

Anchor Trust

Austin Place

Inspection report

72 Oatlands Drive
Weybridge
Surrey
KT13 9JA

Tel: 01932237900
Website: www.anchor.org.uk

Date of inspection visit:
01 August 2017

Date of publication:
18 August 2017

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 purpose built complex for people who wish to live independently but have access to personal care should they require it. The complex includes a café, communal lounge and a hairdressers as well as individual fully equipped apartments.

This inspection took place on 1 August 2017 and was announced. On the day of the inspection two people were receiving personal care. Neither person required support with their medicines. Both people had full capacity to make their own decisions and there were no restrictions in place.

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. The registered manager helped us during our inspection.

People lived in a homely environment. People's apartments were furnished with their own belongings and they provided people with their own personal space. There was a communal lounge area and we saw people gathered there during the day playing cards.

Although the registered provider did not provide specific activities for people, they supported people with setting up a residents association to discuss activities and make suggestions in relation to how people could spend their time.

People told us they received care from kind, caring staff who showed them respect. They told us that staff arrived on time to give them their care and that they stayed the full allocated time. People said staff took time to talk to them and they felt comfortable in their presence. Where staff supported people with their food, people told us they made the decisions on what they ate.

Staff met with their line manager on a one to one basis and staff said they felt supported. We found the registered manager had good management oversight of the service and there was a good working relationship between them and staff. Although people had capacity, staff understood the principals of the Mental Capacity Act (2005). Staff received a good range of training and staff met together regularly as a team to discuss all aspects of the service.

There were a sufficient number of staff available for people and it was evident staff knew people well and understood people's individuality and needs. Staff were aware of their role in keeping people safe so they would not be at risk of harm, either by an accident or from abuse. People told us they felt safe.

The registered manager undertook quality assurance audits to ensure the care provided was of a standard people should expect. We found the registered manager responded promptly to any areas we raised with

them during our inspection. Recruitment processes were robust to help ensure that the registered manager had only suitable staff working at the service.

Regular fire checks and fire drills were carried out to help ensure staff would know what to do in the event of an emergency. If people required support out of hours, they had access to an emergency number who would respond to their call. Information was given to the service the following day to help ensure staff were up to date with people's needs.

People's care plans were very detailed and included all the information necessary to help ensure people received responsive care. People told us they were involved in their care plan and we read care plans were reviewed regularly in conjunction with the person and they had signed them.

A complaints procedure was available for any concerns. The registered manager told us they had received no formal complaints relating to the care people received. A satisfaction questionnaire was being sent out in September 2017 to obtain feedback from people on the service that they received.

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's individual risks had been identified and where people had accidents staff took action to prevent reoccurrence.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked at the service.

Staff knew what to do should they suspect abuse was taking place. People told us they felt safe living at Austin Place.

In the event of an emergency people's care would continue with the least disruption. People had access to an out of hours service should they need assistance during the night.

Is the service effective?

Good ●

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People were involved in choosing what they ate.

People had access to healthcare professionals to support them to remain in good health.

Staff understood the legal requirements in relation to decisions made for people or restrictions that were in place.

Is the service caring?

Good ●

The service was caring.

People were supported to make their own decisions and they told us they were cared for by kind, caring staff.

Staff knew people well.

People were independent and maintained relationships with people close to them.

Is the service responsive?

Good ●

The service was responsive

People had opportunities to socialise with other people and participate in activities that interested them.

Staff responded well to people's needs and care plans were detailed.

Complaint procedures were available for people.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance checks were completed by the registered manager to help ensure the service provided was of the standard expected by people.

People's views were listened to and changes and improvements made in response to this.

There was good management oversight of the service and the staff and registered manager had a good working relationship. Staff felt the registered manager supported them when they needed it.

Austin 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 was 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 was an announced inspection that took place on 1 August 2017. The inspection was carried out by one inspector. We gave the registered manager 24 hours' notice to ensure there was someone present on the day to assist us in the inspection.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete 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 the PIR before the inspection to check if there were any specific areas we needed to focus on.

During the inspection we spoke with one person. We also spoke with the provider's district manager, the registered manager and the care manager as well as two care staff. We gained the views of a second person by telephone following the inspection.

As part of the inspection we looked at a range of records about people's care and how the service was managed. We looked at two care plans, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at two staff recruitment files.

This was our first inspection of Austin Place.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe because I have confidence in all the staff."

People were kept safe because staff understood people's individual risks and how to keep them safe. One person was on a particular medicine which meant they may need to see the doctor if they cut themselves which we read in their risk assessment. Staff knew about this and told us what they would do in this event. This same person was at risk of falls and their assessment stated, 'ensure three-wheeler is within reach'. Staff were able to describe to us people's individual risks and one staff member told us, "I would always ensure I tidy people's rooms properly so there are no trip hazards and I would not force people to do anything that was unsafe."

Staff had a good understanding of safeguarding which meant they helped keep people safe from harm. Staff told us who they would go to if they had any concerns relating to abuse and there was information available for staff which contained relevant contact numbers. One staff member told us, "I would ask the person what had happened and then report it to the manager. If need be I would whistleblow."

People were cared for by a sufficient number of staff to support people with their needs. People told us that staff turned up on time and that they had never had a missed call (where a staff member had not arrived). People said staff stayed for the correct length of time and completed all of their requirements before leaving. Staff felt they had sufficient time with people and did not feel rushed when carrying out care. Staff completed a timesheet with their start and finish time with people and we noted that people signed to confirm that the information was correct.

The registered manager logged accidents and incidents on the provider's central electronic system. We read that action had been taken to help prevent reoccurrence. For example, one person had several accidents during the evening. Staff suggested introducing a further visit to support this person which they agree to and no further accidents had happened.

People were protected from being cared for by unsuitable staff because the registered provider carried out appropriate checks to help ensure they employed only suitable people to work at the service. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services. Staff confirmed they went through a recruitment process. One staff member told us, "I had a short exam, they asked for my employment history, two references and I had to have a DBS."

Each person had their own personal evacuation plan (PEEP) and staff had received fire training so would know what to do in that event. Regular fire checks were carried out and a fire risk assessment was undertaken when the building was commissioned. Annual fire evacuation practices took place to help ensure staff could evacuate people quickly but safely. A staff member told us, "We have the 'stay put' policy and staff would go to reception and take instructions. If we had to evacuate we use the horizontal evacuation procedure (moving people from one area to another away from the fire)."

In the event the building was unliveable in, staff knew of the arrangements in relation to using other services so people's care would continue with the least disruption possible.

Is the service effective?

Our findings

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. Staff said they enjoyed cooking for people. One staff member told us, "I love cooking for them as I learn things because they have been such good cooks."

People received care from staff who had been trained to carry out their role. Staff received appropriate and relevant training for their role and were supported when they first starting working at the service. One staff member told us they had shadowed a more experienced staff member initially to learn the role and following that had the opportunity to access a range of training. They said they felt supported by Anchor to do their NVQ Level 2 qualification (a nationally recognised set of modules for people working in care). Another told us, "I had orientation, shadowing and generally got to know people. I also did a refresher course on moving and handling. The training is on-going." They added, "It's nice if we have adequate training in order to feel confident."

People were cared for by staff who had regular supervision. One staff member told us, "We have annual appraisals and regular supervisions. We talk a lot anyway because we are a small team and see each other every day." Another said, "I feel very supported. If I am not sure about something I don't feel I am left by myself."

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. One staff member told us, "We must never assume people have not got capacity. They have their rights and if they wish to make unsafe decisions that is up to them. However, I would report to the manager if I felt any decision they made left them unsafe." We saw people had signed their consent to care.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. People who received the care from the service had full capacity and could make their own decisions. There were also no restrictions in place.

People were by supported to maintain good health, although no one had any specific health conditions. People told us they arranged their own health appointments, however staff would support them to do this if they needed it. One person had a health appointment during the afternoon and a staff member told us this was as a result of them suggesting the person sees the doctor. The staff member was accompanying the

person to their appointment. In May there had been a 'well-being' festival during which time people had the opportunity speak to an osteopath and a chiropodist. One person told us, "Staff will accompany me to go to the medical centre when I need to."

Is the service caring?

Our findings

People told us they received care from kind staff. One person said, "I can't complain at all. Staff are very kind. I cannot fault the place." Another told us, "I can't fault the staff. They go out of their way."

Staff respected people's wishes and preferences. One person had a bird in their apartment as this was something that was important for them. The person told us, "I love the fact that they have animals here – there is a cat here too." People told us staff took time to talk to them and they felt comfortable with staff and had good relationships with them.

People were cared for by staff who took an interest in them and knew them well. One person liked to look nice and matching clothes and accessories was very important to them. A staff member told us they would always ensure they helped the person dress appropriately and to their liking. They said, "If their scarf did not match for example that would be awful for (name) and I would never do that because I know how important it is for (name) to look nice." The staff member went on to tell us what the person had done as a job and that the way they dressed reflected this. We noted in the person's care plan it was recorded, 'takes pride in her looks'. One person told us, "Staff always put themselves out."

People lived in an environment that was homely. The building was clean and decorated to a high standard. Each person had their own individual apartment which they could furnish in their own way. One person told us, "I love the fact that it is modern – I like that. I feel I did the right thing (moving in here)."

People told us staff treated them respectfully and staff described to us how they felt they showed people respect. One staff member said, "I always knock at their door and ask if I can go in. If I am carrying out personal care I use a towel to cover people and I am always asking people if they are comfortable." Another staff member told us, "I will ask people how they would like to be addressed and even if they know I'm coming I would always knock on the door." They added, "I make sure I am organised with everything I need to hand so I can make my care dignified for people."

People had their independence and staff supported people to keep active. We saw people come into the communal lounge area and socialise with friends. One person told us how they liked to come down and have a hot drink from the café. They said, "I know I can make my own tea but sometimes it's nice just to have a cup of tea made for you." Another person had gone out for the morning. A staff member said, "I encourage one person to walk so they get exercise each day which helps them."

People maintained relationships that meant something to them. We heard that relatives visited often and people went out with family members when they wished. One person told us, "Staff have fostered a community spirit."

Is the service responsive?

Our findings

There was a complaints procedure available for people. This gave information to people on how to make a complaint. The registered manager told us there had been no complaints about the staff or the service. People told us they knew who they could speak to if they were unhappy about anything. One person mentioned some elements of their care that they would like changed. We spoke with the registered manager about this following our inspection who immediately arranged to meet with the person. They notified us to tell us everything had been resolved. One person told us, "I am able to speak up for myself." A staff member told us, "If someone had a complaint I would suggest they talk to the manager."

People had access to activities which meant something to them. We saw four people playing a game of bridge during the morning. The four played for most of the morning. One person told us they wished to, "Become an accomplished bridge player" and that another person had offered to give them lessons each week. The registered manager told us that people living at Austin Place organised their own entertainment and that there was good camaraderie and friendships between people. We saw this on the day. We read notices around the lounge area and on the notice board advertising film events, social gatherings, get togethers and a BBQ to be held in the garden. There was an on-going jigsaw set up in the lounge area with an invitation for people to help put it together. One person liked to go shopping and the staff member told us they went with them to choose clothes and they followed this up with a coffee somewhere. Staff told us that they often saw people spending time in the café and that they would take time to sit and chat with them. We saw this happen on the day.

When people moved to Austin Place they were informed of the service that could be provided to them in relation to personal care. If people decided they wished to receive care the registered manager would meet with them to discuss their needs and from this they would develop a care package. We saw that people had undergone assessments in relation to their care needs.

Care plans were person-centred, comprehensive and contained relevant information about people to ensure they received the correct support and treatment. We read people's life history had been written down. Information that demonstrated how people may indicate what they wished was included. Reviews of people's care packages were undertaken regularly. We noted that people had confirmed they were happy with the service they received and that staff were punctual and respectful. The out of hour's service emailed the service each day with information of any calls during the night. This helped ensure that staff were up to date with people's needs. In addition, staff filled in a handover form giving information to their colleagues regarding people's needs.

Staff responded in the event that a person's needs changed. Staff carried out a 'well-being' check on a daily basis. This meant they noted when they had seen or spoken to someone and if a person had not been seen or spoken to for a couple of days staff would make contact with them.

Is the service well-led?

Our findings

People were involved in the running of Austin Place. We were told a residents association had been formed and that monthly meetings were held where people could discuss general issues relating to the service. There was a meeting to be held the day after our inspection. We read that comments raised by people at previous meetings had been listened to. People had asked for partition walls in the lounge and café area to be removed and this had been done. In addition parasols had been requested for an outside seating area and we were told that these had been ordered.

People were encouraged to give their feedback and suggestions. The district manager told us that a satisfaction questionnaire was being sent out in September 2017 specifically for those people receiving personal care. They said the results would be collated and any feedback addressed.

Staff felt supported and had regular staff meetings. One staff member told us, "(The registered manager) is very friendly and helpful and explains things to me. I feel appreciated." Another staff member said, "We have staff meetings where we discuss what we can do better." There was a small staff team at Austin Place and we read that they all got together regularly to discuss aspects of the service.

The registered manager carried out quality audits to help ensure the service provided to people was of a standard they should expect. We found infection control and hand hygiene audits were completed regularly as well as environment and general audits around the building. Care plans were audited and spot checks carried out monthly. This involved the registered manager observing staff practice. They told us they used this as a basis of their one to one supervision with staff so they could pick up on any areas they felt they needed to improve in.

In addition the registered manager received support from the district manager with regular visits. The district manager told us an 'excellence' toolkit had been developed by Anchor Trust which reflected the five key areas covered by CQC. The registered manager had submitted their complete toolkit which would be analysed by the district manager and discussed and their next visit. Any areas that required action would form the basis of an on-going action plan.