Anchor & Hope Care Services Ltd

Anchor & Hope Care Services

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

This inspection took place on the 19 February 2018 and was unannounced. Anchor and Hope Care Services is a 'care 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. Anchor and Hope Care Services accommodates up to three people with mental health needs. There were two people living at the home at the time of our inspection.

At our last inspection of the service in January 2017 we found breaches of regulations because medicines were not consistently managed safely. The provider's systems for monitoring the quality and safety of the service did not comprehensively consider key aspects of health and safety, and notifications had not always been submitted to the CQC where required. Following that inspection the provider wrote to us to tell us the action they would take to address our concerns. At this inspection we found that the issues we identified had been addressed, in line with the provider's action plan.

The service had 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 2008 and associated Regulations about how the service is run.

At this inspection we found that risks to people had been assessed, and action had been taken to manage identified risks safely. People were protected from the risk of abuse because staff were aware of the types of abuse that could occur, and the action to take to report any abuse allegations. People told us there were sufficient staff deployed to provide them with the support they needed. The provider followed safe recruitment practices.

Medicines were securely stored, recorded appropriately and administered as prescribed. The provider had systems in place to protect people from the risk of infection. The registered manager reviewed the details of any accidents or incidents that occurred, in order to reduce the risk of repeat occurrence.

People's needs were assessed and the assessments were used to form the basis of their care plans. Staff discussed the details of people's care plans with them to ensure they were up to date and reflective of their current needs and preferences. Staff received an induction when they started work at the service, and regular refresher training which gave them the skills and knowledge to support people effectively. Staff were also supported in their roles through regular supervision and an annual appraisal of their performance.

The registered manager demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), although the people using the service had capacity to make their own decisions about their care at the time of our inspection. People told us staff sought their consent when offering them support. People had access to a range of healthcare services when they needed them and the provider worked with other agencies to help ensure people received consistent joined up care across

different services.

People were supported to maintain a balanced diet. They were involved in choosing the things they wished to eat and told us they enjoyed the meals on offer at the service. The premises was suitable to meet people's needs. Staff treated people with care and consideration. They respected people's privacy and treated them with dignity. People were able to make decisions for themselves about the care and treatment they received.

People told us the support they received met their individual needs. They were supported to access a range of activities which reflected their interests, and to maintain the relationships that were important to them. Staff encouraged people to maintain their independence. The provider had a complaints policy and procedure in place, and people told us they knew how to make a complaint, but had not needed to do so.

The provider had systems in place for seeking feedback from people about the service they received, and feedback showed that people were experiencing positive outcomes whilst living at the service. Staff told us they worked well as a team and spoke positively about the working culture at the service. The registered manager and staff shared information about the running of the service at handover meetings between each shift. People, relatives and staff told us the service was well managed and that the registered manager was approachable and supportive.

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.

Risks to people were assessed, and action taken to manage identified risks safely.

People were protected from the risk of abuse because staff were aware of the provider's procedures for identifying and reporting any suspected abuse.

People's medicines were safely stored, recorded and administered.

There were sufficient staff to meet people's needs. The provider followed safe recruitment practices.

The registered manager reviewed the details of any accidents or incidents and acted to reduce the risk of repeat occurrence.

The provider had systems in place to protect people from the risk of infection.

Is the service effective?

Good

The service was effective.

People's needs were assessed and assessments were used to inform the planning of their care.

Staff were supported in their roles through an induction, training, regular supervision and an annual appraisal of their performance.

People were supported to maintain a balanced diet.

Staff worked to ensure people received joined up care across different services.

The registered manager was aware of their responsibilities under the Mental Capacity Act 2005 (MCA). People had capacity to make their own decisions about their care and told us staff sought their consent when offering them support.

People were supported to access a range of healthcare services, when needed.

Is the service caring?

Good

The service was caring.

Staff treated people with care and consideration.

People were able to make their own decisions about the care they received.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected their individual needs and preferences, and they told us they received personalised care and support.

The provider supported people to take part in activities which reflected their interests.

People were supported to maintain the relationships that were important to them.

The provider had a complaints policy and procedure in place. People told us they knew how to make a complaint but had not needed to do so.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in post who demonstrated a good understanding of the responsibilities of the role and their requirements under the Health and Social Care Act 2008.

People told us the service was well managed and that the registered manager was a visible and supportive presence at the service.

Staff spoke positively about the way in which they worked as a team and the working culture at the service.

The provider had systems in place for monitoring the quality and safety of the service.

People and relatives were able to share their views on the service, and the feedback they provided showed that they were happy with the support they received whilst living at the home.

The provider worked in partnership with other agencies to ensure people received good quality care and support.

Anchor & Hope Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 19 February 2018 and was unannounced. The inspection was conducted by one inspector. Prior the inspection we reviewed the information we held about the service. This included details of notifications received from the provider. A notification is information about important events that the provider is required to send us by law.

The provider completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to provide some key information about the service, what the service does well and any improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spoke with two people and one relative to gain their views on the service, and spent time observing the interactions between people and staff. We spoke with two members of staff, including the registered manager, and looked at records, including two people's care plans, staff recruitment, training and supervision records, and other records relating to the management of the service, including meeting minutes, policies and procedures, Medication Administration Records (MARs), and checks and audits undertaken by the provider.

Good

Is the service safe?

Our findings

At our previous inspection in January 2017 we found a breach of regulations because medicines were not always safely managed and risks to people had not always been properly assessed. Following that inspection the registered manager wrote to us to tell us the action they would take to address the issues we identified. At this inspection we found that the provider had acted to make improvements in line with their action plan in order to meet regulatory requirements.

Medicines were managed safely. People told us that staff provided them with appropriate support to take their medicines. One person said, "I get my medicines on time." Medicines were securely stored and could only be accessed by staff who had received training in medicines administration. Records showed that staff made daily temperature checks to ensure the stored medicines were maintained within a range that ensured that they remained effective for use.

People's medicines administration records (MARs) included a copy of their photograph and details of any known allergies to help reduce the risks associated with medicines administration. MARs were up to date and had been signed by staff against each dose to confirm administration, or coded appropriately where staff had not been involved in administration, for example when people visited their relatives overnight. Staff also maintained regular contact with relevant healthcare professionals to update them on people's current mental health which helped ensure the types and dosages of the medicines people had been prescribed were appropriate to their needs.

We noted that there was no guidance in place for staff on when to administer any medicines that had been prescribed to people to be taken 'as required', although staff we spoke with demonstrated a good understanding of the conditions in which this may be appropriate. The registered manager told us they would put guidance in place for staff on any 'as required' medicines people had been prescribed. We will follow up on this at our next inspection.

People had risk assessments in place which covered areas including substance misuse, aggression, mental health, smoking in the home, and the risk of a relapse in their mental health conditions. The assessments included guidance for staff on the action to take to reduce risk. For example, one person's mental health relapse risk assessment included information identifying the potential signs which may indicate a relapse and the action to take if one were to occur.

Staff were aware of the areas at which people were at risk and how to manage them safely. One staff member told us how they worked to manage the areas of risk identified in one person's care plan. For example, they explained, and records confirmed, that they had agreed with the person to keep their lighter and cigarettes overnight, to reduce the risks associated with them smoking in their bedroom. They were also aware to make periodic checks of their bedroom, to ensure they did not have access to any items which may place them or others at risk, in line with their risk management plan.

The service had procedures in place to deal with emergencies. Staff were aware of the action to take in the

event of a fire or medical emergency. Regular checks had been made on the fire alarm and fire safety equipment, and the service held periodic fire drills to ensure staff and people were aware of the action to take in the event of a fire. We noted that there had been learning from a recent fire drill, which had resulted in staff updating one person's risk assessment to reflect the fact that they may not always promptly respond to the fire alarm in an emergency.

There were sufficient staff deployed at the service to meet people's needs. One person told us, "There's always someone here if I need and help." A relative said, "There are enough there staff to support [their loved one]." Staff also confirmed they considered staffing levels to be sufficient to enable to them to provide the support people needed in a timely manner. We observed staff on hand and available to assist people promptly throughout our inspection. Records showed that the actual staffing levels were reflective of the planned allocation.

The provider followed safe recruitment practices. Staff files contained records of pre-employment checks having been made which included confirmation of staff identification, their right to work in the UK, employment history, references and criminal records checks which helped ensure their suitability for the roles they had applied for. The registered manager had also sought information confirming the suitability of any agency staff working at the service before they started work.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of the types of abuse and signs to look for that may indicate abuse had occurred, and told us they would report any such concerns to the registered manager. The registered manager was the safeguarding lead for the service and understood the process for reporting any allegations to the local authority safeguarding team in line with locally agreed procedures. Staff were also aware of the provider's whistle blowing procedure. One staff member told us, "The registered manager would report any allegations of abuse appropriately, but I know that I can contact the safeguarding team or CQC directly if they didn't."

Staff were aware of the action to take to protect people from the risk of infection. The service had a cleaning schedule in place for staff to follow and we found the home to be clean and tidy during our inspection. There were hand washing facilities and hand sanitiser available for use throughout the home, and signage was in place reminding people to wash their hands regularly. Staff had received training in infection control and food hygiene and demonstrated an understanding of how they applied this to their roles.

Staff were aware of the provider's procedures for reporting any accidents and incidents. Records had been maintained by staff in response to any incidents that had occurred and these had been reviewed by the registered manager in order to ensure they had been appropriately followed up in order to reduce the likelihood of repeat occurrence. For example, we noted that a multi-disciplinary team meeting had been arranged with healthcare professionals involved in one person's support, following an incident, and this had resulted in a referral to a support service in order to reduce the likelihood of recurrence.

Good

Is the service effective?

Our findings

People and relatives told us that staff had the skills and knowledge to meet their needs. One person said. "They [staff] know their jobs." A relative told us, "I think they [staff] know what they're doing; they know how to support [their loved one].

Staff completed an induction when starting work at the service which included a period of orientation, time spent familiarising themselves with the provider's policies and procedures, reviewing people's care plans and time getting to know people and their daily routines and preferences.

Records showed staff received training in a range of areas including fire safety, safeguarding, food hygiene, moving and handling, infection control and medicines administration. This training had was refreshed periodically, to help ensure staff remained aware of current good practice. Staff had also completed training in areas specific to people's needs, including mental health awareness training and training around substance misuse. One staff member told us, "I think the training I've had enables me to know how to offer support to the residents."

Staff told us, and records confirmed, that they were supported in their roles through regular supervision and an annual appraisal of their performance. One staff member said, "I have supervision with the manager regularly where I can discuss any issues or areas for development. I find it helpful. As a small service, I'm also able to speak with the manager informally whenever I need."

People's needs were assessed before they were moved into the home to ensure the service was able to meet their support requirements. Assessments considered people's physical and mental health, as well as their social needs and preferences. The registered manager confirmed that they formed the basis upon which people's care plans were developed which included people's views on the areas in which they needed support as well as consideration of the views of any health and social care professionals involved in people's support, in order to ensure they were tailored to people's individual requirements.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

The registered manager demonstrated an understanding of the MCA, but told us that people had capacity to

make decisions for themselves, and therefore none of the people living at the service were deprived of their liberty. This was confirmed by the people we spoke with who told us they had the freedom to do the things they wanted to, for example going out to meet friends or family when they wanted.

Staff were aware of the need to seek consent from people when offering them support. One staff member said, "I would check if someone wanted my help. We don't force anyone to do anything." One person told us, "I'm quite independent but staff make sure I'm happy when they help me with things."

People were provided with the support they needed to maintain a balanced diet. Staff were aware of people's dietary needs and preferences and told us they supported people to prepare meals of their choice at times of their preference. People confirmed they were involved in decisions about the meals on offer, which reflected their individual preferences. One person said, "I like to cook curries and staff help me with this; the food here is good and we talk about what I want." We observed staff encouraging people to eat and drink during our inspection.

People told us the premises met their individual needs. One person said, "I like it here; it's comfortable." A relative told us, "It feels very homely; [their loved one] has always said how happy they are staying there." The registered manager told us they had considered how to meet people's needs when making any changes to the home, for example by providing shelter for people that enabled them to smoke in the garden without getting wet.

People were supported to access healthcare professionals when required. Staff told us that they offered to support people to sign up with a local GP practice when they moved into the home, although people were also able to stay with the existing GP if that was their preference. Records showed that people had access to a range of healthcare services, including a GP and a range of mental health practitioners. We also noted that people had been encouraged to make appointments with an optician and dentist, although these had been declined when offered.

Staff ensured people received co-ordinated care across different services. Staff also told us, and people confirmed, that they supported people to attend any appointments they had, if needed, either by escorting them, or by reminding them to attend at the correct times. Records showed that staff provided healthcare professionals involved in people's care with regular updates about their current conditions, and attended multi-disciplinary team meetings to ensure that their current support needs were effectively met.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring and considerate. One person said, "They [staff] are kind people. They make sure I'm OK and are supportive." Another person said, "They're friendly; it's fine here." A relative commented, "The staff are caring and have done a good job looking after [their loved one]."

Staff demonstrated a good knowledge of the people they supported. They were aware of their family backgrounds and the things that were important to them, as well as their preferences in the way they received support, and their daily routines. For example, one staff member described the strategies they used to encourage one person to maintain their personal care, recognising what did and did not work well through their experience of having worked with them for significant period of time. They told us, "It's important for us to build relationships with the residents as this enables us to provide more effective support."

We observed staff treating people in a caring manner during our inspection. It was evident from their interactions that people were comfortable in the presence of staff and felt able to express their views or request support when they wished. The atmosphere was relaxed and friendly and staff readily engaged with people, talking to them about their interests, or checking on their well-being.

People were treated with dignity. One person told us, "They [staff] are polite. They don't do anything that's disrespectful." A relative said, "The staff I've met have been friendly and polite; they treat [their loved one] well." We observed staff engaging with people in a friendly and respectful manner, listening to their views when offering them with assistance and providing reassurance when needed in promotion of their well-being.

Staff described the steps they took to ensure people's privacy was respected. One staff member told us, "I always knock on people's doors and wait for them to respond before entering. The residents are also able to lock their doors if they wish." One person told us, "The staff respect my privacy; I can stay in my room and won't be disturbed." We observed staff knocking on people's doors and requesting permission to enter their rooms during our inspection. Staff were also aware of the importance of maintaining confidentiality, for example by ensuring any discussions about people's support requirements were held privately, and by keeping documentation relevant to people's care secure when not in use.

People were involved in day to day decisions about their care and treatment. Staff told us the people living in the home were independent in many aspects of their lives and made decisions for themselves about what they did and when. People we spoke with confirmed this. One person told us, "I choose the things I do; if I want to go out, or if I want to lie in [bed] then I can." Staff also explained that they gave people time to make decisions for themselves. For example, they told us that they had held recent discussions with one person about going for a flu vaccination, which they had considered but declined. Records we reviewed confirmed this.

Good

Is the service responsive?

Our findings

People received care which reflected their individual needs and preferences. One person told us, "We've talked about my support; the help I get meets my needs. I feel settled here." A relative said, "They've discussed [their loved one's] support with the family."

People had care plans in place which had been developed based on an assessment of their individual needs. Care plans contained information about the support people required in areas including medication, mental health, personal hygiene, finances and activities of daily living. The care plans we reviewed had been reviewed periodically or following any changes in people's needs.

Staff were aware of the details in people's care plans and could describe people's preferred daily routines. They were also aware to monitor people's conditions and to report any changes to the registered manager and any healthcare professionals involved in people's support, to ensure people's support needs were reviewed and care plans updated if required.

Staff held regular key worker sessions with people to discuss their support needs, as well areas including any activities they wished to take part in, and their upcoming appointments or goals they had set for themselves. We noted that the staff had taken action in response to these discussions. For example, one person had expressed an interest in finding work opportunities in order to earn some money, and records showed that staff had engaged with a local charity who had experience of supporting with mental health conditions in job training and work experience.

Staff supported people to maintain their independence. Staff told us that they sought to encourage people to do things for themselves wherever possible, or do things with people, rather than for them. People we spoke with confirmed their independence was encouraged. One person told us, "I'm independent with most things, but staff are available to support if needed. For example, sometimes I like to cook for myself, but other times the staff will help with this." The registered manager also told us they were committed to meeting people's needs with regard to their age, disability, gender, race, religion or sexual orientation. For example, they told us that staff were available to accompany one person when they attended religious services, should they need the support, although they usually attended independently when they wished to.

People told us they were able to take part in activities in pursuit of their interest. For example, one person attended gardening sessions as this was an area in which they were interested in. Another person told us they enjoyed cooking and records showed staff had signed them up to a cookery course which was shortly due to start. People also told us they were free to take part in activities they wished to independently from the service. One person said, "I like visiting the library to use the computers and am going there later."

People were supported to maintain the relationships that were important to them. One person told us, "I'm welcome to have visitors and am able to visit my friends and family when I want. I visit my family at their home nearly every day." A relative told us, "We're welcome to visit when we want and are always welcomed with a cup or tea of coffee." Staff also explained how they supported people, where required, to maintain

contact with loved ones on the telephone, for example, by ensuring they topped up their mobile phones with credit when needed.

People and relatives told us they knew how to make a complaint and expressed confidence that any issues they raised would be addressed. One person said, "I could speak to any of the staff if I had a problem and they'd sort it out." A relative said, "I would speak to the manager if I had a complaint, but I haven't needed to."

The provider had a complaints policy and procedure in place, a copy of which was provided to people when they moved into the service. This included information on how people could raise concerns, and what they could expect if they did, including the timescale in which they would receive a response and how they could escalate their complaint if they remained unhappy with the outcome. The registered manager told us the service had not received any complaints in the time since our last inspection, and people and relatives confirmed they had not needed to make any complaints.

Good

Is the service well-led?

Our findings

At our previous inspection in January 2017 we found a breach of regulations because the provider's systems for monitoring the quality and safety of the service were not comprehensive and did not consider aspects of health and safety. Following that inspection the registered manager wrote to us to tell us the action they had taken to address the issue. At this inspection we found improvements had been made and the service met the requirements of the regulation.

Audits and checks had been made in a range of areas, including health and safety, cleaning and infection control, fire safety, care plans and staff training. We saw action had been taken to make improvements where issues were identified. For example, the provider had introduced hand sanitiser dispensers and replaced hand towels in the bathroom and toilet with paper towels, following a review of infection control practice.

We noted that whilst the provider had introduced checks on the stocks of people's medicines in the time since our last inspection, medicines audits were only conducted periodically by an external pharmacist. We recommended that medicines audits are conducted on a regular basis, to ensure any potential issues are identified in a timely manner.

The service had a registered manager in post who demonstrated a good understanding of the requirements of being a registered manager and their responsibilities under the Health and Social Care Act 2008. At our last inspection in January 2017 we found a breach of regulations because the registered manager had not always submitted notifications to the Commission as required. Following that inspection they wrote to us to confirm the action they would take to address the issues. At this inspection we found that the registered manager met the requirements of the regulation and that notifications had been submitted to the Commission appropriately where required.

People and relatives spoke positively about the registered manager and the management of the service. One person told us, "The manager is here if I need to talk. She does a good job." A relative said, "The manager keeps us informed; I think the home is well managed." We saw guidance in place for staff to contact the registered manager in urgent situations out of hours. One staff member told us, "The registered manager is very supportive; she makes herself available to everyone whenever needed, and is always willing to discuss any concerns or issues I might have."

The registered manager told us they encouraged a working culture that was open and transparent, and one staff member spoke positively about the working culture, telling us, "We work well as a team and are focused on improving the well-being of the residents." People and relatives also told us staff worked well as a team and that they were happy, receiving consistent support night and day, throughout the week.

We observed the registered manager and staff communicating clearly throughout our inspection when discussing the support people required and any duties which needed undertaking. Staff told us they held handover meetings between each shift to share information about people's current conditions and any

changes at the service that they needed to be aware of.

The provider had systems in place for seeking people's views about the service through key worker meetings and periodic surveys. Survey results showed that people were experiencing positive outcomes whilst living at the service. For example, a recent survey included feedback from a person to indicate that they had received 'very good support', and that all areas of the service were good. Survey responses from relatives was also complimentary, with comments positively reflecting on the availability of staff to provide support when needed, their caring nature, and the homely and well maintained environment.

The provider worked in partnership with other agencies to ensure people received good quality care and support. Records showed that the registered manager worked openly with the multi-disciplinary teams that were involved in people's treatment in order to achieve good outcomes. This included attending meetings to share information about people's progress at the service which helped inform decisions regarding the next steps in their treatment. We saw written feedback from healthcare professionals commenting positively on improvements to people's health and well-being and the good work staff had been doing in providing them with the support they needed.