provided more appropriate equipment to assist them to walk around and they were attending for regular physiotherapy to maintain their mobility. People were supported to manage their health conditions where needed and had access to health professionals when required.

Is the service caring?

Our findings

People told us staff were kind and caring and treated them with dignity and respect. Comments included, "All the staff are 100% supportive I couldn't ask for any better care. They are most considerate in every way," and, "The staff are all patient and kind. They are like friends and we have a laugh and a joke." Another said, "I haven't been too well lately and the staff were extremely concerned about me and supported me in every way. They treat me with utmost dignity which as you get older is a great thing."

We asked staff how they ensured people were treated with respect. One staff member said, "We listen to people and do things in the way they want. I treat people like I would want to be treated myself." The registered manager and team leader told us that staff had a behavioural framework that explained what was expected from them. They told us staff practice was observed regularly to make sure staff maintained the standards expected. The registered manager told us this included unannounced 'spot checks' on night staff.

People told us their privacy was maintained and staff treated them in a way they liked. Comments included, "I like staff to be with me when I have a shower. They do my back for me and then stand the other side of the curtain to maintain my privacy. They are good like that." Another said, "They help me wash and dress, and shower if I want one. They are very mindful of my privacy and dignity and I never feel embarrassed." A team leader told us how they ensured staff treated people with respect, "We regularly observe staff while they are working to make sure they uphold people's privacy and treat people with respect. All the people here would tell you if staff treated them in a way they didn't like."

People lived in their own flats so we were unable to observe care directly. People we spoke with confirmed staff knocked on the door and waited for a response before entering their homes. We observed staff ring bells and announce themselves before entering people's flats during our visit.

People received care and support from staff they knew well and who they had built relationships with. One person told us, "Yes, the staff are all people we know well, we do have new ones now and again but they always come to introduce themselves." A staff member told us, "There is a regular staff team, people do know us all really well. They are more like friends and family."

People were encouraged to maintain their independence and where possible undertake their own personal care and daily tasks. People confirmed they were supported to maintain their independence. They told us, "I like to do as much as I can for myself. It does take a long time to do things but I do it myself, staff stay with me to make sure I'm safe." Staff told us they promoted people's independence and supported them to do things for themselves, comments included, "We really do promote independence. We work with customers to do as much for themselves as they can." Information about what people were able to do for themselves was recorded in their support plans.

People who lived at Wyken Court had a range of care needs. Some people required staff support several times a day while others only required a well-being check to make sure they were okay. Work schedules for staff reflected the care and support people required to make sure they remained safe and well.

People told us they had been involved in planning their care and that their views about their care had been taken into consideration and included in their support plans. Plans we looked at showed people had signed their care plans to show they agreed with how the care was to be provided and were involved with reviews about their care.

Is the service responsive?

Our findings

People told us staff supported them in the ways they preferred. One person told us, "Yes, they involve me in everything." Other people told us, "Staff know what I like, I'm a man of routine." and, "They support me the way I like."

People told us their personal care needs had been discussed and agreed with them when they started to use the service. They told us the support they received met their needs and that staff understood how they liked to receive their care and support. The registered manager told us "People are fully involved in their assessment and care planning, they tell us what they want and are not afraid to tell us how they want it doing."

People received a flexible service that met their preferences. Two people told us about the service they received from the night staff. One person told us, "The night staff help me get up at 5am, as I like to get up early," another said, "The night staff are brilliant. They call in to see me and have a chat as they know I get up early."

People received consistent, personalised care and support. People had an assessment completed before moving to Wyken Court to make sure the service was able to meet their needs. Assessments detailed the support people required and were used to inform an individual care and support plan so people received a personalised service.

Staff told us they had time to read care plans so they had a good understanding of people's care and support needs. Care plans we looked at informed staff what was required on each call and if people needed anything specific, like medication, pressure area checks or used any equipment like a hoist. Plans provided an overview of the care people required, how they liked their care provided and any risks associated with the person's care. Staff had the information required to provide the personal care and support people needed. Care plans we viewed had been reviewed with people and updated when needed.

Staff call schedules identified the people they would support during their shift and the time and duration of the calls. Call schedules and daily records of calls confirmed people received care as detailed in their care plans.

Staff had a handover meeting at the start of their shift which updated them about people's care needs and any changes since they were last on shift. A record was kept of the meeting to remind staff of updated information and referred them to more detailed information if needed. Staff told us this supported them to provide appropriate care for people.

People told us they had prearranged times to receive their care and support but they could contact staff at any time if they needed additional help or support. People had access to a call system, and some people had personal alarms that staff responded to in-between scheduled call times. People told us, "Staff come as quickly as they can if you press your alarm." Another said, "I call them if I need them. I had a slip once and

called them, they were here in a second, they were fantastic." This meant people could get urgent assistance from staff if they needed it.

People we spoke with told us they knew who to complain to if they needed. Comments included, "I've never had a complaint. I would speak to the team leaders if I had a complaint." Another said, "Yes I know how to complain if I needed to, I've never needed to, everything is fine." Complaints information was available to people, a copy of the procedure was displayed on the notice board in the reception area. Staff said they would refer any concerns people raised to the managers or senior staff. People and staff were confident concerns would be listened to and dealt with effectively. We looked at records of complaints; complaints had been recorded and looked into thoroughly. People had the opportunity to raise concerns and could be confident these would be taken seriously and looked into.

Is the service well-led?

Our findings

We asked people what it was like to live at Wyken Court. People told us, "It's a home from home here. Not just my flat but the whole place. It's helped me a lot living here," another said, "I feel fortunate to live here and would be happy to live here for the rest of my life." One person made a specific point of talking to us as they wanted to tell us, "This is the best place I've lived in 30 years. No complaints at all, it's absolutely brilliant."

Staff told us they enjoyed working at Wyken Court, comments included, "I love it here it's a good place to work." "It's a really lovely place, I would be perfectly happy if my mum or dad wanted to live here. We all get on well together, like one big happy family."

The service had a consistent management team to provide personal care to people, which included a registered manager and team leaders. The registered manager had responsibility for managing three housing with care units. The team leaders deputised when the registered manager was at the other units, they were aware of the registered manager's responsibilities and undertook them in her absence.

The registered manager understood their responsibilities and the requirements of their registration. For example, they had submitted statutory notifications that are required to be sent to us. A provider information return (PIR) was submitted before the inspection. We found the information in the PIR was a true reflection of the service provided.

We asked the registered manager about the challenges they had faced managing the service within the last year, they told us, "My biggest challenge since I became registered manager (18 months ago) was trying to get the company to change their documentation. A lot of the policies and procedures were for care homes and not specifically for housing with care. It has been a big task but they are now in place. We have also implemented a more 'person centred' culture and care plan process. Staff have moved away from a tick box, task orientated care plan to a more individualised plan of care." Staff told us they found the new care planning system supported their work; comments included, "The new care plan system is very good. It contains people's life histories so you get to know people better, and know a bit about their backgrounds. I also like the way the new medication record gives you information about what the medicine is used for."

We also asked the registered manager about their achievements, they told us, "Without a doubt this is winning the regional and national Housing with Care award. It's been such an achievement for us all and we are very proud to have won this. It has given us such a lift to be recognised for providing good care."

We asked people if they thought the service was well managed. People said they did, comments included, "Oh yes it's very well managed. It's as good as it could be. My team leader visits every week to see if everything is ok." Staff also thought the service was well managed. One staff member told us, "The team leaders and [registered manager] are really approachable and knowledgeable, you can ask them anything. If they don't know they will find out and let you know." Another said, "We have good management, they are always available to offer advice and support." Staff told us the team leaders worked particularly hard to

make sure people received a good service and staff were well supported. "Everything works smoothly. [Registered manager] is here once a week and is always available by phone. It's the team leaders that run the scheme. They do a great job.

Staff we spoke with understood their roles and responsibilities and what was expected of them. They told us the provider had issued them with an employee handbook that included a code of conduct and a copy of key policies and procedures when they started work with the service. Staff were aware of the provider's whistle blowing procedure and were confident to report any concerns or poor practice to the managers. They were certain any concerns they raised would be listened to and acted on.

All the staff we spoke with said they felt valued and were supported to do their job. They told us, "It's a good place to work; we all work well together and are on the same page about making sure customers are happy." Staff told us they received good support from both the registered manager and team leaders. One staff member told us, "I wasn't at all confident when I first started and was always asking for advice and support. This was offered no matter how many times I asked. I have much more confidence now." Staff confirmed they had regular work supervision, team meetings and handovers on each shift where they could raise any issues.

People told us they had meetings where they could share their views and opinions of the service. Comments from people included, "We have started to have monthly meetings, I went to the last one, you can raise your views and they do listen," and "I went to the meeting, it was good and well attended; everyone joined in. We had a question and answer session so we could ask what we wanted." Another said, "We have meetings where we can share our views. They listen to us as individuals and as a group." People were also able to share their views during reviews of their care and were sent satisfaction questionnaires. The results of the last questionnaire in April 2016 showed people were satisfied with the service.

We asked people and staff we spoke with if there was anything the provider could improve about the service. No one could think of any improvements that could be made, comments from people included, "There is nothing I can think of, everything works smoothly."

The provider's quality assurance process included checking that people were satisfied with the quality of their care and support. Records confirmed these processes included tenants meetings, regular reviews of people's care and satisfaction surveys.

The provider and registered manager used a range of additional quality checks to make sure the service was meeting people's needs. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. There were systems to monitor any accidents and incidents. Incident forms were completed and reviewed after each occurrence for trends and patterns. Action had been taken if a pattern had been identified, for example referral to the GP for people who had fallen. There were regular health and safety checks carried out by the management team and other audits by the provider to monitor the quality of the service. There were also visits from the local authority contracts department to monitor the care and support provided.