

Anchor Trust

Hampshire Lakes

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

This inspection took place on 27 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

The service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate agreements; this inspection looked at their personal care arrangements. Hampshire Lakes is a purpose built retirement village which provides 'extra care' housing. There is also a residential care home on site which is registered with CQC as a separate location. At the time of our inspection the service was providing personal care to nine older people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

There was a registered manager at the home. 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.

There were sufficient staff in place to meet people's needs. The registered manager had arranged staffing so there were staff available on site during the day who could respond to emergencies when called, attend healthcare appointments with people upon request and carry out additional care calls if people were not feeling well. The registered manager was also trained to deliver care and frequently worked alongside staff.

The service followed robust recruitment process to help ensure that suitable staff were employed to work with people. New staff received a training programme which was in line with national standards. Existing staff received regular updates of their training to help ensure they were following current best practice. New staff received a structured induction into their role which helped them settle in their job and also enabled the registered manager to assess their competence and working practice. Staff received regular ongoing support through supervision and meetings with the registered manager and they told us they felt valued in their role. The registered manager had invited people with real life experience of conditions relevant to the service to participate in staff training. This was in order to enrich staff's knowledge and empathy of the people they cared for.

People told us that staff were friendly, caring and that they respected their privacy and dignity. People told us that they were given choices about how they would like their care delivered and staff understood the legal requirements to gain consent from people before delivering care. Staff had also received training in safeguarding and understood their responsibilities in keeping people safe from harm.

Risks to individuals and staff were assessed, monitored and recorded in people's care plans. Staff were able to describe the steps required in order to keep people safe from the potential of harm during their personal care. People's care plans were detailed in identifying areas which they would like to remain independent in and people's preferred routines around their personal care.

People's needs were regularly reviewed. The registered manager frequently visited people to gain their feedback about the service and they were open to making changes to meet people's changing needs. The registered manager had also developed a questionnaire that was due to be sent to people asking them to feed back about the quality of the service provided. The service had not received any formal complaints at the time of inspection, but the provider had a process in place where senior managers would have oversight of the complaints process to help ensure issues were appropriately resolved.

Most people were independent in their medicines and eating and drinking. The level of support they required in these areas was identified within their care plans. Most people were independently able to access healthcare services when required, but the registered manager had frequently arranged care at short notice to facilitate appointments or adjusted people's care visits upon request as they were required to attend healthcare appointments.

The registered manager encouraged people to participate in on site services and activities to help promote their health and wellbeing. They had also facilitated a support group for people affected by living with Parkinson's disease.

The provider was developing a quality assurance tool which would assess the quality and safety of the service. This had been developed to make it more suitable for domiciliary care, as opposed to the format the provider had previously used which was based on residential care settings.

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 numbers of staff available to meet people's needs.

The service followed safe recruitment processes to help ensure suitable staff were employed.

The support people required managing their medicines was identified in their care plans.

Risks to individuals were assessed and managed to reduce likelihood of people or staff coming to harm.

Staff received safeguarding training and understood their responsibilities in keeping people safe.

Is the service effective?

Good ●

The service was effective.

Staff received training, induction and supervision in their role to help them provide effective care to people.

Staff understood the importance of gaining consent before delivering care.

People were supported with meal choices in line with their preference.

People had access to healthcare services when required.

Is the service caring?

Good ●

The service was caring

People were treated with kindness and compassion by staff

Staff worked to promote people's privacy and dignity when helping them with their personal care.

Confidential information about people was securely stored away.

People were given choices about their care and encouraged to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their preferences around how they would like their care delivered.

There was a complaints policy in place and people felt comfortable raising concerns.

The registered manager regularly met with people to gain feedback about the service.

Is the service well-led?

Good ●

The service was well led.

People and staff told us the registered manager was competent in their role and took a hands on approach.

The service had developed a quality assurance tool which monitored the quality and safety of the service.

The registered manager encouraged people to use resources in the local community to provide support and activity for people.

The service had informed CQC about significant events that took place in the service and had a whistleblowing policy in place if staff had concerns.

Hampshire Lakes

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.

This inspection which took place on 27 June 2017 and was completed by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that the staff we needed to speak with would be available .

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 reviewed previous notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We looked at care plans and associated records for three people and records relating to the management of the service. These included staff duty records, two staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. During the inspection, we spoke with four people who used the service. We spoke with the registered manager, the district manager, five care staff and the service's wellbeing centre manager.

This was our first inspection of the service.

Is the service safe?

Our findings

People told us they felt safe and that the service provided staff who kept them safe whilst providing them with personal care. One person told us, "They are a reliable service, they come on time, and they leave on time." Another person said, "The environment here is safe and secure and the care provided also reflects this." A third person commented, "I feel I can trust the manager and staff."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or safeguarding concerns. All staff had received training in safeguarding which helped them identify the actions they needed to take if they had concerns about people or concerns had been raised to them. One member of staff told us, "If I ever had concerns about anyone, I would raise it to my manager straight away." Another member of staff said, "Sometimes if you feel someone is struggling or at risk, you feel like they may need some help or support, we raise this to help keep them safe." The registered manager had displayed the provider's safeguarding policy in their office. This detailed the reporting procedures for concerns and also a telephone service staff or people could call to raise concerns in a confidential setting.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risks and ways to minimise their effect were detailed in people's care plans. Risks identified included: moving and handling, falls and risks associated with the home environment. Staff understood people's risk assessments which were monitored and reviewed monthly or when risks changed. One person had a risk assessment in place as they were at risk of falling whilst transferring in and out the bath. The risk assessment identified the need for an anti-slip mat in the bath and prompted staff to ensure the bathroom floor was dry before the person exited the bath. This helped to ensure the person could safely enter and exit their bath, reducing the risk they may slip and fall.

The service had a business continuity plan in case of emergencies. This included guidance for staff to follow if they could not get into to people's homes to carry out care visits. The plan also contained a set of numbers for emergency services which staff could contact in different eventualities and emergency situations. This helped to ensure that the service could run safely in the event of exceptional circumstances.

There were sufficient numbers of staff available to meet people's needs. People told us there were always staff available when needed and they had time to support them in a way that was not rushed. One person said, "The staff always come on time. I have an hour in the morning and they never leave early or appear rushed in any way." Another person commented, "Staff timekeeping is exemplary." The registered manager told us that the number of people using the service and their needs determined staffing levels. Staff were available from 0700 to 2200 daily and there was a telephone service available outside of these hours, which people could call if they had an emergency such as a fall. A staff member was available to offer reassurance or call emergency services in these situations if people required. The registered manager told us that they kept additional staff available during the day in order to respond to people's requests for additional care visits, if they were not feeling well or they required ad hoc assistance. This helped ensure that there were always staff available to assist people to meet their needs.

The registered manager told us they rotated staff so people had a variety of staff who knew them well. They said, "This helps to avoid people becoming too reliant on one particular staff member. We don't want care to break down if one staff member is on holiday or sick, so we provide people a variety of staff." A member of staff agreed, "The system where we rotate between people works well. You get to know people well, but they don't become over reliant on particular individuals." This helped provide a continuity of care for people as there were always staff available who they knew.

The service followed robust recruitment procedures, which ensured that staff had the appropriate experience and character. Staff files included application forms, records of interview and references from previous employment. Staff were subject to a check made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

There were safe medicines administration systems in place and people received their medicines when required. People who used the service were encouraged to be as independent as possible in managing their medicines and only a few people required staff to remind them to take their medicines during their care visits. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. All staff received medicine management training, which was refreshed regularly and their competence was assessed to make sure they were safe to administer people's medicines.

Is the service effective?

Our findings

People we spoke with felt staff were well trained and carried out their duties to a high standard, supporting them in a way they liked. One person told us, "The staff all seem very competent and well trained."

Staff received training specific to the needs of the people using the service. They were knowledgeable about the people they worked with and how to effectively support their health and wellbeing. New staff received training that was in line with the Care Certificate. This is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate care to people. Existing staff attended regular training updates to help ensure their knowledge and skills were following current best practice. Training consisted of a mixture between classroom based and computer based learning. One member of staff told us, "In my opinion, the training covers everything. You get quite a lot of training and it all seems relevant to the role. Going through the training again (attending training updates) helps to keep that knowledge fresh."

New staff completed an induction programme. This consisted of working alongside more experienced staff before working alone. This enabled new staff and people to get to know each other. The induction also included time for staff to read the provider's policies and procedures, review care plans, risk assessments, and undertake a meeting with the registered manager. The registered manager supported new staff through a 'probation period' once they had completed their induction. This consisted of office based supervisions and observations of their working practice. This helped to ensure that newly inducted staff displayed the appropriate behaviours and levels of competence in their role.

The manager monitored staff performance through supervision. Supervision involved office based meetings, observation whilst working with people and a set of competency assessments. Supervisions focussed on a review of staff's performance, discussing any issues with people, training needs, future targets and staff wellbeing. One member of staff told us, "We get a lot of support in our role, our supervisions are a chance to review what has happened, but really we are supported every day when we come into work."

In addition to standard induction training, the registered manager had arranged for additional training opportunities, which enriched staff's knowledge, empathy and understanding within their role. Staff had the opportunity to ask questions and learn first-hand from people living with Parkinson's and macular degeneration, whom the registered manager had invited to the service to give a talk to staff about living well with their conditions.. People who used the service were also invited to these training sessions. These talks helped give staff an opportunity to learn and reflect from real life experiences from people living with these conditions and use the knowledge gained to provide empathic care to people who used the service. The registered manager told us, "We wanted to understand what people are going through. It helps our staff as they have more knowledge about people's conditions and how to support them."

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff had an understanding of the Mental Capacity Act, 2005 (MCA) and received training which helped them apply the principles of the act into their daily working practice.. Staff understood the need to obtain consent from people before providing care. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. One member of staff told us, "We [staff] do go by people's care plans, but are directed by how people would like to have their care delivered. Essentially, it's their choice." Where people lacked the capacity to consent to their care due to cognitive impairment, where necessary, the provider consulted the person's power attorney for their health to make decisions in people's best interests. An appointed power of attorney is somebody with legal authority to make decisions on your behalf, if either you are unable to in the future or you no longer wish to make decisions for yourself. These actions were in line with the requirements of the MCA 2005.

People were supported at mealtimes to access food and drink of their choice. People who used the service were mainly independent with their food and drink. Many people used on-site restaurant facilities and only required help prepare small meals or snacks. Where staff helped them to do this, people confirmed that their preferences were followed.

People were supported to access healthcare services in an emergency or when necessary. The registered manager told us how some people requested staff to attend medical appointments with them and that care calls could be arranged even at short notice to facilitate this. The registered manager had also implemented a system where information about people's health and medicines was readily available for paramedics or doctors to review if they were called out in an emergency situation for a person or they required admission to hospital. This helped to ensure that all relevant medical information about people was available to relevant services.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. One person commented, "I have been overwhelmed by the whole experience here at Hampshire Lakes. The kindness shown by staff has been touching." Another person remarked, "All my staff are brilliant, they have a lovely nature." A third person reflected, "It is wonderful having so many people around and such lovely staff to look after me." One member of staff told us, "One person I work with can become very anxious. I sit with them, hold their hand and help them to relax and calm down. It can be distressing for them so it's good that we can help." Another member of staff said, "The people we look after are lovely. They are very special to me".

Staff told us they enjoyed working at Hampshire Lakes. One staff member told us, "I love working here. You get to know everyone really well. You are never rushed and get the opportunity to do all your training during working hours." Another member of staff said, "It can be really busy in the morning, but in the middle of the day there is time to go to visit people, spending some time to check they are alright. I will often just check in with people if I know they are not well, just to see if they need an extra hand."

People were encouraged to be as independent as possible. One person told us, "Although I am very dependent on staff, they do encourage me to be independent and do as much as I can for myself." The level of support that people required around their personal care was identified in their care plan. Many people lived very independently and were able to adjust the levels of care they received from the service according to their needs at any given time.

People said care staff consulted them about their care and how it was provided. One person told us, "The registered manager at the time [previous registered manager] came to make an assessment of the areas which I required care and those which I did not. The registered manager regularly reviews this with me." Another person said, "I enquired about receiving an hour's support in the mornings to help me wash and dress. I specified the time and wrote some other requirements I had. This has all been honoured."

People experienced care from staff who understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. People told us that staff were respectful of their homes. One person told us, "I feel all the staff are very respectful of my home." Another person reflected, "Indeed the staff do respect my privacy. My privacy is never compromised." Staff told us how they would ensure they knocked on people's doors and would obtain permission before entering the room. Staff also told us how they protected people's dignity during personal care by ensuring they supported people away from communal areas and they would provide covers for people to ensure they were appropriately covered during personal care.

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information about people such as care records or daily notes were stored securely in the registered manager's office. Staff had access to these records with the registered manager's authority, but they would not be conspicuous to visitors or other people using the service. This helped to ensure that people's confidentiality was protected. The registered manager has also used password protection on their

computer to help ensure that that electronic records relating to people such as accident reports were not accessible to people who were not authorised to view them.

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person said, "Whenever I have asked for extra visits or extra time, they have accommodated this." Another person said, "All the staff are intuitive to how I would like things to be done. They are very accommodating and flexible."

The registered manager met with staff daily to discuss updates in people's health, planning and adjusting their staffing duties accordingly to meet people's needs. On the day of inspection, staff were able to rearrange staffing to enable one person to attend a health appointment and another person to receive additional support. There were other examples where people required support at short notice due to illness and the registered manager was able to arrange staff to go out to attend to people at very short notice. The registered manager told us, "That is the great thing about having staff available on site. We are very busy, especially in the morning, but can always find time to fit in extra visits if people need them."

The registered manager also showed us examples of how they worked with the provider's residential home located in the same retirement village to help support people to access respite services for themselves or family members if they temporarily required additional support. By helping to facilitate these short periods of increased care, the service was able to help people maintain their independence and wishes to remain in their own homes for as long as possible.

People or their relatives were involved in developing and updating their care plans. People told us that the registered manager came out to make assessments to agree a care plan prior to care starting. One person told us, "I am fully involved in the planning of my care." Another person said, "The registered manager frequently comes round to check up on things and ask me how I am finding things." People were asked about their life histories, care needs and preferences for how the care is delivered. They told us that the registered manager had come out to visit them in the first few weeks of receiving the service, to check whether they were happy with the service provided. The registered manager also visited people periodically to review their needs and to make any changes required or requested to people's care plans. The registered manager also used this review meeting to gain feedback about other aspects of quality and safety about the service provided. In one example, the registered manager had reviewed records of visits for one person made by staff. The records indicated that a person was struggling to get to bed independently. The registered manager discussed this at a review meeting with the person and their care arrangements were adjusted so the person had a bed time visit to help ensure they were able to go to bed safely.

Care plans detailed people's preferences around their personal care routines. Each person's care plan detailed a set of 'needs and preferences'. This outlined the tasks they needed staff to do and details of how they would like staff to carry them out. One person told us, "The care is done according to how I would like it to be carried out." This helped to ensure that people's preferred routines were followed by staff.

People's care plans provided staff information for staff about people's life history. Staff were very knowledgeable about people's life histories and they told us this was important when getting to know people. One member of staff said, "You get to know a lot about people's life and what they did before

coming here. It acts as comfort for some people to talk about it."

People told us that when they had concerns or made complaints, the registered manager would quickly respond. One person told us, "If I had a problem, then the registered manager would be right around, I have no doubt that they would resolve any issue." Another person said, "In the time I have lived here I have only ever had one minor issue and that was addressed within the day." The service had not received any formal complaints at the time of inspection. The registered manager told us the steps they would take if they received a complaint. This included recording details of the concern onto a computer system which was monitored by senior managers from the provider. They told us this would help ensure that all complaints were appropriately resolved and senior management could oversee the process to offer the registered manager guidance or support.

The registered manager sought feedback from people through the use of a quality assurance survey questionnaire. The district manager and registered manager had adapted the questionnaire from a template used by the provider. The district manager told us, "We wanted the feedback to be more bespoke to the service and more relevant for domiciliary care". The new format of the questionnaire was due to be sent out in July 2017.

Is the service well-led?

Our findings

People felt the registered manager was effective in their role and provided strong leadership to the service. One person told us, "The registered manager is a lovely lady and does a fine job." Another person said, "The registered manager seems to really enjoy her job and she is marvellous at it." A third person said, "I believe the registered manager has worked her way up through the organisation, she deserves her successes, it is well warranted."

Staff felt valued and that their opinion mattered. One staff member told us, "Coming into this role, I feel I have been supported to gain my confidence. I feel listened to when I have issues and can ask questions if I'm not sure." A second member of staff said, "This is a great place to work, you get so much support." A third member of staff reflected, "It has been the best decision I made coming to work here. The staff are really helpful and friendly, you are given lots of information you need for your job and when you make suggestions they are always listened too."

There was a clear management structure in place. This included the registered manager, who was supported by the provider's district manager. The provider also had a residential home on site and the registered manager told us that the registered manager of that service was also available to provide support and advice if required. The registered manager told us, "I like to have an open door policy for everyone, so they know they can pop their head around the door if they need anything."

The registered manager frequently worked alongside staff and had a good insight into the daily running of the service. One person told us, "The registered manager will often come to help me out with my care if I need extra or call over to the office for help." One member of staff said, "[The registered manager] is such a lovely lady, she does so much to help us all out. She steps up when we [staff] need it." Another member of staff commented, "The registered manager is brilliant with people, they are always asking after her. She is a good role model." The registered manager also carried out 'spot checks' on staff which consisted of observing them during their working practice. These observations focussed on, timekeeping, competency in care tasks, responsiveness to people's needs and behaviour of staff to ensure they are promoting a positive attitude. The registered manager told us, "We want to provide the best care possible, care that we can be proud of. That is really important to me."

The registered manager had made links in the community to help provide resources people could access. The registered manager told us how staff encouraged people to participate in events and activities which were scheduled within the retirement village. The registered manager also showed us how staff encouraged people to access the on-site 'wellness centre', where people were offered individualised fitness and wellbeing programmes. The registered manager had also set up a 'Parkinson's support group'. This was a formal network for people and relatives of people living with Parkinson's. The group regular met for social events or to provide emotional support for other members affected by Parkinson disease.

The registered manager was committed to their role and refreshed their knowledge about the latest guidance and legislation through a combination of local providers groups, updates from professional bodies

and internal support and training from the provider.

The registered manager monitored the quality of the service through quality assurance tools. The registered manager logged all incidents, accidents and complaints onto a computer based system which was reviewed by senior managers from the provider. This tracked all the correspondence and actions related to these occurrences to help ensure that the registered manager was taking appropriate action to work within the provider's policies. In one example, the registered manager was able to use information about the falls a person had when liaising with health professionals to ensure they had appropriate mobility equipment available to them.

The district manager and registered manager had also developed a quality assurance tool (excellence tool) that monitored and assessed the quality and safety of the service provided. The district manager told us they had adapted the format from a version used by the provider's residential settings, making it more bespoke to domiciliary care. The tool measured the service in relation to how, safe, effective, caring, responsive and well led it is. The tool would identify areas which required development where the service was could make improvements. They told us, "The excellence tool will go live on the 1st of July. We wanted to develop something for domiciliary care that accurately met the quality standards and felt we needed something different from the model used in our residential services."

The registered manager was aware of the need to notify the Care Quality Commission (CQC) of significant events regarding people using the service, in line with the requirements of their registration. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the service had met the requirements of this regulation. Staffs were confident in raising concerns to the registered manager and were knowledgeable about the provider's whistleblowing policy and appropriate bodies to contact if they had further concerns. One member of staff told us, "If I have ever had concerns I will put it through to the registered manager. There are helplines you can call for advice or to report concerns too."