

Anchor Trust

Hurst Place

Inspection report

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Date of inspection visit:
20 August 2018

Date of publication:
20 September 2018

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

Hurst Place is a purpose built complex for people who wish to live independently but have access to personal care should they require it. This service provides care and support 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 and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The complex included a café, hairdressers, communal lounge and garden. People lived in fully equipped apartments.

This inspection took place on 20 August 2018 and was announced. On the day of the inspection two people were receiving the regulated activity, personal care, and they received support with their medicines. This was the first inspection of this service.

There was 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 and associated Regulations about how the service is run.

People told us they felt safe. One person told us "I feel safe living here I can speak to staff if I have any concerns and they support me." Staff were knowledgeable in safeguarding adults and understood signs of abuse. Risk assessments were robust and gave staff detailed guidance to mitigate risks for people. Staff had a good understanding of infection control and had been provided with appropriate equipment to support people safely. People received their medicines safely. One person said, "Medicines are done well I never have any issues." There were safe systems in place to manage, administer, store and dispose of medicines.

People's needs were assessed when they began to use the service and regularly thereafter. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff understood people's needs, choices and preferences. Staff received training to support the needs of people using the service. A relative told us, "The staff are well trained they provide care that my mum needs and are competent with what they do." People were assisted to eat healthy and balanced diets and were offered the appropriate support to meet their nutritional needs.

People received kind and compassionate care and support. One person told us "They are very kind they do everything I ask of them for and more besides. They are organised and know me well." People's privacy was respected and staff understood the importance of confidentiality. People and their relatives were encouraged to share their views of the service and care provided.

People and their relatives told us staff were responsive to their needs. Staff knew people well and spoke about their life histories in detail. Care was delivered with a person-centred approach. A relative told us, "They are very responsive and they are always the same staff which provides continuity, which is something my mum needs." People were aware of their right to complain and had access to the provider's complaints policy and procedure.

People and staff told us they thought the service was well-led. They spoke highly of the registered manager and their leadership. Staff told us they felt supported by the manager. One staff member told us, "the manager is a brilliant manager, very approachable with any concerns and I feel very valued." Quality assurance process were in place to monitor the quality of the service provided and to drive improvement. There was a clear vision for the service. The provider's vision and values were embedded in the staff's practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safeguarded from abuse. There were enough suitable staff to support people safely.

People had access to medicines when they required them. There were safe systems in place to manage, store, administer and dispose of medicines.

Risk assessments were robust and actions taken to reduce the risk of harm for people.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff that had the skills, knowledge and training to meet their needs.

People were supported to maintain a healthy diet and had access to healthcare services when needed.

People were offered choices and were asked their consent for day-to-day decisions.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. People and their relatives were involved in making decisions about their care.

Staff had a caring approach when supporting people. People were treated with compassion and kindness.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received responsive and personalised care to meet their individual needs.

People and their relatives were involved in the development of care plans. These were detailed and provided staff with personalised guidance to support people in line with their preferences.

People and their relatives were aware of their right to complain and had access to the provider's complaints policy.

Is the service well-led?

Good ●

The service was well-led.

There was a positive culture at the service. The provider's values were embedded in staff practice and service delivery.

People, relatives and staff were complimentary of the manager and their leadership of the service. Staff felt supported and understood their roles and responsibilities.

Quality assurance processes ensured the delivery of care and drove improvement.

Hurst Place

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 took place on 20 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit to ensure there was someone present on the day to assist us in the inspection. One inspector visited the service.

Before the inspection we reviewed information relating to the service. This included correspondence from people, professionals, and notifications sent to us by the registered manager. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, the district manager, two staff, two people who use the service and one relative. We looked at two care plans, staff duty rotas, two staff files and reviewed records relating to quality assurance, health and safety, safeguarding, infection control, compliments and complaints, medicines, staff training, supervision and appraisal.

During the inspection, we spoke with people in their apartments and observed one person receiving their medicines.

This was the first inspection of Hurst place.

Is the service safe?

Our findings

People and their relatives told us they thought the service was safe. One person told us, "I feel safe living here I can speak to staff if I have any concerns and they support me." A relative told us "my mother is safe, she used to have falls at home and has not had any since moving into Hurst place. This is because staff know her and how she likes to be supported."

People were protected from abuse. Staff received safeguarding training and knew the potential signs of abuse. They understood the correct safeguarding procedures should they suspect people were at risk of harm. Staff were aware of how to refer concerns to the local Adult Services Safeguarding Team, in line with the provider's policy. One staff member said, "I would go to my line manager first if I had any concerns or I could contact the local authority or CQC if needed."

People's risk assessments identified the nature of the risk and actions staff needed to take to reduce the risk of harm for the person. For example, one person was identified as at risk of having falls, their risk assessment informed a falls care plan. This care plan identified factors such as dehydration which can contribute to the risk of falls for this person. This gave staff guidance to support the person such as, 'encourage fluids at each visit.' This ensured staff were aware of how to mitigate this risk for the person. People had Personal Emergency Evacuation Plans (PEEP's) in place, which ensured the safe exiting of the building in an emergency. Regular fire checks were carried out and a fire risk assessment of the building was in place. The registered manager told us "There is a stay put policy in place and guidance available for the fire service to support the safe evacuation of the building in an emergency."

People received their medicines safely. One person said, "Medicines are done well I never have any issues." There were safe systems in place to manage, administer, store and dispose of medicines. We looked at the Medication Administration Records (MAR's) for both people using the service, these showed that people received their medicines on time and when needed. Trained staff administered people's medicines and they had their competency assessed regularly to ensure their practice remained safe. When medicines were required on an 'as and when' basis, people had access to them and there was clear guidance in place about their use to ensure safe practice.

People were protected from the spread of infection. Staff had a good understanding of infection prevention and control issues and they received regular training in this area. The provider put preventative measures in place where necessary, for example, ensuring the adequate provision of personal protective equipment (PPE) for staff, such as gowns and gloves. One member of staff told us "I always wash my hands, use PPE and throw gloves away between customers, I follow the policy procedure and training."

The provider ensured staff were suitable to work at the service before they started. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with people living at the service. There were also copies of other relevant documentation including professional and character references, contracts and training certificates in staff files. Applicants were asked questions in

areas relevant to their roles, for example, their understanding of safeguarding adults.

There were sufficient numbers of staff to meet people's needs. People told us they received their care calls on time. One person said, "The girls always come on time and never miss a call, they are very reliable." The registered manager said they had plans to increase the care team as care hours increase at the service and there would be a staged approach to this. This meant people's needs could still be met whilst the number of people who use the service grows.

Systems were in place to ensure the safe management of accidents and incidents. The registered manager told us, "There is an electronic accident incident management system. We can log incidents and these go to senior management for review and follow up. This provides an additional safeguard and oversight." There had been no accidents or incidents for people using the service to date. Staff were aware of policies and procedures relating to the management of incidents should they need to use them. Staff said they learnt from each other at team meetings. One member of staff told us "We talk about any general issues in meetings, it is good to share best practice and learn and develop to support people." This meant that staff shared their knowledge to ensure best practice and lessons were learnt within the team.

Is the service effective?

Our findings

People were supported by staff with the skills and knowledge to deliver effective care and support. One person told us 'Staff know what they are doing. I have no concerns with them at all.' A relative told us "The staff are well trained they provide care that my mum needs and are competent with what they do."

People's needs were assessed before people used the service to gain an understanding of their needs, backgrounds and preferences to inform their care plan. Regular reviews took place to ensure the guidance provided to staff was current and met people's assessed needs and preferences. A member of staff told us, "People have an initial assessment. We read this and the care plan before people move in and then sit with them and talk to get an understanding of their needs. This helps to start to create a positive relationship." Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, according to people's wishes.

Staff received training to meet the needs of people using the service. A member of staff told us how the training they have received had enabled them to better support people using the service. The registered manager sought specialist training when needed. For example, one person had recently had an eye operation and required eye drops to be administered afterwards. Staff received training from the district nurse team to support them to administer eye drops safely. This ensured staff had a good understanding of how to support the person following their operation. A robust induction was in place and all new staff followed the 'care certificate.' The care certificate familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. A member of staff told us, "I learnt a lot from my induction, it was a really positive experience... It was a reflective process. I shadowed my colleague for a week before working on my own which helped me to get to know people and how they required their care."

People were cared for by staff that were suitably supported within their roles. Staff received regular supervision. One staff member said, "We have regular supervision, which is really supportive as I know if I am doing my job role well, I get development feedback and it is a two-way conversation." Another staff member told us, "We have supervisions, they are regular and it is an opportunity to discuss areas for improvement, and it is an open conversation I feel comfortable feeding back." This meant staff were supported to reflect on their practice and develop professionally which drives improvement in the care they deliver for people.

People's needs in relation to food and fluid were assessed and guidance provided for staff which detailed people's preferences at meal times. For example, one person's care plan said they like, 'little milk in their tea and white toast with marmalade.' People were supported to eat their own choice of foods. People who had meals cooked or made for them told us they could make their own decisions about the food they ate. For example, we observed one person tell the member of staff what they wanted for lunch and what sandwich to leave them for later in the day. The member of staff prepared this as per the person's request. A member of staff told us that they show the person options from their fridge and cupboard if they are unsure of what they would like to eat.

Staff worked effectively within the team and across the organisation. A staff member told us, "Staff morale is really good, we support each other and communicate well to make sure we know about people's needs and anything that changes with them." People had good access to healthcare. People told us they, and their relatives, made their healthcare appointments and staff would support them if needed.

Staff understood the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and ensured that any decisions made were in people's best interest. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. A member of staff told us "I would not assume that people do not have capacity to make decisions unless there are signs and then I would report my concerns to my manager." People were offered choices in all aspects of their care.

Is the service caring?

Our findings

People told us they were treated with kindness and compassion. Staff had built a compassionate rapport with people. One person told us "They are very kind they do everything I ask of them for and more besides. They are organised and know me well." A relative told us, "They have a compassionate approach, what is nice is, if they have a concern they contact me and update me."

Staff had a good understanding of people's backgrounds and interests and knew people well. A member of staff told us of a person's pride in what they have achieved in their life and that they had written a book about it, this sense of pride was reflected in their care plan. Care plans contained detailed information about the person. This ensured that staff were provided with guidance to enable them to tailor the support they provided, in accordance with people's wishes.

Equality, diversity and human rights were part of the core values of the service. People were treated fairly and in a non-discriminatory way. For example, we observed a member of staff talking to a person in a respectful way and people's religious beliefs and personal identities were known by staff and respected. For example, one person liked to maintain their own style of dress, this was known by staff and one member of staff told us, "She likes to see what's in her wardrobe, we always show her so she can choose." People had their own apartment which they were free to furnish as they wished. One person told us "My flat and the home are lovely, I was able to bring all of my things with me which makes me feel comfortable and at home." This promoted people's independence and supported them to express their personal identity.

People were supported to be independent. Care plans guided staff to offer people choices and to encourage people to be as independent as they can be. A relative told us, "She does have choices and independence I see the staff offering choice of food and my mum tells me they always ask what she wants to wear in the morning."

People and their relatives, if appropriate, were fully involved in discussions about their care and able to choose how much support they received and how they preferred to be supported. We saw care plans which were regularly reviewed and reviews involved people and their relatives. For example, one person recently had a review and wanted to change their Friday evening care call so they could socialise at the resident's drinks evening. The registered manager respected their wishes and ensured this happened, they now regularly attend this event. This respectful approach ensured people's views in relation to their care were adhered to.

People's privacy and dignity was respected. One person told us "If I need to go to the toilet they are respectful, give me privacy and wait." Staff respected people's confidentiality and recognised the importance of not sharing information inappropriately. New legislation became effective from the 25 May 2018, namely the General Data Protection Regulations 2018 (GDPR). The GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. The registered manager was aware of this legislation and had trained staff in this area of practice. The manager ensured they were complying with GDPR, by maintaining the privacy of people's data and information held about them.

Is the service responsive?

Our findings

People and their relatives told us that the staff were responsive to their needs. A relative told us "They are very responsive and are always the same people which provides continuity, which is something my mum needs."

Care being received was person centred and responsive to the person's individual needs of the person. People's care plans contained information about their life history, preferences and the way in which they like to be supported. There were detailed life histories for both people using the service and staff were very aware of people's backgrounds. For example, one person's care plan detailed that they liked 'collecting antiques, reading and gardening.' This was reflected in how they had decorated their home and a member of staff said how they liked the garden and enjoyed looking onto the garden from their lounge. Another care plan stated that the person had lived locally all their lives, a member of staff knew this information and said it helped them to start conversations with the person.

People and their relatives, where appropriate, were involved in their care planning. A relative told us, "I am involved in the care. [Manager] and I have contact every Monday discuss care for the upcoming weeks, I am involved in reviews and so is my mum."

People were given information in a way they could understand. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The manager ensured people's communication needs were assessed and documented so staff could be responsive to their needs. For example, one person's care plan said, 'Communication can be hard at times as I am very hard of hearing to my left ear and have a hearing aid to my right ear. Therefore, it is best to talk to me from my right-hand side when conversing with me.' A member of staff also provided the inspector with this information to aid their communication with the person. This meant staff were aware of this person's communication needs and able to support them effectively.

The registered manager had considered the use of assistive technologies to improve people's experience. Both people were supported with 'care alarms' this meant they were able to call for assistance in an emergency at any time. The registered manager told us "We have a system called 'Tyne tech', which is a call system if someone has an emergency, it alerts staff that someone needs help." This meant people could remain independent with the assurance that they can access assistance in an emergency, should they require it.

People were informed of their right to make a complaint when they first used the service and were given a copy of the provider's complaints policy. No one had needed to make a complaint. One person told us "I have no complaints, never any complaints, the service is great."

No-one living at the service was receiving end of life care. The registered manager had considered people wishes for the end of their life and said, "we would work with people, their family and nursing teams to

support the best outcome for the person." One person had 'Do not attempt cardiopulmonary resuscitation' (DNACPR). A DNACPR decision provides immediate guidance to those present on the action to take should someone suffer a cardiac arrest. Staff were aware that this was in place, this meant they would be able to communicate the persons wishes if needed to.

Is the service well-led?

Our findings

The service was well-led. The service had a registered manager. A registered manager is a 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had a good understanding of the requirements of their role in relation to their registration with the Care Quality Commission (CQC). They had a clear understanding of the Duty of Candour CQC regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'.

The management team were approachable and known by people and their relatives. People spoke positively of the registered manager and their leadership. One person told us, "the manager, "is very good and keeps me and my son involved with everything. He is approachable, I like him." And another said, "He is good and professional, he is very approachable."

Staff told us they felt supported by the manager. One staff member told us, "the manager is a brilliant manager, very approachable with any concerns and I feel very valued." Another staff member said, "My manager is very supportive, I have no hesitation asking questions and it is very reassuring that he has an open-door policy." Staff also felt supported by the district manager. One member of staff told us, "When the district manager visits he is very kind and chatty, you feel that he cares about us as individuals." Staff delivered care and interacted with people with an open and honest approach.

The provider had a clear vision. The culture of the home was positive and respected people's equality, diversity and human rights. The registered manager spoke enthusiastically of their vision for the home and how the values of the provider are embedded within all aspects of their work. The manager told us, "We have Anchor values embedded in the service; being respectful, straightforward and honest... It is about transparency and having honest conversations." Staff shared these values and it was evident that it was embedded within their practice.

There were effective quality monitoring systems in place. The registered manager had implemented a range of audits to monitor the quality of the service and drive improvements. Audits included the monitoring of people's health records. The registered manager monitors the effectiveness of the records to ensure people's care was received as per their care plan and in line with their needs. When any shortfalls were identified, action was taken and the learning shared with staff to improve their practice.

People, their relatives and staff were involved in the running of the service. For example, people had the opportunity to take part in annual care surveys. One was undertaken in August 2018, both people using the service said they would recommend the care. The manager had open channels of communication with relatives. One relative told us that they talk to the manager weekly to ensure their relative is receiving the care they require and that the manager listens and is open to feedback. People felt comfortable speaking with the manager and could make suggestions about their care and the service received.

The manager and staff worked well with other professionals to meet people's needs. The registered manager had developed links with the district nursing team to ensure staff had training to meet people's needs.