

Authentic Care Services Limited

Anchor House - Doncaster

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Anchor House is a residential care home providing personal and nursing care to 23 people. It is situated on the outskirts of Doncaster. Accommodation is provided on both ground and first floors. At the time of our inspection there were 21 people using the service.

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

Systems in place to monitor the quality of the service had improved and were beginning to identify areas of improvement. Some issues we found during our inspection had not been identified during the audit process. Therefore, the providers monitoring system required further development to show consistency.

The service was predominantly clean, and people were protected from the risk and spread of infections. However, some areas of the home required some maintenance work to enable them to be cleaned more effectively.

Risks in relation to people's care had been identified and were managed safely. Systems in place to manage risks in relation to the building and maintenance had improved. However, these required embedding in to practice.

Sufficient numbers of staff were available to meet people's need in a timely way. People received their medicines as prescribed.

People were safeguarded from the risk of abuse. Staff confirmed they received training in this subject and could explain what action they would take if they suspected abuse taking place.

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

Rating at last inspection

The last rating for this service was requires improvement (published 20 February 2019). The provider completed an action plan after the last inspection to show what they would do to improve.

At this inspection enough improvement had not been made or sustained and the provider was still in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

Enforcement

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Anchor House - Doncaster

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

We also checked whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our last inspection we found systems in place to monitor the service were not effective.

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Anchor House is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, and care workers. We observed staff interacting with people.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At our last inspection, we found risks in relation to the building and maintenance of the home were not always managed safely. For example, the service did not have a recent risk assessment in place for legionella and could not evidence that appropriate checks were maintained in line with current guidance. At this inspection we found initial action had taken place, however, a clear process needed to be embedded to ensure risks continued to be managed safely.
- The registered manager could evidence moving and handling equipment had been serviced in accordance with regulations.
- Risks associated with people's care had been identified and actions taken to reduce risks.

Using medicines safely

- At our last inspection the temperature of the medication room was often above the recommended temperature for storing medicines. The registered manager told us they had tried a range of methods to reduce the temperature, however, this remained a concern.
- The administration of medicines was managed in a safe way and people received their medicines as prescribed.
- Staff who were responsible for administering medicines had received training to carry out this task safely.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service had no domestic staff on duty on a Saturday and this impacted on the amount of cleaning completed. Care workers carried out essential domestic duties such as emptying bins and laundry, but cleaning of high touch surfaces was significantly reduced over the weekend.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- The provider had a policy in place to safeguard people from the risk of abuse. Staff received training in this subject and knew how to respond if they suspected abuse taking place.
- People we spoke with and their relatives felt the home was safe. One relative said, "I know [relative] is safe and well looked after." Another relative said, "I don't worry about [relative], I am quite happy with the home."

Staffing and recruitment

- Through our observations and talking with people and staff we found there were enough staff available to meet people's needs.
- The provider had an appropriate recruitment system in place and staff confirmed pre-employment checks had been carried out prior to them commencing their employment.

Learning lessons when things go wrong

- The registered manager kept a record of accidents and incidents. An analysis was completed to ensure any trends and patterns had been identified and addressed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we found systems in place to monitor the service were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, systems required further embedding in to practice.

- Systems in place to monitor the quality of the service had improved and were beginning to identify areas of improvement.
- Audits were completed monthly and actions taken to address issues raised.
- Some issues we identified during our inspection had not been identified during the audit process. For example, one bathroom required attention to the bath seat and another to the bath side. Therefore, the providers monitoring system required further development to show consistency.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team consisted of the registered manager, deputy manager, assistant deputy manager and a team of senior care workers. The management team worked well together and shared responsibilities.
- The registered manager understood their legal responsibilities and regulatory requirements. Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. However, during our inspection we found a couple of incidents which should have been reported to the CQC. These had been overlooked, and the management team agreed to report them retrospectively.
- Staff we spoke with felt supported and valued by the management team and felt they worked together well. One staff member said, "Everyone gets on well with each other, we are a great team."

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

- Care and support was person centred. Information was contained in people's care plans which assisted

staff in delivering a person-centred approach to people.

- The registered manager was visible throughout the home, supporting staff and chatting with people.
- People and relatives we spoke with were complimentary about the service and felt their needs were met. One relative said, "I am happy for [relative] to live there, they are happy. The staff are nice to my [relative] and nice to me." One person said, "They [staff] look after me."

People and their relatives were given opportunities to be involved in the service and to give feedback about their experiences.

- Residents meetings took place and during COVID-19, relatives were kept informed via telephone conversations. One relative said, "The home have a committed staff team and they give us updates when they need to."
- The provider had a system in place to obtain views via a quality questionnaire. However, views had not been sought this way during COVID-19. There are plans to reintroduce this process.

Working in partnership with others

- The service worked with other professionals such as health care workers. The provider ensured that appropriate support was obtained as required.