

S.E.S Care Homes Ltd

Anchorstone Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Anchorstone Nursing Home is registered to provide nursing and personal care for up to 40 older people. At the time of our inspection there were 29 people living at the service. Some people using the service were living with dementia.

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

People felt safe using the service because they were supported by staff who knew their needs well and knew how to manage risks associated with their care. People were kept safe from abuse and avoidable harm.

People and relatives were all consistently positive about the staff and the support they received.

Action had been taken to reduce the risk of the spread of infection and the provider had ensured practices were updated according to national guidance during the COVID-19 pandemic.

People's needs and choices were assessed and planned for, and their preferences had been considered. Staff were safely recruited and inducted. They had access to training and supervision to ensure they had the skills to support people effectively.

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

Staff supported people to access healthcare services as required. Any specialist support was recorded, and actions completed. People were supported to access activities, outings and celebrations. Friends and relatives were welcomed into the service and people were supported to maintain relationships.

The registered manager provided clear direction and positive leadership. Staff felt valued and supported and were confident that people received good care. Systems and processes for monitoring quality and safety were effective.

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

Rating at last inspection

This service was registered with us on 16 December 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 11 July 2019.

Why we inspected

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

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Anchorstone Nursing Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Anchorstone Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Anchorstone Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and a healthcare professional who works with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 6 relatives about their experience of the care provided. We made observations of people being supported. We spoke with 5 members of staff including the registered manager, a nurse and 2 care staff. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- People and their relatives told us they felt safe living at Anchorstone. One relative told us, "They do feel safe, much safer than at home." Another relative said, "[Person] is safe and comfortable."
- We reviewed safeguarding records and found concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care were well managed and lessons learnt when things went wrong. People had detailed risk assessments and care plans in place for staff to follow. For example, some people had risks associated with skin integrity, there were risk assessments and care plans in place which detailed the support people would need such as regular repositioning to help minimise the risk.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency, such as a fire or flood, which meant people had to leave the service. There were personal emergency evacuation plans (PEEPs) explaining to staff the support they would need to evacuate the building in an emergency situation.
- The registered manager described how they and their team learned from incidents to improve people's care. A 'lessons learnt meeting' was held between the registered manager and staff to discuss where improvements could be made if something went wrong. For example, information had not been communicated between staff which led to changes to improve shift handovers, which had a positive impact on communication within the staff team.

Staffing and recruitment

- Staff recruitment was safe and there were enough staff to support people. People told us they did not have to wait long for care and our observations supported this. A relative told us, "Whenever we go in there are staff there and they help us and talk to us. I press the button in the room if [Person] needs anything so they can come and help."
- There was an established staff team at the service which meant the need to use agency staff had decreased recently. This helped people to receive consistent care from staff that were familiar to them. One person told us, "The staff know me well."
- New staff were recruited safely and pre-employment checks were in place, which included verification of identity, references from previous employers and the Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff followed systems and processes to ensure people received their medicines safely.
- There was clear guidance in place for staff about how to support people safely with their medicines including how to support individuals with 'when required' medicines.
- Medicines were ordered, stored and disposed of appropriately. Staff completed medication administration records (MARs) to show when medicines were given and these were regularly audited to ensure any discrepancies could be identified and rectified quickly.
- Staff received relevant training before they were able to give people medicines and the registered manager checked staff competency in relation to the administration of people's medicines regularly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visits for people living at the home were facilitated in line with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed by the management team prior to them moving to the service to ensure their needs could be met. Assessments from health and social care professionals were also used to plan effective care.
- The provider had responded to changes in people's needs, adapting their care as appropriate. Recognised tools were used to assess people's level of risk of skin damage, malnutrition and oral health needs

Staff support: induction, training, skills and experience

- Staff received the relevant training and support they required to meet people's needs.
- New staff received an induction from the provider which included The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. A relatively new member of staff told us, "My induction was good, I shadowed for 2 weeks and did lots of training. I feel confident I can do what I need to."
- Nursing staff had the necessary clinical skills and training to fulfil their roles and had regular clinical supervision which gave them an opportunity to further improve their nursing skills and knowledge.
- People and their relatives spoke positively about the understanding and the skills of the care staff. One relative told us, "I'm a former [health professional] and from what I see they have a good understanding of dementia, and they are good at interacting with [Person]."

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

- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank.
- Some people received special diets and there was clear guidance in place for staff regarding this.
- People were weighed regularly and the Malnutrition Universal Screening Tool (MUST) was used by staff to assess whether people were at risk of malnutrition. If people were at risk, steps were taken to mitigate this including referrals to the relevant health professionals to support with nutrition.
- Feedback about the food provided was positive. One person told us, "The food is nice." A relative told us, "The residents are always being given teas and drinks and biscuits... They have different beakers, [specialised] cups etc for residents with different needs."

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

- People and their relatives told us they were supported to access healthcare services when they needed to,

and records supported this. One relative told us, "Staff know when they need to contact the GP and they tell me if they do."

- Staff worked closely with health and social care professionals, they followed up any concerns and recorded actions taken. For example, we saw that staff were working with healthcare services to help someone who was frequently distressed and anxious.
- People's oral health needs were assessed, and they were supported to access dental services. Staff supported people with their oral care and promoted good oral hygiene.

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

- People told us they were happy with their bedrooms and the communal areas. People had personalised their bedrooms with their own decorations, pictures and ornaments.
- The service was accessible for everyone living there and had been designed with people living with dementia in mind. The environment was easy to navigate for people who may become confused. There was good signage and designated areas to stimulate people's interest.
- There was a considerable amount of work ongoing to improve the décor and environment for people. This included refurbishing bedrooms and communal areas. The provider involved people in making decisions about these improvements.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care was provided in line with the principles of the MCA. People who lacked capacity in relation to some aspects of their care were supported to make their own decisions. For example, people were supported to make choices around what clothes to wear and what food they would like to eat.
- The registered manager was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. DoLS had been applied for appropriately for people who had been assessed as not having capacity for aspects of their care and support.
- Staff completed mental capacity assessments with people. Where people were found not to have capacity to make decisions, best interest decisions were carried out involving relevant people including families and professionals where appropriate.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed that staff were kind, caring, friendly and attentive, and respected equality and diversity. Staff spoke very kindly to people all the time when passing them, or seeing them walking around, always checking they were okay.
- Staff we spoke with knew people well. They spoke about the people they cared for with empathy and respect. It was evident staff had built positive relationships with people and knew what mattered to them. A relative told us, "They are kind and very caring, they have the patience and they do sit and talk and make the residents feel at home."
- People's care plans focused on them as individuals, with sections on their likes, dislikes, interests, hobbies and cultural and religious requirements. This provided care staff with the information to support them in providing personalised care.

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

- People made many of their own decisions about their care, such as what time they wanted to get up, what they wanted to eat and how they wanted to spend their day. One relative told us, "Staff like the residents to be downstairs [during the day] but they know that occasionally [Person] just wants to stay in her room, and they respect that."
- Relatives told us they were involved in decisions about people's care and records showed relatives had been included and kept informed appropriately.

Respecting and promoting people's privacy, dignity and independence

- People were respected and encouraged to be as independent as possible by staff. A relative told us, "Staff do encourage [Person] to do activities and to feed herself."
- We observed that staff respected people's privacy. Staff knocked on people's doors and waited for a response before entering their room and closed their doors before supporting them with personal care.
- People were smartly dressed and looked well cared for. People were supported with personal grooming and staff had continued those things that were important to them. This included preferred style of clothes that were clean, shaving, manicures, and access to visits with the home's hairdresser.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care was person-centred and individualised. People were supported by staff who knew them well. One member of staff told us, "Individuals' needs are different. We plan care according to them." Another member of staff said, "'I feel I know everyone well. [Person] likes to chat with us and now he doesn't like noise at all. If you forget sugar in his tea, he will tell you."
- People's care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's personal preferences.
- People with specific care needs, such as pressure care, had individual care plans for staff to follow to meet the person's individualised needs.

Meeting people's communication needs

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

- People's communication needs were clearly assessed and detailed in their care plans. This included whether people needed aids such as glasses and hearing aids, and any support they required with these.
- Staff considered how they spoke with people to help ensure they were understood. We observed that staff took time with people to help ensure they communicated well with them. A relative told us, "They make [Person] smile, and they sing in front of her, and she joins in."

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

- People had access to a range of activities were supported both to develop and maintain relationships that were important to them. These included activities within the service and trips out to local attractions. One person told us, "I like knitting and drawing. I did it this morning. [Member of staff] gives me the wool and everything I need. When it's nice, in the summertime I do knitting outside in the garden."
- Staff worked positively with people and offered reassurance to help include them in activities and social events. Staff ensured they spent time engaging with people who preferred to be in their rooms as well as those who spent more time in communal areas. People told us staff helped them to keep in regular contact with their relatives.

- Care plans included information about people's interests and hobbies which staff said helped them to engage with people. One person's care plan included details about their previous profession and stated that the person enjoyed talking about this. One relatively new member of staff told us, "I know some of the residents even though I'm still learning I can look on [electronic device] and read about them on their care plan."

Improving care quality in response to complaints or concerns

- People told us that they knew how to make a complaint if they needed to and they felt confident that these would be dealt with appropriately. One relative told us, "I haven't had to [make a complaint] but I wouldn't be afraid to do so if necessary."
- The provider had a complaints policy which detailed how people and their relatives could raise concerns if they were dissatisfied with the service they received. Records showed that when complaints had been received, these had been responded to and dealt with in a timely way.

End of life care and support

- The service provided compassionate end of life care to people. Staff worked with healthcare professionals to ensure people's needs were met and consideration was given to the emotional needs of people living at the service during this time.
- People's individual preferences and wishes about their end of life care had been discussed with them and their family and incorporated into their care plan. This included if they wanted to be resuscitated, and any funeral arrangements they wished to share with the service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive culture and encouraged the views of people, staff and others. One member of staff told us, "Everyone is supportive, the manager will help us if needed."
- The registered manager told us they had an open-door policy and staff told us they felt supported. One member of staff told us, "The staff are a good team, the nurses and manager are supportive."

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

- The registered manager was aware of their responsibilities under the duty of candour, and their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. A relative told us, "They are very good at communicating with me and I'm kept up to date. They are very open and they let me know what's going on."
- The provider was open and transparent and willing to learn and improve people's care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; ; Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective systems and processes used to assess, monitor and review the quality and safety of the service and manage risk.
- The registered manager responded promptly to identified concerns. For example, during the inspection we identified 1 staff member did not understand some aspects of safeguarding and a person's care plan did not reflect them positively. We discussed this with registered manager and they immediately implemented changes to the care plan and provided further training to the staff member.
- Legal responsibilities were being met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.

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

- Staff were supported to express their views and contribute to the development of the service at team meetings. Staff told us that they felt comfortable to share their views about the service with the manager.
- People and their relatives were encouraged to share their thoughts, views and suggestions about the provision of care provided. Relatives told us that they felt confident making suggestions and raising

concerns with the provider. One relative said, "[Registered manager] wants to [improve] proactive engagement with relatives. It's a work in progress. The relatives meeting with the dementia expert was good." Another relative said, "They've had a couple of [relative] meetings which have been really helpful."

Working in partnership with others

- Partnership working was embedded in the home; the provider engaged with relatives and staff and involved people in decisions regarding their care.
- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.