

Anchor & Hope Care Services Ltd

Anchor & Hope Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 11 January 2017 and was unannounced. Anchor & Hope Care Services provides care and support for up to three people with mental health needs. At the time of our inspection there were two people using the service. 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 2008 and associated regulations about how the service is run.

At this inspection we found breaches of regulations because people's medicines were not always safely stored and records relating to people's medicines were not always complete. Risks to people had not always been assessed to help ensure they were managed safely. The registered manager had not always submitted notifications regarding important events as required by law, and systems for monitoring the quality and safety of the service were not always effective.

You can see what action we told the provider to take at the back of the full version of the report.

People were protected from the risk of abuse because staff had received safeguarding training. They were aware of the types of abuse that could occur and how to report any safeguarding concerns they had. There were sufficient staff deployed at the service to meet people's needs and the provider undertook appropriate recruitment checks on new staff to ensure they were suitable for their roles.

People were supported to maintain a balanced diet and told us they enjoyed the food on offer at the service. Staff sought consent from people when offering support and told us they respected people's views and wishes. The registered manager was understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) but told us that the people currently using the service had capacity to make decisions for themselves. Staff were supported in their roles through regular training and supervision.

People were treated with kindness and consideration. They were involved in decisions about their care and treatment and told us staff respected their privacy. Staff encouraged people to maintain their independence and people were supported to maintain the relationships that were important to them. Staff supported people to access a range of healthcare services when required. People told us they had opportunities to pursue their individual interests.

People had care plans in place which reflected their individual needs and preferences. They were aware of how to raise a complaint but told us they had not needed to do so. The provider sought people's feedback regarding the quality of the service they received and took action to make improvements at the service in order to better meet people's needs and preferences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People's medicines were not always safely stored and records relating to people's medicines were not always robust.

Risks to people had not always been assessed to ensure they were safely managed.

There were sufficient staff to meet people's needs. The provider undertook appropriate recruitment checks to ensure staff were suitable for their roles.

People were protected from the risk of abuse because staff had received safeguarding training and knew the action to take if they suspected abuse had occurred.

Is the service effective?

Good ●

The service was effective.

Staff were supported in their roles through training and regular supervision.

Staff sought consent from the people they supported and the registered manager demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a balanced diet and had access to a range of healthcare services when needed.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

People were involved in decisions about their care and treatment.

People were encouraged to maintain their independence.

Staff treated people with dignity and respected their privacy.

Is the service responsive?

Good ●

The service was responsive.

People's received person centred care which was reflective of their individual needs and preferences.

People told us they had opportunities to pursue their individual interests and hobbies.

People knew who they would talk to if they had a complaint. The provider had a complaints procedure in place which provided guidance on how to raise any concerns.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider's quality assurance systems were not always effective in demonstrating staff had taken action to manage risks to people safely.

The registered manager had not always submitted notifications to the Commission as required.

Staff spoke positively about the registered manager and the support they received.

The provider sought feedback from people about the quality of the service they received. They had also made improvements to the service in order to better meet people's needs and preferences.

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 11 January 2017 and was unannounced. The inspection team consisted of a single inspector. Prior to the inspection we reviewed the information we held about the service and the provider. We also sought feedback from a local authority responsible for commissioning services at the location and used this information to help inform our planning. The provider had also completed 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.

During this inspection we spoke with two people receiving services, one relative, two staff and the registered manager. We also spoke with two healthcare professionals who had involvement in the care and treatment of people at the service. We also looked at records, including the care records of two people using the service, one staff member's recruitment records and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they received their medicines as prescribed by healthcare professionals. One person told us, "I get my medicines at the right times; if I go out anywhere, staff make sure I have doses with me so I can take them." Another person told us, "Staff prompt me to take my medicines." However, whilst we received positive feedback about the support people received with their medicines, we identified issues with the way in which medicines were stored and recorded at the service.

People's medicines were securely stored in a locked cabinet within a locked room which was only accessible to staff at the service. Records showed that regular checks had been made of the temperature of the storage area. However, we found that on two occasions during the previous week the recorded temperature had exceeded the maximum recommended safe temperature for the storage of medicines. This placed people at risk of receiving medicines which were no longer fit for purpose. This issue had not been identified by staff and there were no comments recorded on the record to confirm any action had been taken to address the concern.

We also noted that temperature checks had been conducted using a heat sensitive temperature strip which was not sufficiently accurate to identify changes in temperature of less than three degrees centigrade. This meant there was a further risk of staff not accurately identifying instances where the temperature exceeded the maximum safe temperature for the storage of medicines.

Records relating to the administration of medicines had not always been accurately maintained. Staff recorded the administration of people's medicines on Medicines Administration Records (MARs). People's MARs had been completed by staff to confirm they had received their medicines as prescribed by healthcare professionals. However, we noted that staff had not recorded the balances of any medicines carried over from the previous month. This meant we were unable to determine whether the remaining stocks of people's medicines were correct.

We also found that whilst people's MARs included a copy of a recent photograph to help reduce the risks associated with medicines administration, details regarding any medicines allergies had not been recorded, placing them at risk of unsafe medicines support.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

During the inspection the registered manager contacted a pharmacist to confirm the remaining stocks of people's medicines were safe for use. Staff also ordered a thermometer so they could accurately measure the temperature of the room where medicines were stored and told us they would ensure the room in question remained within a safe temperature range. The registered manager also told us they would request people's medicines were dispensed in a monitored dosage system wherever possible and that they would record any stocks of boxed medicines carried forward from previous months in order to ensure stock levels were accurate. However, we were unable to check on the effectiveness of these actions at the time of our

inspection.

Risks to people had not always been properly assessed by staff to ensure they were safely managed. Records showed that risks to people had been assessed in areas including mental health, aggression, neglect, self-harm and substance misuse. However we noted that risk assessment processes did not comprehensively cover all areas of risk to people. For example, there was no smoking risk assessment in place for one person, despite records indicating there had been incidents of concern with their smoking at the service. We also found that whilst the provider made regular checks on some aspects of fire safety within the service, there was no fire risk assessment of the premises in place to ensure all elements of fire safety had been comprehensively considered.

These issues were a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). The registered manager told us they would arrange for a fire risk assessment to be carried out and for people's individual risk assessments to be reviewed and updated, although we were unable to check on the outcome of this action at the time of our inspection.

We saw appropriate action had been taken to manage risks safely where they had been assessed. For example staff told us, and our observations confirmed that some kitchen equipment was stored securely, as a risk management measure, in line with one person's support plan.

There were arrangements in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire or medical emergency. Records showed fire alarm tests and fire drills had been conducted on a regular basis to ensure staff were aware of their responsibilities in the event of a fire.

The service had procedures in place to protect people from the risk of abuse. Staff had received safeguarding training and were aware of the different types of abuse and the signs to look for that may suggest abuse had occurred. They were also aware to report any safeguarding concerns they had to the registered manager and told us they would be confident to whistle blow if they felt their concerns were not acted upon appropriately. The registered manager knew the procedure for making referrals to the local safeguarding team in response to any abuse allegations they received and was aware of the need to also notify the Commission of any such concerns.

People told us there were sufficient staff deployed within the service to meet their needs. One person said, "Support is there when I need it." Another person commented, "There are enough staff here." We observed staff to be available and on hand to promptly respond to people's need for support throughout the time of our inspection. Staff we spoke with told us they were able to support people at the service when they needed, without rushing. The registered manager explained that because the service was small and they had not had any permanent placements at the time of our inspection, they were reliant on the use of agency workers to cover some shifts. However they also told us, and records confirmed, that they looked to use the same consistent agency staff wherever possible. This meant they were familiar with the support people required and were able to develop relationships with them.

The provider had safe recruitment practices in place to ensure suitable staff were employed to support people at the service. Staff records contained details of their qualifications and work history. The provider has also undertaken criminal records checks as well as checks on identification, references and right to work in the United Kingdom to ensure that staff were suitable for the roles they were applying for. We also saw that the provider requested information from agencies where agency staff were used at the service to ensure safe recruitment practices had been followed.

Is the service effective?

Our findings

People and relatives told us they thought staff were competent in their roles. One person said, "[The staff] know how to support me." A relative told us, "The staff seem competent and knowledgeable." Staff we spoke with told us they felt they had the skills and knowledge needed to support people effectively. One staff member told us, "I think I've had all the training I need to support people here and as a small organisation, there are lots of opportunities for informal learning which is helpful."

Staff confirmed they received an induction when they started work for the service. This included time spent reviewing the provider's policies and procedures, and a period of orientation at the service, as well as undertaking training in a range of areas considered mandatory by the provider. Areas of training completed by staff included health and safety, food hygiene, medicines management; risk planning, infection control, first aid and safeguarding. We noted that training sessions were booked for staff where further training was due. For example one staff member required an update in moving and handling training and this was scheduled. Records also showed that staff had undertaken relevant health and social care qualifications in support of their roles working at the service.

Staff were also supported in their roles through regular supervision and an annual appraisal of their performance. One staff member explained that in addition to regular formal supervision, they spent a lot of one to one time with the registered manager on an informal basis and felt well supported. Areas discussed during supervision sessions included staff well-being as well as discussions about their duties and the key working meetings they conducted with people.

The registered manager and staff were aware of the need to seek consent from people when offering them support. One staff member commented, "I always check that people are happy with what I'm doing. If they refuse support, I would encourage them or try to support them again at a different time, but I'd never force anyone to do anything against their will."

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. 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.

The registered manager demonstrated a good understanding of the MCA and DoLS. They told us that should they identify that a person using the service lacked capacity to make specific decisions about their care and treatment, they would involve relevant healthcare professionals and family members in making the decision

in the person's best interests. However, they explained that at the time of our inspection the people using the service had capacity to make decisions for themselves so they had not needed to take any action in this area.

People were supported to maintain a balanced diet. Staff explained that they considered people's individual nutritional needs, for example whether they required specific diets or had any food allergies. The registered manager told us, "People are involved in choosing what they'd like to eat. As a small service we're flexible in supporting people to eat what they want at the times they prefer." This was confirmed by the feedback we received from people and our observations during the inspection. One person commented, "They do good food here." A relative told us, "I've seen the food they offer and thought it looked very nice. [Their loved one] has had no complaints."

People were able to access a range of health care services when required. The registered manager told us, and records confirmed that staff had supported people to register with a local GP when they moved into the service. We also saw people had access to a range of other services in support of their health needs including an optician, community psychiatric nurse and psychologist. A healthcare professional told us, "I think people at the service are being well supported; they've encouraged people to engage with healthcare services successfully which is a positive development."

Is the service caring?

Our findings

People and their relatives told us that staff treated them well. One person said, "The staff are friendly and caring." Another person told us, "Staff want what's best for me; I appreciate what they're doing." A relative commented, "Staff seem very caring and they show an interest [in their loved one]. They are very protective of the people there." A healthcare professional also spoke positively about the attitude of the staff, telling us, "The staff have been very caring and considerate."

We observed staff interacted with people in a compassionate manner. People responded positively when staff engaged with them and the atmosphere at the service was relaxed and friendly. The registered manager and staff we spoke with demonstrated a good understanding of people's needs. They were aware of people's likes and dislikes, their life histories and the things that were important to them. One relative explained how staff had sought out information from them on their loved one's background so that they might be able to understand and support them better.

People were involved in decisions about their care and treatment. One person told us, "I like it here; I get a lot of freedom and can go out when I want and do what I want." The registered manager explained that staff encouraged people to make day to day decisions about how and when they received support, and that wherever possible their decisions were respected. Records confirmed people's choices were respected, for example the times they wished to maintain their personal hygiene or whether they wished to make appointments with services such as a dentist.

Staff told us they treated people with dignity and described how they worked to ensure that their privacy was respected. The registered manager explained that people were able to lock their rooms if they wished, so as to have privacy from other people using the service. One staff member told us, "I always knock before entering people's rooms and would not discuss their needs openly." We observed staff knocking on people's doors and speaking to people in a friendly and respectful manner throughout the time of our inspection. One person told us, "I get the privacy I need; there are no problems."

People were supported to maintain their independence. Staff explained that they encouraged people to be independent wherever possible with aspects of their daily lives. For example one staff member described how they would encourage one person to be independent with their personal care by running a bath for them and offering appropriate encouragement. We saw reminders on display in one person's room regarding activities of daily living such as tidying their room and washing which the person told us, "Helps me keep on track with things."

Staff were aware of the importance of supporting any needs and wishes people had with regard to their disability, race, religion, gender or sexual orientation. One staff member told us, "We're committed to providing a non-discriminatory service and will support people's needs accordingly."

Is the service responsive?

Our findings

People told us they were involved in reviews of their care planning. One person said, "We talk about my support." Another person told us, "I've discussed these things [support needs] with staff." The registered manager confirmed that they undertook an assessment people's needs before they moved in to ensure the service could meet their requirements. They also told us that people were able to visit the service prior to moving in, so that they could assess the service's suitability for their needs. For example, one person had made a series of overnight visits to the service in order to get used to the idea of living there.

People's care records contained referral information which included details the support they required, and any areas of risk in addition to the assessment undertaken by the registered manager. The provider had developed support plans based on this information in areas including mental health recovery, medicines, physical health, substance misuse and around activities of daily living. Support plans included details of people's involvement and responsibilities as well as guidance for staff on the support they required. The registered manager explained, and records confirmed, that support plans were reviewed periodically or in response to people's changing needs.

Staff we spoke with knew people's needs well. They were aware of people's preferences in the way they received support and their daily routines, for example when they preferred to get up or go to bed, and the activities they liked to undertake or places they liked to visit. Staff also held regular key worker meetings with people to discuss their needs and how any areas of risk were being managed, as well as any appointments they attended with healthcare professionals or other health and social care support services. We also saw that staff maintained daily progress notes which showed that people were supported in line with their individual needs and preferences.

People told us they had opportunities to pursue their individual interests and hobbies. One person said, "I can go out when I want and do what I want." Another person told us, "I enjoy music and have a CD player in my room so I can listen to music. I like singing and have sung at the local pub." The registered manager told us they were looking at ways they could develop people's interests. For example, one person liked to use weights to work out in their room and was interested in joining a gym so they were looking at how they could arrange this whilst supporting the person in a safe and effective manner. A visiting healthcare professional told us, "The registered manager has been proactive in looking for activities for people whilst being mindful of their conditions."

People told us they were supported to maintain the relationships that were important to them. One person told us, "I can have visitors; my aunt can visit whenever she wants." Another person confirmed that staff had help arrange visits from family members which they were happy about. We also spoke with one relative who told us, "I've been able to visit when I wanted and staff made me welcome; it's a good placement and I'm happy with the support (their loved one) is getting."

The provider had a complaints policy and procedure in place which provided information on what people could expect if they raised concerns about the service. The procedure included guidance for people on the

timescales in which they could expect a response, as well as information on how to escalate their concerns to external bodies if they were unhappy with the outcome of any complaint investigation.

People and relatives told us they knew how to raise a complaint and expressed confidence that any issues they had would be addressed. One person told us, "If I was unhappy, I'd talk to the staff." A relative said, "I'd speak to the manager if I had any problems; they would sort them out." The registered manager explained that the service had not received any complaints and this was confirmed by the people we spoke with who told us they were happy with the support they received.

Is the service well-led?

Our findings

People did not comment directly on whether they thought the service was well managed but we noted that they were comfortable in their environment and were happy to approach staff throughout our inspection to ask questions or discuss any support needs they had. Relatives told us they felt the service was well managed. One relative said, "I've no issues; I can talk to the registered manager or staff when I need to and things seem to be working well for [their loved one]."

There was a registered manager in post at the time of our inspection who demonstrated an understanding of the requirements of the role and the majority of their responsibilities with regards to the Health and Social Care Act 2008. However, whilst they were aware of most of the types of incidents which they were required to notify the Commission about, they confirmed that the police had attended the service during 2016 due to allegations involving a person who was no longer staying at the service. They were not aware that they were required to notify the Commission of incidents reported to, or investigated by the police, and subsequently had not done so.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Staff told us that the registered manager was hands on and a visible presence at the service; offering them support and encouragement when needed. One staff member said, "The registered manager is very supportive and always available if I need to discuss anything. As a small organisation, we're in constant communication and there are lots of opportunities to discuss people's needs and the running of the service."

The provider had quality assurance systems in place but these were not always effective in demonstrating effective action had been taken to manage risks safely. Records showed that the registered manager undertook regular safety checks of the environment. However these did not include regular checks on window restrictors to ensure people were protected from the risk of falls from height. Whilst the registered manager told us that they did check window restrictors on a regular basis, there was a risk that these checks could be overlooked as they were not formally identified as part of the current recorded checks.

We also found that the system used for monitoring hot water temperatures in the service was not effective as the checks were not carried out at individual water outlets as required, but noted from the temperature recorded on the boiler whilst taps were run. This meant we could not be assured that the recorded water temperatures were an accurate reflection of the actual temperature of the water running from different taps within the service. The system to monitor water temperatures was therefore not robust.

In a further example, the registered manager told us that a pharmacist conducted medicines audits on a six monthly basis but that they did not carry out any internal checks which may have helped to promptly identify the issues regarding the safe storage and recording of people medicines which we found during this inspection.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). The registered manager told us they would arrange for water temperatures to be conducted at water outlets within the service and that window restrictor checks would be recorded as part of their regular environmental checks. They also told us they would look at conducting regular checks on people's medicines as part of their internal quality assurance processes. We were unable to check on this at the time of our inspection and will follow up on these actions at our next inspection.

The provider had systems in place to seek people's views and drive improvements within the service. We saw the registered manager had sought feedback from people using surveys and that survey responses indicated positive outcomes for people. For example, comments from one survey included confirmation that the person felt safe, that they had a say in how the service was run, were supported when needed and were encouraged to be independent.

The provider had also made improvements to the service in order to better meet people's needs and preferences. For example, we saw outdoor furniture and a canopy had been purchased for the back garden so that people were able to smoke outside under cover when it rained, or eat meals outside as was one person's preference.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not always submitted notifications about notifiable events
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always safely stored. Medicines records were not always robust. Risks to people had not always been assessed to ensure they were managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.