

Anchor Hanover Group

Austin Place

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

Austin Place is a domiciliary care agency that was supporting 13 people in their own homes. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene, medicines and eating. At the time of our inspection, five people were receiving the regulated activity. Everyone using the service was an older person and some were living with dementia.

People's experience of using this service

People were aware they had care plans and told us they felt staff met their needs. People said they were cared for by kind, caring and attentive staff who kept them safe. Staff had developed good relationships with people and were thoughtful in their approach to provide people with the best care possible.

People were happy with the food made for them and the way staff supported them with their medicines and access to healthcare professional input should they need it.

People said they were asked if they were happy with the service they received by the agency. They told us staff timekeeping was good, staff stayed for the time expected and on the whole they saw the same staff. People's care records were detailed and gave good guidance to staff.

People were cared for by a sufficient number of staff who were well trained. Staff understood their responsibility in helping people retain their independence as well as gaining their consent before they carried out any care.

Staff felt supported and valued by management. Senior staff undertook regular audits of the service to check people were receiving a good level of care and where shortfalls were identified these were addressed. In addition, they looked for ways to improve the service for people.

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 Good (report published 18 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Austin Place

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. A new manager had started in October 2019 and had applied to become registered.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary care service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

One inspector checked documentation at the office. This included looking at five people's care plans, medication records, three recruitment files and a variety of records relating to the management of the service, including policies and procedures. We visited and spoke with four people who were receiving care

from the service. We also, as part of the inspection, spoke with one staff member and the provider's operations manager.

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 Good. At this inspection this key question has remained the same Good rating. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe as staff understood their responsibility to report any safeguarding concerns. One person told us, "I never worry about anything with staff."
- A staff member said, "I would report anything straight to the manager and go higher if necessary. We have a phone number to ring." Safeguarding concerns had been reported to CQC appropriately.

Assessing risk, safety monitoring and management

- Where people were at risk of harm, guidance was in place for staff to help them reduce this risk. One person had had some recent falls and staff were guided to use a wheelchair for them when they left their flat.
- The agency had made a referral for a second person to obtain a more appropriate mobility aid to help keep them safe when walking.
- Each person had a risk assessment relating to their environment and we watched as a staff member moved a footstool out of one person's way so they could access their chair safely.
- In the event of an emergency, such as staff shortages, staff from another of the provider's services would attend calls. The provider's operations manager said, "We have an on call system where a call will go to the manager, then myself or the district manager."

Staffing and recruitment

- People were cared for by a sufficient number of staff. They told us they saw the same staff and did not have to wait for their care calls. One person said, "They come on time." A second person told us, "They are not usually late. They come at nine and it's always the same girls."
- The provider's operations manager said, "We are currently over-recruited, so ready to take on any new care packages." They told us they operated a two-week rolling rota which helped ensure consistency of staff.
- Staff said they felt there were enough of them to complete the care calls and they did not feel rushed when with people. Everyone receiving the care lived in the same building and as such travelling time was not required. We reviewed the rotas and saw that staff did overtime to cover any staff shortage.
- Prospective staff went through a robust recruitment process which included them providing two references, their right to work in the UK and evidence of previous employment. All staff underwent a Disclosure and Barring Service check to help ensure they were suitable to work in this type of service. A staff member said, "I did an on-line application and had to give two references."

Using medicines safely

- People received the medicines they required and said staff looked after this aspect of their care. One

person told us, "They (staff) know exactly what's there and what's to be given." A second person said, "They always double check I've taken my medicines."

- People's medicines administration records (MARs) had no gaps on them which indicated people received the medicines they required.
- Where people had topical creams (medicines in cream format) there were accompanying body maps to show where the cream(s) should be applied and records indicated their application.

Preventing and controlling infection

- People said staff always wore appropriate equipment when providing care, such as gloves and aprons. They said they had no concerns with regards to the infection control procedures of staff. One person told us, "They always wear gloves." A second person told us, "They always wear gloves and the yellow bags always go out."
- A staff member said, "We must use the proper equipment – gloves, aprons – and we are changing them all the time. Washing our hands is the most important. We are doing it all the time."

Learning lessons when things go wrong

- Where people had accidents and incidents these were recorded and appropriate action taken.
- Due to the small number of people being cared for by the service, there were few incidents and as such there had not been a need to collate information to look for themes or trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people received care from the agency, an assessment was carried out. This outlined the care needs of the person, together with any risks, mobility issues, nutritional information and any other relevant information for that person.
- Once a care package was established, routine reviews of the person's care needs and appropriateness of the care calls were carried out to help ensure information was up to date.
- Staff followed national guidance when developing people's care records, looking at skin integrity, weight and falls risks. One person told us, "Staff are conscientious, so it works."

Staff support: induction, training, skills and experience

- People were cared for by staff who underwent a probationary period, induction and training relevant to their role. This included shadowing a more experienced member of staff. A staff member told us, "I worked with one staff member who explained everything to me."
- Staff training included moving and handling, first aid, infection control and safeguarding. We noted some staff training was overdue. However, the provider's operations manager was able to demonstrate to us this had been identified and courses were being arranged for staff to receive refresher training. One person told us, "I think they are well trained. They are always busy with going on training."
- Staff had the opportunity to meet with their line manager on a regular basis to discuss their role, any training requirements and any concerns.

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

- People were happy with the input they received from staff in relation to their nutrition. One person said, "They help me with my breakfast and know what I like." They told us they liked cut fruit for their breakfast and this was recorded in their care records.
- Staff said they always gave people choices of what they ate and encouraged people to drink.
- There was good information in people's care records on their dietary requirements and one person had been assessed by the Speech and Language Therapy team to help ensure staff were providing them with the most appropriate foods.

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

- People told us staff were good at calling professionals if they needed support. One person said, "We have the OT (occupational therapist) coming tomorrow."

- There was evidence in people's care records of referrals being made to other agencies in order to help staff provide effective care to people. One person had an occupational therapist visiting the day after our inspection to look at a more appropriate mattress for their bed as well as equipment for staff to be able to move them safely. Other people had involvement from the district nurse upon the agencies request.
- Staff said they worked well as a team, helping and supporting each other to provide care to people. One staff member said, "We're a small team. I'm happy here. We help each other."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were being protected in relation to consent as staff worked within the requirements of the MCA. People had signed their consent to care and been involved in developing their care plan.
- People told us staff asked for their consent before carrying out any care. One person said, "They always ask first."
- No one receiving the care lacked capacity to make decisions, however staff had a good understanding of the MCA. One staff member said, "Some people can make unwise decisions. We can advise and explain the risk, but at the end of the day it's their decision and we must respect this."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said staff were kind and caring and they welcomed and appreciated their support. One person said, "In general they are very good, friendly and caring." A second person told us, "It's worked out very well (the care)."
- People said staff knew and understood them. One person told us, "They (staff) know me. I'm very happy with the treatment they've given me." A second person said, "They are all very pleasant and friendly. It is good because we know them so well."
- People received care at the time they required it from staff. We reviewed the daily records for a sample of people and read that staff arrived at the time expected. One person told us, "The service is Rolls Royce. We see the same girls as a rule. I can't speak highly enough of them."

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

- People told us they were aware they had a care plan and had felt involved in making decisions about the care they required. One person said, "They sat with me at the beginning and we talked about what we needed and I know I have a care plan."
- People said staff asked them to make decisions about their meals, drinks and day to day tasks such as whether they would like a wash or a shower. A staff member told us, "We must ask them for their choice; what they would like to wear, what they would like to eat. We must appreciate their choice and not force them."
- One person had discussed with the manager a small change to their care hours to fit in better with their daily routine. This was included in their review meeting records and was changed as per their request.

Respecting and promoting people's privacy, dignity and independence

- Without fail, people told us staff treated them with respect and dignity. One person told us, "They have the right attitude and very much so treat us with dignity. They are very patient." A second person said, "We have developed a bond and we respect each other. It's almost like one big happy family." A staff member told us, "The most important is that we must talk to people."
- People's care records recorded tasks they could undertake themselves, such as one person's which stated, 'can wash independently'.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people's needs were met through good organisation and delivery.

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

- People told us staff provided responsive care. One person said, "The way they have looked after [name] means his sores are so good now even the district nurse was impressed."
- People's care records contained appropriate information to enable staff to provide responsive care. Information included their background history so staff got to know a bit about the person before providing care.
- People's records were individualised to the person. For example, one person's care plan said, 'likes to be smartly dressed, suit trousers and shirts' and we saw them dressed like this on the day. It also went on to say that the person liked a daily shower and we read staff were supporting them with this.
- Staff followed guidance in people's care plans. One person preferred to be called by a specific name and we heard staff do this. This person also had a hearing impairment and their care plan stated, 'speak slowly and give him time to respond' and again, we heard a staff member address the person in this way. A staff member told us, "[Name] has his own particular routine, which we have to follow."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans. One person was hard of hearing and their records instructed staff to assist the person with putting in their hearing aid. We saw they had done this in on the day.
- A second person used to be a teacher and it was noted in their care records that they wished staff to use, 'proper grammar and pronunciation' when speaking with them.
- We read in a recent satisfaction survey one person had commented, 'so good with [name's] blindness. They (staff) are one step ahead all the time'.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint, but had not felt the need to. One person told us, "I would go to the manager."
- There had been no complaints since our last inspection, but people were provided with the complaints policy so they were aware of the process if they were unhappy with any aspect of the service.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People knew the manager and staff as it was a small team. One person told us, "[The manager] comes to check my tablets" and another said, "[The manager] will come and discuss our care plan with us."
- Staff said they felt supported by the manager. One told us, "She is very good. Even when we are struggling, she just pops in and helps. She is very friendly – we don't have to ask her and she gives us support."

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

- Regular audits of the service were carried out to check people were receiving a good level of care. Where shortfalls were identified, these were addressed.
- We had identified that although staff were recording the start time of care calls, they were not always recording the time they finished which meant there was no evidence that they stayed the full length of time. The provider's operations manager told us, "Yes, we had picked this up and we have amended the (daily notes) paperwork. It now has columns for in and out times." We were shown the new paperwork.
- We also noted where hand written prescription details were written on people's MARs there was no double signature to confirm accuracy of the information. This had been highlighted in a recent audit and we were told that discussions were being held with the pharmacy to get printed MARs.
- Services that are registered with the Care Quality Commission are required to notify us of significant events or safeguarding concerns. We had received notifications in line with registration requirements. There was an organisational policy to follow in relation to duty of candour.

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

- People were invited to give their feedback through annual surveys. The provider's operations manager had developed a tracker sheet to identify where action was required in response to feedback.
- We read people were very happy with the service and, 'pleased with the care'. However, we noted one person had given a less positive response with regard to their involvement in their care plan and the tracker had identified this as an action for the manager to address.
- Staff attended meetings to discuss various aspects of the service such as rota's, declined calls, confidentiality and moving and handling practices.

Continuous learning and improving care

- The service looked for ways to improve and routinely reviewed people's care packages to help ensure they were up to date and the agency was providing the best care for the person. One person said, "The office comes to check."

Working in partnership with others

- The agency worked with external partners to provide care. One person was at risk of self-neglect and as a result of discussions with the local authority, they had developed a supportive care package for the person.