HICA

The Anchorage

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The Anchorage Care Home is registered with the Care Quality Commission to provide personal care for up to 40 older people who may have physical disabilities and dementia related conditions. It comprises of two units, the Haverstoe Suite which is newly refurbished and provides enhanced dementia care for up to 10 people, and the Anchorage which currently has 28 people living there.

The service had a registered manager in post. 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.

This inspection was unannounced and was undertaken on 5 and 8 January 2015. The previous inspection of the service took place on 10 October 2013 and was found to be compliant with the regulations inspected.

People who used the service told us they were safe. Comments included, "XXX is a lot safer here than at home", "I feel very safe", "The best thing about here is that I am protected from any falls and things like that" and "It's (the home) incredibly clean and safe."

Summary of findings

Medicines were stored securely and administered safely. Records showed people received their medicines on time and in accordance with their prescription.

People who used the service received regular positive interaction from members of staff. The service monitored closely the levels of staff interaction.

The service was kept clean. The building was well maintained and furnished.

People were supported by staff to maintain their privacy, dignity and independence. Everyone looked clean and well-cared for. Staff involved people in choices about their daily living and treated them with compassion, kindness, and respect.

People had access to a wide range of activities. People were provided with one to one support and a wide variety of activities to suit their individual needs. Relatives and friends were able to visit at any time.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and staff followed the Mental Capacity Act 2005 for people who lacked capacity to make decisions for themselves. These safeguards provide a legal framework to ensure people were only deprived of their liberty when there was no other way to care for them or to safely provide treatment.

People's care plans were written to meet people's individual needs. The service was responsive to people.

People who used the service knew how to make a complaint. People felt they were able to express their views at any time and that they were listened to.

Leadership and management of the service was good. There were systems in place to effectively monitor the quality of the service.

Summary of findings

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. There were sufficient staff to meet people's needs. Staff were recruited safely and understood how to identify and report any abuse.

People said they felt safe. Risks to people and others were managed effectively.

People's medicines were stored securely and administered safely by appropriately trained staff.

Is the service effective?

Good

The service was effective. Staff had been well trained and they were supported through regular supervision and appraisal of their work.

People were supported to have a balanced diet.

As far as possible people were involved in decisions about their care. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Outstanding

The service was caring. People felt staff treated them with kindness and as an individual.

People's privacy and dignity was respected.

People were encouraged to express their views through 'residents' meetings which took place every month and through speaking with the registered manager who had an open door policy.

Is the service responsive?

Good

The service was responsive. Care plans contained up-to-date information on people's needs, preferences and risk management.

Four activities co-ordinators were employed to deliver a total of 88 hours of activities per week. People participated in a wide variety of activities, many of which were tailored to individual needs.

People were aware of how to make a complaint.

Is the service well-led?

Good

The service was well led. There were systems in place to monitor the quality of the service and to promote continuous improvement.

Accidents and incidents were monitored and trends were analysed to minimise the risks and any reoccurrence of incidents.

Staff told us the registered manager promoted a fair and open culture, where staff felt they were supported.

The Anchorage

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 registered 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.

This unannounced inspection took place on 5 and 8 January 2015 and was carried out by one adult social care inspector.

The local authority safeguarding and contracts teams were contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. They told us they had no current concerns about the service.

We used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in two communal areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with 15 people who used the service, four care workers, the registered manager, the cook, two domestics, seven relatives, and one external healthcare professional.

We looked around the premises, including people's bedrooms (after seeking their permission), bathrooms, communal areas, the laundry, the kitchen and outside areas. Seven people's care records were reviewed to track their care. Management records were also looked at, these included: staff files, policies, procedures, audits, accident and incident reports, specialist referrals, complaints, training records, staff rotas and monitoring charts kept in folders in people's bedrooms.

Good

Is the service safe?

Our findings

People who used the service told us they were safe. Comments included, "XXX is a lot safer here than at home", "I feel very safe", "The best thing about here is that I am protected from any falls and things like that" and "It's (the home) incredibly clean and safe."

During the day the 38 people who used the service were cared for by six care workers and two senior care workers. The registered manager was supernumerary. The service had a deputy manger for 40 hours per week, 24 of which were supernumerary. In addition, there were three domestics, one food service facilitator, a handyperson, and a laundry assistant on duty each day. Four activities staff were also employed at the service. At night people were cared for by three care workers and two senior care workers. Our observations showed staff were attentive to people's needs and were always available. People who used the service told us there were enough staff on duty who would respond quickly to their requests or needs. The registered manager told us staffing levels were kept under constant review by using a recognised dependency assessment tool so that they could work flexibly if people's needs changed.

Records showed staff were recruited safely. We saw references had been checked and staff were subject to checks on their suitability to work with vulnerable adults by the disclosure and barring service (DBS) before commencing their employment.

We saw the registered provider had policies and procedures in place to safeguard vulnerable people from harm and abuse. We saw all staff had received recent training in safeguarding vulnerable adults from harm or abuse. Staff were able to describe to us what types of abuse may occur and what signs to look for. They also said they were confident the registered manager would act appropriately and swiftly to address any concerns they may raise. We saw the registered manager or their deputy attended regular provider safeguarding forums organised by the local Clinical Commissioning Group (CCG). This meant the registered manager could feedback to the staff important information and learning. We were told that managers and senior staff had also undertaken an advanced course in safeguarding vulnerable adults.

We looked at the service's records of safeguarding incidents and saw the registered manager had made appropriate referrals to the local authority's safeguarding team and the Care Quality Commission (CQC) and had worked with them to investigate any concerns. Records showed safeguarding incidents had been discussed openly at staff meetings in order to learn from them.

We saw medicines were kept safely. The service had a dedicated room in which to store medicines, which had a sink for staff to use for hand hygiene. Medicines used every day were stored in trollies secured to the wall and additional medicines were stored in a locked cupboard or in a bespoke medicines fridge. A locked controlled drugs cupboard was attached to the wall for medicines requiring tighter security. We completed a check of controlled medicines and found stock matched the register. We found the register was accurate and had been signed by two members of staff when they administered controlled medicines to people who used the service. We saw procedures were in place to dispose of medicines appropriately.

We reviewed the medicines administration records (MARs) for 10 people who used the service and found they were completed accurately; this had been checked daily by the senior staff and by the registered manager or their deputy as part of a weekly audit.

One person who used the service had been admitted from another organisation with significant pressure damage to their skin. We saw this person had up-to-date risk assessments in place. The remaining people who used the service all had risk assessments for pressure care which provided staff with detailed information on preventative measures, monitoring, and escalation procedures.

We reviewed the risk assessments in six people's care plans. We saw the assessments clearly identified hazards people may face and provided guidance to staff to manage any risk of harm. Care plans contained risk assessments for mobility, medication, falls, nutrition, dehydration, and behaviours which may challenge the service and others. All risk assessments had been evaluated and updated monthly or sooner if necessary. Staff told us the risk assessments provided sufficient information to assist them in reducing people's exposure to risk as much as possible.

Good

Is the service safe?

We saw each person who used the service had a personal evacuation plan which provided emergency services and others information about how to safely evacuate the person if there should be a need, for example in the event of fire.

Information was available which accompanied people to hospital in an emergency to make the clinical staff aware of the person's needs and their level of independence and understanding.

Throughout our inspection visit we noted the environment was exceptionally clean. The registered manager told us they employed three domestics each day including weekends. This staffing level provided 114 hours of cleaning per week including the weekends. All the bedrooms, bathrooms and communal areas had clean walls and floor coverings and were well decorated. The registered manager had appointed a member of the domestic staff as the lead for infection prevention and control (IPC). They told us it was their role to observe staff practices and offer advice. Records from staff meetings showed IPC issues were discussed at every meeting and feedback was provided by the lead member of staff.

We were shown the daily cleaning records and we noted every bedroom, bathroom and communal area was cleaned daily. We noted people's rooms received a deep clean at least twice a month. We saw all bathrooms contained paper towels and appropriate hand gels. On entering the kitchen we were asked to wear disposable personal protective equipment (PPE). We saw records of regular checks on staff hand hygiene. This meant the service followed good practice in order to effectively manage the risk of infection.

Good

Is the service effective?

Our findings

People who used the service and members of staff told us staff were well trained. Comments included, "You will not find better carers anywhere, they are so well trained", "I've only been here for a few months but the training is far better than I expected", "We are supported by the manager very well; we have supervisions and staff meetings, we also get a lot of training" and "The training here is much more in depth than I've had in other homes. It has made my job a lot easier because I really feel I know what I need know in order to look after the residents."

Records showed each member of staff had a minimum of five supervision meetings and an appraisal with their line manager throughout the year. This showed us there was a system in place to support staff and help them to develop. The registered manager told us they had an open door policy and encouraged all staff to engage with them whenever they needed to talk about an issue or concern.

The registered manager used an electronic training plan to monitor and plan training for all 60 members of staff. We saw staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. The training included safe lifting and handling, health and safety, fire training, safeguarding adults from abuse and basic food hygiene. The registered provider told us they considered training in dementia and behaviours which may challenge the service and others as essential for all staff. We saw all care staff had achieved a nationally recognised qualification in care or were working towards it. We saw the staff followed a programme of ongoing education which was specifically designed by the registered provider. This was a mixture of learning from workbooks and attending classroom type training.

One member of staff told us they had successfully applied to the registered provider for funding to undertake a dementia mapping course which had subsequently been granted. They told us how they had introduced dementia care mapping in the Haverstoe unit as a result. Dementia care maps are used to provide detailed information about the lived experience of people with dementia.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and its principles of least restrictive practise and were able to describe how this related to their day-to-day practise.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may need support to make decisions are protected. Training records showed all staff had received recent training in the principles of MCA. Our observations showed staff took steps to gain people's consent prior to care and treatment.

The care plans we reviewed contained assessments of the person's capacity when unable to make various complex decisions. Care plans also described the efforts that had been made to establish the least restrictive option for people was followed and the ways in which the staff sought to communicate choices to people. When people had been assessed as being unable to make complex decisions there were records of meetings with the person's family, external health and social work professionals, and senior members of staff. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interest. For example, we saw one person who used the service had their medicines administered to them crushed in food. In this case, we saw a mental capacity assessment had been undertaken and a best interest meeting had taken place with the family and the GP to agree this was the most appropriate course of action.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. The registered manager acted within the code of practice for the Mental Capacity Act 2005 (MCA) and DoLS in making sure the human rights of people who may lack capacity to take particular decisions were protected. We were told DoLS applications were underway for several people who lacked capacity to ensure they received the care and treatment they need and there was no less restrictive way of achieving this.

Records showed people who used the service were supported to access health and welfare services provided by external professionals such as chiropody, optician, and dental services. We saw records of referrals made to the Speech and Language Therapy team (SALT) and dietetic services. Records showed people were supported to attend

Good

Is the service effective?

GP and outpatient appointments. One external health professional who visited the service at the time of our inspection told us, "The care is good here; they (the staff) listen to what we say and follow what we ask them to do."

In the kitchen we saw there was a list of the food preferences for each person who used the service, including instructions about how to prepare foods for people with specific nutritional needs. The registered manager told us the service had contracted with an external prepared food supplier in the summer of 2014. They told us the meals were of excellent quality and attractive in appearance whatever texture they were served in. The company producing the meals stated they were nutritionally balanced. Most people who used the service told us they liked the taste and appearance of the food.

We saw people were offered a choice of meal either verbally or by staff showing them the choice of two meals. The food was delivered to the tables swiftly to ensure it remained hot. We saw some people were offered assistance with cutting food up and were provided with plate guards and adapted cutlery which assisted independence. People were offered a choice of drink at the table and a choice of a different meal if they did not like the one they had chosen.

We spoke with the cook who told us they had received regular training on all aspects of specialised diets and nutrition and had undertaken courses on specific products used to supplement diets. They told us they regularly spoke with the people who used the service and their relatives about their food preferences. The registered manager told us they had just signed up to the 'food cruise' programme which organised a themed meal once a month providing food from other countries. They told us this would provide people with a new experience each month.

We saw each person's weight was monitored monthly or weekly if required. In cases of people losing weight we saw food and fluid charts were put in place to record intake. The staff had also sought the advice of the district nurse team in relation to people's skin integrity when weight loss had occurred.

The Haverstoe until was specifically designed to accommodate 11 people living with dementia. We saw this had recently been refurbished. The registered manager told us the registered provider had sought advice from a reputable source in how best to design the interior for people living with dementia. We saw bespoke dementia-friendly signage was used to identify bathrooms and people's rooms. Radiator covers and fire extinguisher covers were painted red to identify potential hazards. Toilet seats were of a contrasting colour to the toilets and sensory pictures were placed along the corridors. All corridors, ensuite and communal bathrooms, and bedrooms contained lighting activated by motion sensors.

Outstanding ☆

Is the service caring?

Our findings

People who used the service told us staff were caring. Comments included, “They are all very good, very helpful, very caring” and “They always see that I’m alright.” People’s relatives told us, “You cannot get better care than you get here. I come four times a week for five hours a time so I see everything and I can tell you that all the staff are very caring, right down to the cleaner”, “They (the staff) have a lot of patience with people” and “He can get up when he wants, sometimes he doesn’t get up, but that’s his choice.”

We carried out a 30 minute observation during the afternoon of our first day of inspection. We observed a high level of positive interaction from staff. People were being asked if they were comfortable and staff were talking to people about what was important to them that day and engaging them in meaningful activity. For example, we saw staff giving people hand massages, engaging them in conversation, and carrying out reminiscence sessions.

The registered manager showed us the reports from a dementia care mapping (DCM) observational exercise carried out in October 2014 in the Haverstoe unit. DCMs are used to provide detailed information about the lived experience of people with dementia and to provide suggestions to assist staff in their interactions with people. In this instance the DCM focussed on reporting the quality of staff interactions which can indicate the general culture of care, and identifying any period of disengagement and unmet needs. The report stated that 84% of the people who used the service were engaged in activity and interactions with staff. We saw that action plans had been put in place to address any shortcomings.

People who used the service told us their privacy and dignity was respected. We saw staff knocked on people’s doors before entering rooms and people were asked discreetly if they needed to go to the bathroom. People’s rooms were personalised with pictures of their families and other personal items. Each person had their own ensuite facilities; this meant that personal care could be given in private. The registered manager told us that they had purchased a privacy screen to be used if any person is taken ill in a public area. This had been purchased as a result of an incident earlier in the year when someone was taken ill in the dining room. This meant people who used the service could be attended to in private and away from public view.

The service had a number of nominated members of staff to act as ‘dignity champions’ and we saw a notice board in the main reception area displaying information for staff, relatives and people who used the service. Staff told us dignity and privacy was always discussed in both team and general staff meetings. The registered manager told us the service was participating in the national ‘Dignity Action day’ in early February 2015 and many of the people who used the service would be involved in activities associated with this.

People who used the service told us they were able to choose when to go to bed and when to get up the next morning. We saw care plans provided staff with detailed information about people’s preferences about daily and night time routines.

We observed staff helping people to stand with the use of standing aids or transferring people from wheelchairs to chairs with a hoist. Staff encouraged people patiently whilst assisting them with clear explanations of what was happening.

Members of staff were able to describe to us the individual needs of people in their care, including explanations of what gestures and expressions people would use to indicate their preferences, choices and wellbeing. This meant staff had developed a good understanding of how to interact and communicate with people, ensuring their needs were met. We observed staff spoke to people with a gentle tone of voice. They looked directly into people’s faces when asking questions and just talking to them. Whilst assisting people to eat we saw staff interacted with them by giving them encouragement, explaining what they were eating and asking questions such as, “Do you like this?” and “Is this nice?”

We observed staff spoke to people who had limited communication and understanding with patience. People were given time to respond to questions. We saw care plans for people with limited communication clearly set out the ways of communicating with them.

People’s relatives told us they were free to visit their relations at any time and were able to join them for meals and other social occasions. One person’s daughter told us their relation was supported by the staff to have a weekly

Outstanding ☆

Is the service caring?

video call with her sister in another country and that this activity was included in her mother's care plan. This meant people who used the service were supported to keep in contact with people who were important to them.

We saw there was a planned schedule of meetings for people who used the service and their relatives. The minutes from the meetings showed issues such as the food, amenities, activities and the general levels of care were discussed. Following the meetings we saw the registered manager had created an action plan in order to implement ideas they had discussed. For example, several people who used the service had expressed their wish to have a sweet and toiletries trolley to go around the home each week. We saw the registered manager had implemented this and bought each person a small purse in which they could keep their money so they could participate.

The registered manager told us about end of life care. They said all staff had been trained in the care of the dying by a local hospice. In addition, they told us that whenever anyone passed away they conducted a full analysis of how anything could have been improved such as was the person in their preferred place of death and had advanced care planning been discussed. We were also told that end of life care was discussed at review meetings with people who used the service and their families.

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us the levels of activities people could participate in were varied and available each day. Comments included, "They do have quite a lot of things going on to keep people active", "The activities programme is quite varied and I think the home is quite serious about doing them", "I am involved in XXX's care plan, the staff tell me all about it and consult me on any changes, it's all very transparent" and "I like everything that goes on here; we get to do quite a bit really; I like going out the best."

People's hobbies and interests were recorded in their care plans. The registered provider employed four activities co-ordinators, two of which provided 56 hours of activities within the Haverstoe unit whilst one provided 32 hours for the rest of the people who used the service. In each part of the building activities were displayed on a large pictorial board so people could see what was going on throughout the week. We saw a large number of different activities were provided each week including trips to the town, the local theatre, a local social club, reminiscence sessions, visiting entertainers, and one to one time. Several people told us the care workers supported them to access the supermarket across the road so they could shop for clothes, toiletries and snacks.

Records of meetings about activities showed the staff had discussed best practice from other services across the country. The registered provider was a member of the National Association for Providers of Activities for Older People (NAPA) whose resources they used extensively in order to strive for the best possible level of activities for people. Members of staff and the registered manager told us they considered current good practice guidelines from a reputable source when planning the activity provision for people with dementia.

We noted the staff recorded people's participation in activities along with their levels of engagement and response. When people had declined to participate, this was noted so that any potential isolation could be monitored.

We reviewed seven care plans, each written around the individual needs and wishes of people who used the service. Care plans contained detailed information on people's health needs and about their preferences. We saw care plans were evaluated and updated each month together with an assessment of changes in people's dependency levels. Care plans were audited monthly by the senior staff to ensure evaluations had been carried out and the information was still up-to-date. People who used the service or their representative had signed their care plan to indicate they agreed with its content and had been involved in its planning.

We saw one person who had suffered a stroke could not communicate verbally with the care works. However, the registered manager showed us a set of cue cards the staff had developed. These contained simple pictures so that the person could indicate what they wanted to do such as: I am thirsty; I don't feel well; I would like a chat; I feel sad; I am sleepy; I would like to listen to music; and I would like some fresh air. This meant the person was provided with means of communication in order to prevent social isolation.

We reviewed the daily notes for seven people who used the service. We found these were written clearly and concisely. They provided information on people's moods, appetite, preferences, health issues, and participation in activities.

People who used the service told us they would know how to make a complaint if necessary. They all said the registered manager and the staff were very approachable. Information about how to make a complaint was displayed throughout the service and available in an easy to read format. Two relatives told us they had made complaints directly to the registered manager. Both said action was taken immediately. We were told one case involved a member of staff who then came and apologised in person about the incident.

The complaints file showed people's comments and complaints were investigated and responded to appropriately. There was evidence that actions had been taken as a result of complaints and the person who made the complaint had been responded to within the timescales set out in the registered provider's complaints policy. The actions had been written up and the outcomes and learning from the situation were recorded. We saw complaints were monitored by the registered provider on a monthly basis to ensure issues had been addressed. This showed the complaints system at the service was effective.

Good

Is the service well-led?

Our findings

Members of staff told us the management of the service was excellent and their opinions and views were listened to. Comments included, “The manager is approachable and caring”, “The manager and deputy manager really support us to do our best” and “There is a culture here where we all learn from each other.” One relative told us, “The manager here is superb and so is the whole of the team of carers, you can talk to them anytime and discuss the care, I can’t ask for more from them.”

We saw there were effective systems in place to monitor the quality of the service. The home was well organised which enabled staff to respond to people’s needs in a proactive and planned way. We reviewed monthly audits for infection prevention and control (IPC), care plans, medicines management, infection rates, falls, pressure care, the environment, and training. We saw the registered provider required the registered manager to complete a monthly quality report which listed all infections, any pressure damage to people’s skin, any complaints, and any safeguarding issues. We noted each area of the report was accompanied by an action plan listing time-specific actions and responsibilities. We saw this was reviewed by the registered provider at the monthly quality inspection visits it undertook.

Records showed accidents and incidents were being recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered provider had sent appropriate notifications to CQC as required by registration regulations.

Members of staff told us there was open and honest culture at the service. Staff felt able to approach the registered manager with any issues or concerns. They told us the registered manager was actively involved in the delivery of people’s care and knew people well.

Records showed the registered manager had a structured calendar of regular meetings with staff and people who used the service. We saw a ‘residents and relatives’ meeting’ was held every month. There were meetings for the care staff each month and every two months a meeting about activities and amenities took place. We saw the various staff meetings discussed people’s care, training, dignity, and cleanliness. Members of staff told us their views and opinions were listened to and acted on. The registered manager told us all staff were shown the monthly quality audits so they could see and discuss any issues in an open and transparent way.

The registered manager told us they attended regular local meeting for registered providers organised by the local authority in order they kept up to date with changes in legislation and guidance.

We reviewed the results and evaluations from surveys sent to relatives, staff, external healthcare professionals and people who used the service in 2014. The survey showed most people agreed they received a high quality service from polite and well trained staff. We saw action plans had been developed and implemented when shortfalls had been identified.