

Anchor Trust

# Anchor Integrated Care & Housing Village - Denham Garden Village

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

Anchor Integrated Care and Housing Village -Denham Garden Village provides domiciliary care to people who require support and assistance in their homes. The service provides care and support exclusively to people who live at Denham Garden Village.

Denham Garden Village consists of over 300 properties and has a local shop, bar, Doctors surgery, swimming pool, gym and regular access to the outside community through activity clubs and good bus links.

Denham Garden Village has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage

# Summary of findings

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.

We found some aspects of the service were not always safe. Risk assessments had been undertaken for specific areas where potential risks had been identified to people, however these were not always in place. One person was being assisted to use a controlled medicine which was not risk assessed or given by staff who were appropriately trained to do so in line with the provider's policy. Staff and management were able to explain how they would alleviate risks, but did not have sufficient records in place. Staff were knowledgeable on how to protect people from abuse, and were able to explain people's needs and how they supported them. Medicines were not always managed in a safe and monitored way.

Although staff told us they felt supported, appropriate supervision was not in place. For example, staff were not receiving supervision in line with the provider's policy. People told us they felt staff were well trained, however no system was currently in place to identify sufficiently when staff needed refresher training or extra training to help them undertake their roles. No records of competency checks were in place to ensure new and existing staff were deemed competent to undertake their roles.

People told us they felt supported by staff who were kind, caring, and knew their needs well. They told us staff always asked if there was anything extra they could do, and they always knew who was coming and at what time. The service had the added bonus of having an office on site which meant it was accessible to those who needed it. Activities were provided throughout the village and people were supported by staff to access the facilities if they wished.

Systems were not always in place to identify shortfalls in the service, however we were advised the service was in a period of transition. We were provided with a copy of the service's action plan which demonstrated which actions were to be undertaken to ensure the service was safe, effective, caring, responsive and well led. At the time of the inspection, the service was waiting for new systems to be implemented including a training tracker and new care plans. When concerns were raised on our first day about lack of recording and evidence, we saw this had begun to improve on our second day.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have also made a recommendation on the monitoring of complaints. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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.

Risk assessments were not always in place where required.

Staff were aware of how to protect people from potential harm.

Medicines were not always managed in a way which protected people from harm.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Staff were knowledgeable about their roles and responsibilities in regards to the MCA.

Staff did not always receive supervision in line with the provider's policy.

Systems were not in place to ensure where issues or concerns were raised, that they were appropriately recorded.

**Requires Improvement**



### Is the service caring?

The service was caring.

We observed positive interactions between staff and people who used the service.

People told us they were supported by staff who were caring and respected their privacy and dignity.

People were cared for by staff who were knowledgeable of their needs, likes and dislikes.

**Good**



### Is the service responsive?

The service was not always responsive.

Care plans were in the process of being made person centred.

Reviews of people's care were not always done in a timely manner.

Most people were aware of the providers complaints system.

**Requires Improvement**



### Is the service well-led?

The service was not always well led.

The service was going through a transition period.

Monitoring checks were not always in place to identify shortfalls in the service provision.

Staff and people told us they thought the service was well led.

**Requires Improvement**



# Anchor Integrated Care & Housing Village - Denham Garden Village

## 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 checked 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 21 & 22 July 2015 and was announced.

The inspection was carried out by two inspectors. Denham Garden Village was found compliant at their last inspection in April 2013. At the time of this inspection, 26 people were receiving support from the service.

On the days of our inspection, we spoke with the registered manager; four care staff, the care manager, a dementia and care advisor, seven people who used the service and two relatives of people who used the service. We undertook observations of staff practice and reviewed six care plans and risk assessments, medication records, daily records and four recruitment files. We also looked at records of staff supervisions and training records.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at Denham Garden Village. Comments included “Yes, I do feel safe. We have an office here if there’s a problem; I know the staff there”, “Oh yes, very safe. I’m happy with them. I would speak to X the manager if I felt unsafe. I can’t imagine that I would need to” and “No concerns about X’s safety. There is an office in the village that I can talk to if needed.”

Medicines were not always managed safely within the service. We looked at medicines for two people who used the service. Some items which were available in people’s homes were not always recorded on people’s MAR (Medication Administration Record) charts, for example the use of lactulose.

Where people used non prescribed medicines these were not checked (as per the provider’s policy) to ensure they did not interact with any prescribed medicines. PRN (as required) medicines did not always contain guidance on how they should be managed safely. We were advised new risk assessments and protocols were in the process of being undertaken to ensure the risks associated with medicines were appropriately recorded and managed.

Risks assessments within the service were not always in place. For example, some people’s care plans contained clear risk assessments for each individual risk, however in the majority of care plans, risk assessments were not documented and risks were not assessed. For example, one person was assisted by staff to take a controlled drug. The risk was not identified and was not risk assessed and was not given by staff who were appropriately trained in line with the provider’s policy.

Staff knew how to protect people from abuse, and how to respond if they had concerns. Staff were able to explain how they would identify potential abuse and what steps they would take to ensure people were safe. One staff member told us “It’s keeping everyone safe and reporting

concerns if required. I would speak to the office or contact the local authority if required.” Another staff member told us “It’s protecting vulnerable people and reporting concerns straight away.” During our inspection, a safeguarding alert was raised by a member of staff. We saw this was dealt with appropriately and referred to the local authority as required. Staff we spoke with were also knowledgeable about whistleblowing and when they might need to blow the whistle on bad practice. The provider had a confidential whistleblowing line available for staff which they could use if needed.

We looked at rotas for staff and found there to be adequate staff numbers to support people. The registered manager informed us that the hours had recently reduced due to losing a few large care packages. People told us the staff always stayed their allocated time and if they were late, always rang to say how long they would be. Staff did comment that sometimes it was difficult as they didn’t always receive travelling time to each person; however staff were not paid for travelling time so the office tried to keep care visits together as closely as possible. People told us staff always asked if there was anything else they could do before they left.

The service had robust systems in place to ensure staff were employed in a way which promoted people’s safety. We looked at two recruitment records for new staff members. The provider ensured staff had completed satisfactory disclosure and barring checks (DBS) to ensure their suitability to work with adults. References, employment histories and medical histories were also provided to ensure staff suitability and protect people who used the service.

Denham Garden Village had an emergency on call system in place for people who used the service. People were provided with pendant alarms where required, and when people had requested assistance outside of normal working hours, this was recorded and actioned by the designated on call person.

# Is the service effective?

## Our findings

People we spoke with told us they felt staff were well trained. Comments included “The staff that I have, go on courses. They all know what they are doing. I have had the same staff for five years”, “Yes, they are well trained. X is very happy with his care”, “Yes I think they are good at what they do. There is quite obvious training. They’ve got it down to a fine art” and “Oh yes, quite well, trained, they go on courses and all sorts”. Staff we spoke with told us they felt they were well trained and were provided with appropriate training to undertake their roles.

We found, although training was provided to staff, competencies and frequency of training was not recorded appropriately. The service did not have a system in place to monitor how often training was needed, when training was due to be refreshed and how effective any training provided was.

We were advised by the provider that a new system was being developed which would allow the registered manager to effectively monitor training needs and requirements, however no process or system had been put in place whilst they were waiting for the new system to be implemented. This meant training needs had not been monitored in the interim.

Staff told us they felt supported in their roles and comments included “We love our jobs”, however we found staff were not receiving supervision in line with the provider’s policy. The provider’s policy stated supervisions were to be undertaken every six weeks. One staff we spoke with told us they had only received supervision “Twice in four years.”

We checked supervision records and found them to be not undertaken in line with the provider’s policy. For example, one staff member who commenced employment in November 2014 had only received one supervision in May 2015. Another staff member who commenced employment in 2007, had only one supervision in their file dated 2013. There was no system in place to monitor how often, or when supervisions were to be undertaken. This meant there was no effective system in place to ensure staff were supervised appropriately in line with the provider’s policy.

We spoke to two staff about their inductions. Staff told us they undertook a range of ‘shadow shifts’ where they shadowed a more experienced member of staff. The

registered manager informed us that inductions were over a twelve week period which included shadow shifts and training. We found there was no system in place to monitor new staff competency to ensure they were suitable and able to work with people who used the service. We found random spot checks in staff files; however these were inconsistent and not used regularly.

We were provided with a copy of the provider’s ‘Induction workbook’ which was required to be filled in and completed for any new staff members to ensure their competency however no new staff had been provided with these. Two new staff members confirmed they had never been given an induction handbook. The registered manager and care manager told us they shadowed new staff; however there was no evidence that this was documented or monitored.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. This was because staff were not properly supported and monitored and were not receiving appropriate supervision.

There was no system in place to record any concerns, updates or requests from people who used the service within the office. When staff were reporting back to the office any concerns, updates or requests, these were not recorded anywhere. We were advised that the service did not have a computer system which would enable them to record any changes when people requested them, or where staff had reported concerns about changes in people’s needs. There was a communication book in the staff room for staff to fill in. We found the communication book had not been filled in and was in a room which was accessed by other staff members working at the village. This meant confidential information was not kept secure. Staff members we spoke with told us the communication book had not been looked at by office staff for ‘some time’.

This meant the service could not effectively monitor changes in people’s needs in the event of the registered managers or care managers absence. This also meant any identified issues from requests or changes by staff or people who used the service could not be evidenced as being completed or actioned. On our second day of the inspection, the registered manager had begun to record any feedback, concerns or updates on daily record sheets for each individual person which was kept within the office.

## Is the service effective?

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. This was because changes to people's needs were not adequately monitored or recorded.

People's nutritional and hydration needs were met. People told us they were adequately supported by staff to meet their nutrition and hydration needs. Comments included "They make me whatever I want. My daughter gets my meals and I tell them what I'm going to have", "I can't get my own drinks; they always ask me what I would like", "If I want it they will get me food and drink but I generally do it myself. They get me what I ask for", "They have to cook my food in the microwave. My daughter chooses the food and gives them a list of my daily meals" and "I am not able to get drinks myself. They come five times a day and leave the drinks I ask for."

The manager provided us an example of how they had supported a person where it was found that they did not have the adequate finances to purchase meals and often forgot to eat due to their dementia diagnosis. The registered manager explained how they liaised with social services and the café bar and shop at the village to set up a tab so the person could access healthy nutritious meals until a formal arrangement was made. This meant the person could receive adequate food and drink at their request. Staff also told us how they promoted and spent time with the person to ensure they ate enough. A meals on

wheels delivery was put in place and staff were responsible for monitoring to ensure the person had adequate food and drink. This meant the risk of malnutrition was identified and actioned.

Staff we spoke with were knowledgeable of their roles and responsibilities around the Mental Capacity Act 2005 (MCA). Staff were able to describe what the MCA meant, and how this impacted upon the people they worked with. Staff were aware of the need to undertake assessments and best interest meetings if required. Where required, people were asked for their consent before undertaking any tasks. People we spoke with told us "They ask what they should do but the team know what to do, they are really good" and "They always ask my permission first."

People were supported to access health care where required. Denham Garden Village had a GP surgery on site which most people who used the service were registered with. This allowed for ease and accessibility for people who used the service. Most people we spoke with were independent in accessing any health care professionals. People told us "We have a medical centre here" and "I do most of the routine health checks myself. There is a surgery on site".

People were also supported to visit the doctor if requested during their care visits. Where required, the service liaised with health and social care professionals to ensure people's health needs were met, however these were not always adequately recorded.

# Is the service caring?

## Our findings

People told us they felt staff were caring. Comments included “Yes, they have a very caring approach. If they didn’t, I would say. I am happy that they are respectful”, “Oh yes, very caring”, “They are marvellous, they spoil me rotten”, “They are very caring. We laugh and have a joke with them. I can’t complain about the staff at all” and “Yes, completely caring.”

Staff we spoke with were able to explain how they involved people in their care and respected people’s independence. This reflected what people told us. For example, comments included “I am an independent lady. I am involved with my care decisions”, “X chats with them, they listen and laugh. He has a very pleasant time with them”, “When they help me they ask me first. Then they sort out my different flannels”, They do most of it (personal care) they encourage me to do my top half and a little of my bottom half that I can reach.”

People told us they were provided with a weekly rota so they knew which staff member would be attending the care visit in advance and what time they would arrive.

People also told us that staff were respectful and treated them with dignity and respect. One person told us “I have a curtain around me if I want it.” People also told us care staff always knocked before entering and always asked if there was anything else the person needed before they left.

We observed one carer who undertook care visits to two people who used the service. One was to assist a person to put on their compression stockings, and another for a social visit. The staff member was polite and arrived on

time. They knocked or rang the person’s door bell and asked for permission to enter their home. Before they undertook any tasks, they asked the person if they were happy for them to do so and waited until they were ready to receive assistance. Whilst assisting both people, the staff member explained what they were doing and regularly checked with the person if they were happy. One person told us “All the girls (care staff) are lovely.”

When the staff member assisted a person with their social care visit, they asked what they would like to do. The person explained they wanted to go to the café for a bit. The care worker assisted the person in a safe and dignified manner to transfer to their wheelchair and was patient and kind. When they arrived at the café, they asked the person where they would like to sit and if there was anything else they needed. They then proceeded to spend the rest of the visit engaged in conversation with the person. Both people we visited told us the staff were very caring.

Staff knew the people they supported well and we frequently saw staff members reporting back to the office when they had any concerns or issues. Staff were able to explain how they supported people in a person centred manner and how they treated them with dignity and respect. We observed one staff member who visited a person who used the service. The staff member knew the person well and recognised when they were not walking the way they normally did. They arranged for a doctor’s visit with the persons consent and this was fed back to the service that they had done so. This meant people were cared for by staff who were kind, caring and knew their needs well.

# Is the service responsive?

## Our findings

We looked at six care plans for people who used the service. Care plans contained relevant details for people including how they were supported and what assistance was needed. Care plans were simple and not person centred. Care plans were not consistent and contained no set format on what information was required or needed. People's care plans were in the process of being transitioned to become more person centred. On the days of our inspection, we were provided with a copy of the new care plan format and had confirmation that these were ordered and were going to be completed as soon as they arrived.

Although some reviews of people's care were undertaken and placed in people's care plans, these were sporadic and had no set timescales on when reviews should be undertaken and completed. People we spoke with told us "No, I've not been invited to any reviews" and "Office staff come about three to four times a year and update my plan. My daughter and son are also involved." People told us they felt the office staff could be out visiting people more to review their care and to make any changes where needed to people's care and or care plans. On the second day of our inspection, we were provided with a devised spreadsheet which outlined when people would be receiving reviews of their care.

We received conflicting information from people in regards to complaints. Some people told us they knew how to complain and when they had complained, it had been resolved satisfactorily. Other people told us they were unsure how to complain. Comments included "Of course I would. I have no problems with complaining but there has been no reason to complain", "They send round a letter telling you how to complain", "I would go to the care

manager if I had a complaint", "I don't think I've seen any complaints information", "No, I haven't made a complaint. I'm very satisfied with them" and "I don't remember having complaints information".

We looked at how complaints were managed within the service. On the day of inspection we were informed that the last complaint made against the service was April 2013. There was evidence that this complaint was dealt with by the registered manager and there was an audit trail of information gathered and shared. Letters written by the registered manager were evident however, no action plan as a result of negative feedback was available which made it difficult to evidence how complaints were analysed to assess any trends or patterns.

Denham Garden Village is set in a large residential area with over 300 properties. On site, a range of activities were provided to people including access to the village shop and bar/restaurant, hairdressers, gym, swimming pool and a nail bar. Other activities were offered to all people who lived at Denham Garden Village including arts and crafts, bridge club and walking clubs. Access to the community was well linked with a bus stop which provided a service from the main entrance of the village. The registered manager had identified through speaking with staff and people who used their service that some people found it difficult to use the services provided by the village and sometimes felt excluded as they needed assistance from carers to undertake activities. The registered manager provided us evidence of how they intended to use a communal room at the village to provide activities specifically for people who used their services. This was to promote people's social stimulation, and to undertake activities in an environment where they felt comfortable.

**It is recommended that the provider ensures complaints are responded too and monitored to ensure improvements are made where required.**

# Is the service well-led?

## Our findings

During our visit, the service was going through a transition period. The transition was at a provider level where it was recognised that improvements needed to be made in regards to care planning and operational effectiveness. As the service was still waiting on documentation and systems to be put in place, we could not assess how things would improve as they could not yet be evidenced, however we were provided with a comprehensive action plan of when actions would be completed which would reflect the new ways of working under the new transition. We were advised by senior staff that a sense of ‘complacency’ had occurred whilst waiting for new documentation, hence the service was not being maintained as it should be which resulted in deficiencies in how the service was currently run and managed.

We found evidence was not always documented or recorded which made it difficult to run an efficient service. For example, when documentation was requested at the inspection, it was not always written down. This meant if the registered manager or care manager was away from the service, an outside person would not be able to trace changes to people’s needs, or to follow up any actions. Policies were not always applicable to domiciliary care agencies which meant guidance was limited for the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. This was because the service was not adequately recording and documenting within the service.

We spoke with the registered manager about the management structure at Denham Garden Village. At present, the general manager’s position was vacant. The general manager’s role was to support the registered manager in regards to the running of the service. The registered manager told us things had been difficult as both previous general managers had no care experience. This meant the registered manager did not always receive

the support they needed. A newly recruited ‘Dementia and Care Advisor’ was currently supporting the registered manager at the time of our inspection which meant the registered manager was receiving support from someone with care experience. On discussions at a provider level, it was apparent that this service had not received much support as it was a ‘unique’ service compared to other services run by the provider.

People we spoke with told us they felt the service was well led and overall they were happy with the service they received. Comments included “Yes I would recommend them. There’s always someone around when I ring. The staff are very competent”, “It’s well managed”, “Definitely recommend them 100%”, “Occasionally I get their answer phone, they always ring me back”,

“Very well managed, 9.5 out of ten” and “It’s well managed I would say. The staff know what they are supposed to do. I would score them 9 out of 10.”

There appeared to be little evidence of the provider obtaining the views of people who use the service on a regular basis. Although the registered manager advised that a corporate annual survey was conducted at a provider level. The results of this survey were not shared with the registered manager. This made the development of the service difficult. No analysis was undertaken at location level, however we were advised as part of the transition process that in the future the corporate quality team would share this information.

There was no evidence of a robust system in place to monitor the quality of the service. Although the registered manager advised that they often had telephone calls from people who used the service, this was not recorded, and no evidence of what action had been taken as a result. There was some evidence of quality spot checks but these were not undertaken regularly. This meant it was difficult to evidence what quality monitoring was undertaken, and how this fed back into the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**How the regulation was not being met:** The service was not adequately recording and documenting within the service. Regulation 17 (2) (d).

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**How the regulation was not being met:** Staff were not properly supported and monitored and were not receiving appropriate supervision. Regulation 18 (2).