

Anchor Trust

# Augusta Court

## 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

Augusta Court is a residential 'care home' that provides personal care for up to 46 people and on the day of inspection there were 46 people living at the home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home was one adapted building with private bedrooms and shared communal areas. Some people living at the home were living with dementia, frailty or physical disabilities.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People remained safe. Staff had a good understanding of safeguarding and there were systems and processes in place to keep people safe. A relative told us "The staff are very good; the security is very good. Anything wrong and I have a word with the manager." The management of medicines continued to be safe. The registered manager had put measures in place to continue to improve medicines management at the home.

People's needs were assessed, before they moved into the home and regularly thereafter. One relative told us, "They discuss everything with me. They go through every aspect of her care. We have regular meetings... They seem to look at every aspect of her care and there's a lot of things to consider." People had access to a balanced diet and healthcare professionals as required. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with kindness and respect. We observed positive interactions between people and staff. Staff knew people well and had built trusting relationships. One person told us "The staff are exceptional. They're first rate."

People's independence continued to be promoted. People were encouraged to make their own decisions, where appropriate, and supported to be independent. People's privacy was respected. Staff were conscientious always knocked before entering people's rooms.

Staff continued to be responsive and care was personalised to meet people's needs. Staff were very knowledgeable about people's care and how they wished it to be provided. People and their relatives, where appropriate, were involved in reviews of their care. One person told us "I write my own care plan." Complaints continued to be responded to in a timely manner and the provider ensured there were systems

in place to deal with these appropriately. A person told us "You get immediate care, I've got no complaints."

The home continued to be well-led. All of the people and relatives we spoke with told us they thought the home was well managed. Staff, people and relatives were very complimentary of the manager. Staff said they felt supported within their roles. Quality assurance systems remained effective. There were processes in place to assess, monitor and drive improvements in the quality of care people received.

Further information is in the detailed findings below.

## 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 home remained good.

### Is the service effective?

Good ●

The home remained good.

### Is the service caring?

Good ●

The home remained good.

### Is the service responsive?

Good ●

The home remained good.

### Is the service well-led?

Good ●

The home remained good.

# Augusta Court

## **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 comprehensive inspection took place on 8 August 2018 and was unannounced. An inspector and an expert by experience visited the home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience had experience of caring for older people and people with dementia.

Before the inspection we reviewed information relating to the home including; correspondence from people and 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 also used information the provider sent to us in the Provider Information Return (PIR). 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.

During the inspection we spoke with the registered manager, four members of staff, five visitors and five people who live at the home, to gain their views and experiences of the home. After the inspection we spoke with a healthcare professional to understand their experiences of the home.

We looked at three care plans, staff duty rosters, two staff files and reviewed records including, those relating to quality assurance, health and safety, safeguarding, infection control, compliments and complaints, medicines, staff training and accidents and incidents. During the inspection we observed the lunch time meal in two areas of the home, medicines being administered, interactions in communal areas and a morning and afternoon activity.

# Is the service safe?

## Our findings

People remained safe. Staff had a good understanding of safeguarding and there were systems and process in place to keep people safe. Staff received safeguarding training and knew the potential signs of abuse. Staff understood the correct safeguarding procedures, should they suspect people were at risk of harm. All the people we spoke with said they felt safe. One relative said "I have utter trust in the staff. Another relative told us "The staff are very good; the security is very good."

The management of medicines continued to be safe. The registered manager had put measures in place to continue to improve medicines management at the home. These included increased competency checks for staff who gave people their medicines. A member of staff told us, "How we manage medicines has improved greatly because of more supervision and competencies. We are more aware and double checking. I feel confident and have had good training." Medication Administration Records (MAR's) showed that people received their medicines on time and when needed. When medicines were on an 'as required' basis, people were supported to have them in a timely way and there was clear guidance in place about their use, to ensure safe practice.

Risks for people continued to be managed safely. Risk assessments were person-centred and addressed people's individual needs. For example, one person was living with diabetes and had a detailed risk assessment in place to support staff if they became unwell. The assessment detailed actions staff should take if their blood sugar level dropped, signs of low blood sugar and actions to support the person to maintain their health. Risk assessments were reviewed regularly, to ensure people were receiving appropriate care. People had up to date Personal Emergency Evacuation Plans (PEEP's) in place, which ensured they would be safe exiting the building in an emergency.

There continued to be sufficient numbers of staff to meet people's needs. We observed people's needs being responded to in a timely manner. One member of staff told us, "there are enough staff, we are able to talk to people and spend time with them. This helps to make them feel safe and at home." A relative told us, "I think it's just about right. I never see anyone in the lounge areas in distress, they go to them immediately. They have patience and tolerance."

The provider ensured staff were suitable to work at the home before they started. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people.

Lessons were learned when things went wrong and accidents and incidents continued to be managed safely. The registered manager ensured accidents were monitored and audited to identify trends and actions for improvement. For example; one person was identified as having a number of falls in their bedroom. The registered manager assessed the environment and referred the person for support from the 'Falls Team.' Actions taken from this intervention have reduced the number of falls experienced by the person. This approach ensured the safety of the people living at the home and the staff.

The home was clean. Staff had training in infection prevention and control. Information was readily available in relation to cleaning products and cleaning processes. Infection control audits were completed monthly and where issues were identified, action was taken in a timely manner.

# Is the service effective?

## Our findings

People's needs were assessed before they moved into the home and regularly thereafter. Diversity was included in the process. One relative told us, "They discuss everything with me. They go through every aspect of her care. We have regular meetings...They seem to look at every aspect of her care and there's a lot of things to consider." Care plans showed people had initial assessments which were very detailed and ensured people's needs could be met at the home. People's care plans were built on this and further developed as staff gained a deeper understanding of people's preferences. Protected characteristics under the Equality Act (2010), such as religion and sexual orientation were considered as part of this process, according to people's wishes

Staff continued to have skills and knowledge to deliver effective care and support. Staff were enthusiastic about the training they had been provided with and how it equipped them to meet people's needs. One member of staff told us, "My induction was very good and set me up to be a good carer. I learnt to support people's needs. I can apply my training to the residents, it improves our interaction." Staff had recently requested additional training to support people living with dementia and positive behaviour management. This training helped staff to identify early signs of distress in people and to support them more effectively. Staff had regular supervisions and observations with their line manager. Staff said they felt very supported by the registered manager and the provider. One member of staff told us, "I have regular supervision, which improves my work experience, as I am able to get feedback."

People were supported to maintain a balanced diet and specific measures were in place to support people with their fluid intake. One person told us "You simply say what you want and like. If you don't like it or don't want it they get something else." People could choose where they wanted to eat their lunch and this was accommodated by the staff. The food looked well-presented and people enjoyed their meal. We saw that people were offered an alternative if they preferred. The atmosphere was calm, and staff assisted people, where necessary, in a kind and discreet manner.

People who required a specialist diet had their needs met. For example, one person told us, "I'm diabetic. They know. I've managed it since I was 30." The chef spoke passionately about their role and demonstrated a good understanding of people's needs and preferences. They told us "We buy in sugar-free products for people...We make some pastry without sugar, so people can have the same foods."

Staff worked well within their team and across organisations. One member of staff told us "We work well as a team and support people." Staff supported each other to ensure people received person-centred care in a timely way. One person told us "We're very lucky. Staff help in every way."

People continued to be supported to access healthcare services as and when needed. One person told us, "The chiropodist comes around and the optician and the GP is quick in coming." Staff supported people to make and access appointments where necessary.

People's needs were met by the design and adaptation of the building. A relative told us, "Although she has



Alzheimer's, she remembered her room quite quickly. I was surprised. I think it's because of the simple layout of the building." There was simple signage to help people navigate there way and people had very personalised doors to help them identify their rooms. People could move freely around the communal areas and in the gardens.

People continued to be given choices and could make decisions, where appropriate, about aspects of their care. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a good understanding of the principles of MCA. The MCA process involved a discussion with different healthcare professionals to ensure decisions were made in people's best interest. Best interest decisions were specific and the least restrictive option was always explored.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people living at the home were subject to restrictions for their safety. DoLS applications were detailed and decision specific to ensure outcomes for people were met in the least restrictive way. The deputy manager had implemented a DoLS 'tracker' which gave them oversight of the process and assurance that they were supporting people appropriately.

People were asked consent for before being supported. We observed staff asking people what they would like to do, before assisting them to do it. For example, staff asked for consent before assisting people with their medicines. A member of staff told us, "We ask people for consent. We are respectful and always knock before entering." We observed staff to knock and wait for consent before entering people's rooms.

## Is the service caring?

### Our findings

People made very favourable comments about the home. One person said, "I lost my wife and I found it hard to adjust. I was living at home with carers coming in, but it wasn't working, they weren't very reliable. A friend recommended here. This place was highly recommended." A relative told us, of the staff, "I think they interact very well with my relative. They understand what she needs and they look after her very well" and another said, "It provides a caring, homely atmosphere. It's not a 5-star hotel. It's a home, a very caring home."

People were treated with kindness and respect. We observed positive interactions between people and staff. Staff knew people well and had built trusting relationships. One person told us, "The staff are exceptional. They're first rate." A relative told us, "The staff are friendly, helpful and they call me if there are any problems." Staff knew people well and addressed people by their preferred name or title. For example, one person was a doctor and was addressed with their professional title by all staff.

People were supported in a dignified and respectful manner. When offering support, staff spoke politely and made efforts to ensure they were at the person's eye level. A member of staff told us, "The most important thing is people feel loved and cared for and we treat people as individuals." Staff spoke confidently about people's individual needs and adapted their approach to meet these. For example, staff spoke about how they approach people differently when supporting them with medicines. This allowed people to have their medicines in the way they preferred. Some people preferred more formal interactions whilst others preferred a more informal approach, including sharing jokes with staff. We saw staff adapt their approach to meet the needs of the individual.

People were supported to dress in accordance with their identity and were well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them, before they moved in to the home. Equality, diversity and human rights were respected by all at the home. The registered manager told us, "no one deserves to be discriminated against. We would not tolerate it here, we are always prepared to do a lot of work to ensure people's diverse needs are embraced." Staff had access to equality and diversity training. One member of staff told us how they have supported a person to dress in a way that they wished to and had supported other residents to understand that person's needs.

Staff continued to support people to maintain their relationships with their family and friends and they were welcome at the home without restriction. The relatives we spoke with confirmed this, one person said, "They can come when they like." We observed relatives visiting people and being relaxed in the environment.

People's independence continued to be promoted. People were encouraged to make their own decisions, where appropriate, and supported to be independent. A relative told us their loved one was supported to be independent, "as much as they can" and a person told us, "They let me get on with my puzzle. I need to spend time on my own." People were offered choices at lunchtime and, when needed, staff showed people plated meals to aid their decision making.

People's privacy was respected. Staff were conscientious and always knocked before entering people's rooms. People could choose where they spent their time and this was respected. The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared as required. 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 new law and ensured they were complying with it, by maintaining the privacy of people's data and information held about them.

## Is the service responsive?

### Our findings

Staff continued to be responsive and care was personalised to meet people's needs. Staff were very knowledgeable about people's care and how they wished it to be provided. Care plans provided staff with detailed, person-centred information and gave clear guidance for staff to support people well. All the care plans we reviewed gave a life history for each person, which provided a strong sense of personal identity. For example, one person's life history gave details about their childhood, occupation and family life and aims for how they wanted to live now. This included, 'lose anxiety and gain confidence' and to 'feel happy and contented in my surroundings.' This person's surroundings had been personalised to reflect their interests and staff were encouraging the person to attend activities, to improve their confidence.

Staff supported a number of people living dementia. Staff were responsive to their changing needs and in times of ill health. We saw that staff involved other health care professionals in a timely way and were proactive in recognising and responding to people's needs. A healthcare professional told us, "Staff are pretty responsive if people become unwell or their health declines. We get phone calls quite quickly which helps us to support people in a timely way."

People and their relatives, where appropriate, were involved in reviews of their care. A relative said, "it's reviewed with the team leader once a month, or every 6 weeks. It's excellent. But if it's something urgent you don't wait, it gets done that day." There were detailed review documents in people's care files which evidenced people's needs had been reviewed with them in a person-centred way.

People continued to have access to activities that met their interests. One person told us, "I do the gardening, I'm supported to do that. I help where ever I can. I'm heavily involved in the activities. I get involved in anything, dancing, anything. The leaders are very good." A relative told us, "The staff do the activities and are very engaged with it."

The home was part of the provider's national pilot for a new activity programme called 'Anchor Active.' This involved training staff to be 'activities champions' to lead activities based on their knowledge of people's needs and preferences. One member of staff said, "We are really good at activities and engaging people in their interests. We are always thinking of other things we can do." We observed two activities during the inspection. In the morning a local nursery brought children into the home and they attended a dancing and exercise activity with the residents. People were happy and smiling whilst interacting with the children. In the afternoon people played skittles, which they enjoyed. Staff adapted this activity so that people with mobility issues could also take part.

Activities were meaningful for people and consideration had been taken to ensure people could engage in activities that they used to do at home. For example, the registered manager knew that some people used to be keen gardeners so they developed links with the local university. Students came to the home and supported residents by working on the garden together.

The registered manager demonstrated a good understanding of the Accessible Information Standard. The

Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. People, where appropriate, were provided with information in an alternative, accessible format. For example, one person was living with dysphasia. Dysphasia is a communication impairment which can make it difficult for people to communicate verbally. Their care plan gives staff clear guidance on how to support their communication needs and to give the person 'time to process what you are saying and reply to you.'

The provider and registered manager recognised the importance technology could have on people's access to resources, stimulation and engagement. The provider had invested in electronic tablets for people to use. They were used for games and video calling. Last Christmas, the registered manager gave the number to families and staff facilitated video calls on Christmas day between people and their loved ones. Staff used a system monitor people's health. This system allowed staff to submit information relating to people's health to the community health team who then reviewed the information and arranged for the person to be seen, if needed. The registered manager said it improved access to the community health team for people.

Complaints continued to be responded to in a timely manner. The provider ensured there were systems in place to deal with concerns and complaints. A person told us, "You get immediate care, I've got no complaints."

End of life care was considered at the home and people's wishes were documented in their care plans. The provider documentation included people's personal preferences around cultural and spiritual beliefs, where the person would prefer to be, and who they would want to support them at the end of their life. Staff had received training to support people at the end of their lives. The home was awarded 'Six Steps' accreditation from the local hospice. This is a training programme, delivered by hospice staff, to improve end of life care in care homes.

## Is the service well-led?

### Our findings

The home continued to be well-led. All of the people and relatives told us the home was well managed. One person told us they were pleased they chose to move to the home and said, "It's been absolutely a good move for me. I see more of my sons living here. I'm very fortunate."

The home had a registered manager. 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. The registered manager understood the regulatory responsibilities of their role and kept themselves up to date with legislative changes and current best practice guidelines. The registered manager felt very supported by the district manager and they had the resources needed from the provider to provide people with safe, high-quality care. The registered manager told us, "I feel very supported within my role by the provider and district manager... I feel like I am included in a large organisation. I can raise issues and get support and I am able to implement change to meet people's needs."

Staff, people and relatives were very complimentary of the manager. Staff said they felt supported within their roles. One member of staff told us, "I feel respected by the manager. They always say 'hello', ask you how your feeling and check in with your work" and another said, "the registered manager is very supportive and the district manager is always available. I have been promoted from a carer...so I feel very supported. You can just pick up the phone or email and get some advice." The manager and provider recognised the importance of supporting staff to develop professionally. They supported staff to develop their knowledge and skills through the provider's 'My Future' programme. Staff at the home spoke positively of the programme which had enabled some staff to develop into more senior roles.

The culture of the home continued to be positive and respected people's equality, diversity and human rights. The registered manager spoke confidently of their vision for the home and how the values of the provider are within all aspects of their work. A member of staff said the values have, "a positive impact on people, as they feel they are treated with respect and dignity and provides a standard for all people to have." Staff spoke about their work, people and the home with enthusiasm. One member of staff said, "Staff morale is good, we support each other and work well together. I love my job, it is so rewarding. The residents are lovely and I enjoy helping them."

Quality assurance systems remained effective. There were processes to assess, monitor and drive improvements in the quality of care people received. These included a rolling programme of audits by the registered manager and other staff on key aspects of the service, including the management of medicines, care planning and accidents and incidents. If the audits identified any areas of concern actions were taken and lessons learned. For example, an infection control audit in July identified that fans within the home were not free from dust. These were cleaned in a timely manner. The July medicines audit identified that new staff were not consistently using the correct codes for documenting when they had applied creams for people. Consequently, this was discussed in more detail as part of their induction programme. This was also

shared with the wider team to improve their practice. This responsive attitude to identified issues meant the management team were driving improvements to the service, in a timely manner.

People, staff and relatives remained engaged and involved in the service provided. Staff sought people's feedback daily. Residents', relatives' and staff meetings were organised, at regular intervals, to gain their feedback of the home. We saw actions identified because of these meetings were addressed by the manager.

The home continued to work in partnership with other organisations to ensure people's needs were met. People had access to a range of other health and social care professionals as and when they needed. Staff had developed good relationships with healthcare professionals and the local community. A health care professional said, in a letter of compliment to the staff, 'Throughout our time with you it was very evident to see how committed and dedicated you and your staff are in the care of your residents. We were also aware of how supportive each of your staff are of each other and how well they work as a team.'