

Anchor Hanover Group

Bishopstoke Park

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bishopstoke Park is a retirement village consisting of privately owned apartments and a registered residential care home. The retirement village includes a wellness centre and spa, restaurant, café, a general store and a library. The provider (Anchor Hanover Group) is registered with CQC to provide a personal care service to people living in their own apartments in the retirement village. The residential care service is registered separately with CQC. This inspection relates only to the personal care service provided for people in the retirement village.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of our inspection the service was providing personal care to 18 older people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

People's experience of using this service and what we found

Based on our review of safe and well-led, we received some mixed feedback about the service from people, their relatives and staff. Some concerns were expressed about the level of staffing, particularly during the evenings. We have made a recommendation about staffing.

Robust systems and governance had not been in place. For example, there had been a lack of formal review processes and audits, and some staff training needed updating. The new manager had started to identify and address shortfalls in quality monitoring. Comments from staff and people's relatives acknowledged that the new manager "Had a difficult task and was doing her best" and, "Understands risk and she really cares."

Some staff felt that communication between the management team and staff could be improved. They told us they did not always feel they were getting clarity and support from the management team. The new manager was working to an action plan, identifying areas for improvement. However, action was still needed to ensure all areas were addressed and any changes were well understood and embedded by all staff.

Staff were not always clear about what the provider's policy was regarding people's medicines. We have made a recommendation about medicines management.

Staff had received training in the safe handling of medicines, and this was followed by an assessment of their competency to administer medicines. Safe recruitment practices were followed before new staff were employed to work with people. Staff demonstrated a good understanding of infection control procedures and had received training in infection control. Assessments were undertaken to assess any risks to people and to the care workers who supported them. Staff were aware of people's risk assessments and

contributed to monitoring for any changes to these.

People and their relatives gave positive feedback about the care provided by staff. For example, they told us staff were always willing to discuss their support needs and were flexible in their approach. "They are incredibly accommodating. The staff are so dedicated."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published on 15 February 2020). At this inspection we found improvements were needed and so the rating has changed to requires improvement.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bishopstoke Park

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used information gathered as part of monitoring activity that took place on 28 April 2022 to help plan the inspection and

inform our judgements. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with five people who used the service and two relatives, the manager, team leader, two care workers, and two members of the senior management team. We looked at a range of records including care plans for four people, recruitment files for four staff, training records, risk assessments and medicines records. We also looked at information regarding the arrangements for monitoring the quality and safety of the service. Following the inspection visit we spoke with two other care workers and a relative of a person who used the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- A system of care cards showed when and to whom visits were scheduled and when these were carried out. There was no time given for travelling between visits. The manager had identified this issue and said they were making changes to accommodate travel time.
- Staff, people using the service and relatives expressed some concerns about the level of staffing. A member of staff told us there were not enough staff. "Evenings are particularly difficult, though it works there is no back up if something goes wrong." Another member of staff said staff in the evening could feel "Forgotten about sometimes." Another said, "It's not a workload issue, as this is manageable." Some of the staff told us there had been issues trying to contact a manager outside of office hours.
- Some staff said they felt there should be two staff on duty at night at weekends. They gave an example that if the lone member of staff had to call an ambulance and was put on hold, this would have an impact on their capacity to deliver care visits. They also said there was not a clear policy regarding whether or not the staff member needed to stay with a person who had a fall, while waiting for an ambulance or other support.
- One member of staff said they had been told that bank staff were employed but had never seen them. They said they felt pressured to do extra hours. Working patterns may mean that staff are not aware of when bank staff may be working and bank staff were identified on the rota.
- A relative told us they had concerns about staffing, particularly at weekends and in the evening. They said the service had introduced agency staff to help cover gaps in the rota, but this meant their relative had no choice but to accept a male carer to support them with personal care. The manager acknowledged the service was not always able to meet people's preferences for male or female carers. They told us there were no agreements in relation to this in people's care plans.
- Following the inspection visit, we asked the manager for an update on the staffing situation. The manager explained there had been some challenges with staffing due to ill health and annual leave. They had seven staff providing care between the contracted hours of delivery from 07.30 to 22.00. The service also provided afternoon companionship calls on request. The manager stated all the contracted care hours had been delivered for the week ending 31 July 2022. The manager said the service tended to have more care staff working in the mornings as this time of the day was the most requested by people for care, with only 12 care appointments in the evening. Therefore, the care team was split into three carers in the morning, one carer in the afternoon/early evening (if needed) and one carer in the evenings.
- People also told us about positive experiences with the staffing. A person told us, "They check in on people" and, "There's always someone at the front desk and I can also phone them. I also have a buzzer in my room. There was a fast response when I fell." They also said, "I do feel there should be more than one staff at night, as they have to stay with you if you fall." Another person told us, "Staff are nearly always on

time or have a good reason why they're not." They said the care workers stayed for the agreed length of time. They also commented on the turnover of staff, "Two managers, a team leader and at least five staff have left." They added, "Yesterday (staff name) was working on her own, which makes her late."

- Other comments from people included, "I couldn't be more happy with the care. It's above and beyond what I expected." They told us staff were always willing to discuss their support needs and were flexible in their approach. For example, if a meal was required at a different time, "They fit in with what I want to do. They are incredibly accommodating." They said, "The staff are so dedicated."
- A relative said, "Mum's looked after very well." They told us the care workers helped their relative to maintain their independence as much as possible and also that the frequency of visits had been increased when needed. The family had been consulted in relation to the care in line with the person's wishes. The family knew who to contact; "We can ring at any time." Social inclusion hours had been added to the person's care package.

We recommend the provider reviews how staff are deployed.

- During the first day of our inspection, staff recruitment records were incomplete. The new manager took immediate action and contacted the human resources department to update the files. These showed safe recruitment practices were followed before new staff were employed to work with people. This included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Most people chose to look after and take their medicines themselves. Where people required support, the provider had a policy and guidance to help ensure that medicines were ordered, stored, administered, and disposed of safely.
- Staff had received training in the safe handling of medicines, and this was followed by an assessment of their competency to administer medicines in line with best practice guidance.
- Medicine records detailed what medicines were for and staff signed medicine administration records (MAR) to confirm they had administered medicines as prescribed.
- Staff were not always clear about what the provider's policy was regarding people's medicines. They told us sometimes, instead of delivering medicines directly to the person for whom they were prescribed, the pharmacist had asked staff to accept people's medicines. The staff were not sure if they should be doing this. They told us sometimes MAR charts were provided while at other times staff had to "Make them up." If the MAR was not printed out in time it was not in place at the time staff gave the person their medicines. This is not in keeping with good practice guidance.

We recommend the provider reviews the medicines policy and staff understanding of it.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.
- Staff completed safeguarding training via e-learning and were able to identify potential forms of abuse including, for example, financial or discriminatory abuse. Staff were confident to use safeguarding and whistle-blowing procedures if the need arose.

Assessing risk, safety monitoring and management

- Assessments were undertaken to assess any risks to people and to the care workers who supported them.

Areas covered by these assessments included risks in relation to the home environment, food preparation, personal care, and mobility. Care plans set out how risks were minimised or prevented. For example, where necessary people had skin integrity charts and records showed staff were taking action to mitigate this identified risk by ensuring emollient creams were applied as prescribed.

- Staff were aware of people's risk assessments and told us they were able to provide information in relation to these if they observed changes during their care visits.

Preventing and controlling infection

- There were appropriate policies and procedures in place to control the spread of infection.
- Staff demonstrated a good understanding of infection control procedures and had received training in infection control.
- Staff were given personal protective equipment such as gloves and aprons and confirmed they used these when providing personal care.

Learning lessons when things go wrong

- The manager was new in post. They had identified several areas of improvement to work on and were working through an action plan.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The new manager has been in post since the end of April 2022. At the time of the inspection they had not submitted an application to register with the Care Quality Commission. The application was received shortly after the inspection. The manager was working to an action plan, identifying areas for improvement. However, action was still needed to ensure all areas were addressed and any changes were well understood and embedded by all staff.
- The new manager had recommenced staff supervisions and spot checks. Staff appraisals were planned for July 2022. Staff told us they had not had yearly appraisals but that the new manager was "taking an interest in staff" and "sorting this out."
- Robust systems and governance had not been in place. For example, there had been a lack of formal review processes and audits. A Direct Monitoring Activity (DMA) had taken place prior to the inspection. At this the general manager stated there had not been any audits as far as they could remember and they could not access any audits carried out by the previous manager. We saw some audits but these were not comprehensive. The safeguarding and governance team were planning a visit to undertake an audit.
- As part of our DMA, records showed two thirds of staff were not up to date with training in moving and handling people and half of staff were not up to date with health and safety training. During the inspection the new manager had updated the training records, which showed a compliance score of 88%. Health and safety and fire safety training had taken place and other outstanding face to face training had been booked, which included dementia awareness, basic first aid, and personal (care) plans. Moving and handling training was at 14%. The new manager was looking to book a moving and handling people train the trainer course in order to provide refresher training to staff in a more timely manner.
- The new manager understood the regulations about when to notify us about specific incidents. A record was kept of notifications sent to CQC.
- The new manager was an experienced manager and understood the requirements of duty of candour.
- A person's relative said the new manager "Understands risk and she really cares. She is experienced and has depth of understanding."

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

- Comments from staff and people's relatives acknowledged that the new manager "Had a difficult task and was doing her best." Staff told us they did not always feel they were getting clarity and support from the

management team. More positively, the new manager was engaging with staff and the issues they raised. As one member of staff commented, "Whatever questions I raise, (new manager) tries to find an answer."

- Staff told us the new manager was aware that the staff knew people well and had started asking them to attend reviews of people's care.
- Some staff felt that communication between the management team and staff could be improved.
- People's feedback also included, "Bishopstoke Park is very well run, the staff are very helpful and pleasant and go above and beyond to look after the residents and make every effort to ensure they are comfortable and have everything they need." "We have several different carers come so we very seldom know who is coming until the day. They are usually cheerful and polite and they all have different personalities which is nice. So far we have not had any bad experiences just few lack of communication with times etc."

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

- The manager had recommenced staff team meetings. A team meeting agenda was on record for 5 May 2022. The previous team meeting minutes were dated 18 October 2019, prior to the Covid-19 pandemic.
- The last quality assurance survey was dated March 2021. Eleven people had responded to a questionnaire and all the responses were positive. The new manager's action plan included making survey questionnaires available to people.
- The new manager had commenced reviews of each person's care, involving the person and, where appropriate, their relatives or representatives. This was to ensure that people's support needs and individual preferences about the way their support was given continued to be met.
- People told us the new manager had visited them and made a good impression. A person told us their care plan met their needs and preferences and that care workers arrived on time. They said, "It works out quite well."
- Staff told us the provider carried out an annual staff survey, although staff did not know "What happens afterwards."

Continuous learning and improving care

- Some staff and a person's relative expressed concerns about the effectiveness of the on-call system. For example, staff on reception not being aware of who they are to call. A relative told us, "I asked the receptionist to track down a manager. No one on call. No contact info on reception." Managers are not on call out of hours as 24-hour care is not provided.
- The manager explained how the on-call system worked: "For when a member of my team is supporting a resident in their home, and an emergency occurs, there is a button in their apartment that the staff will push, which will contact Anchor on-call system. Anchor on-call will then contact emergency services. When the staff team needs on-call guidance they will in the first instance contact the reception. The reception has the personal phone number for the homecare manager, the team leader and the general manager. This was also discussed at the team meeting on 3 May 2022 and 28 June 2022."
- During our DMA we were told by the general manager there had been no complaints since 2019. During the inspection we saw a complaint logbook was available that included a template for recording the date, details of the complaint, actions taken and when closed.
- The new manager said feedback was important and they would be looking at different methods to ensure that compliments and complaints were received and responded to in line with policy.
- Most people we spoke with were confident any complaints they had would be dealt with. For example, a person said, "I would phone the manager if I wanted to complain. They are very approachable."

Working in partnership with others

- People told us staff would help them to contact a family member, GP or other health professional if

needed.