

Anchor Trust

# Anchor Integrated Care & Housing Village - Denham Garden Village

## 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 25, 30 July 2018 and 1 August 2018. It was an announced visit to the service.

We previously inspected the service on the 1 and 2 December 2016. The service was rated Requires Improvement at the time. That was the second time the service had been rated Requires Improvement. We made five recommendations across the domains of Safe, Effective and Well-Led. At this inspection we found improvements had been made in all areas identified.

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. At the time of the inspection 25 people were being supported with personal care.

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.

We received positive feedback from people, their relatives and staff on how the service was led. Comments included "The care assistants are of the highest quality. I cannot fault them, I am given excellent care," "I cannot speak highly enough of them [Care workers], professional, wonderful and friendly and "They [care workers] are absolutely wonderful, incredibly kind, compassionate and caring."

Staff were aware of how to safeguard people from abuse and knew what action to take if a concern was raised.

The provider had processes in place to ensure the staff had the required skills and experience to work with people. All the required pre-employment checks were routinely carried out.

Staff were supported to develop their skills and knowledge through training. Staff felt supported in their role and received regular communication and one to one meetings with their line manager.

Staff were aware of the need to report any incidents and accidents.

People were supported by staff that had developed a good working relationship with them. Staff were aware of people's likes and dislikes.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice. Staff

Systems were in place to monitor the quality of the service. The provider shared learning and knowledge across the organisation to ensure people received safe, compassionate and kind service.

## 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.

People were supported by staff who had been recruited through a safe process.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

### Is the service effective?

Good ●

The service was effective.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

People were referred to external healthcare professionals when a change in their health had been noted.

### Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

Staff were supported to promote equality and diversity.

### **Is the service well-led?**

The service was well-led.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission.

People told us the registered manager was approachable and managed feedback about the service in a timely manner.

**Good** ●

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## 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.

The inspection was carried out by two inspectors. On day one of the inspection one inspector visited the office. Following the office visit the two inspectors contacted people, their relatives, community professionals and staff to gather more feedback on the service.

We gave the service 48 hours' notice of the inspection as we needed to ensure the registered manager would be available to support us.

Inspection site visit activity started on 25 July 2018 and ended on 01 August 2018. We visited the office location on 25 July 2018 to see the registered manager and office staff; and to review care records and policies and procedures. Whilst at the office we looked at five people's care plan and medicine records. We looked at three staff recruitment and training records and reviewed policies and procedures. The registered manager provided us with information about compliments, complaints and quality assurance processes.

Prior to the inspection the service completed a Provider Information Return (PIR). A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider an opportunity to share what improvements they had planned to make during the inspection. We reviewed notifications and any other information we had received. A notification is information about important events which the service is

required to send us by law.

We used the feedback from questionnaires we sent out to people to inform our inspection. These confirmed improvements had been made as we received one hundred percent positive feedback from all who completed a questionnaire.

## Is the service safe?

### Our findings

People told us they felt safe and staff promoted their safety. Comments from people included, "Yes, we have a team of five carers who we know so I feel it's safe," "Yes, they give safe care, they do very well. Same carers mostly. I have no problems but can speak to the manager, no complaints though. They help me with whatever I want. I am quite content, could be worse off elsewhere. There is nothing I think they could do better, I couldn't live in a better place" and "I feel quite safe. There are quite a lot of carers, some are more efficient than others and remember to do everything I need."

At the previous inspection carried out on 1 and 2 December 2016, we made a recommendation the serviced followed best practice in relation to the recruitment of new staff. At this inspection we found improvements had been made. Since the last inspection the service was supported by a central recruitment team. The provider was aware of the requirements and procedures for recruiting staff with the appropriate experience and character to work with people. Pre-employment checks were completed for staff. These included employment history and references from previous employment. A Disclosure and Barring Service checks (DBS) was routinely carried out and received prior to the member of staff commencing work. A DBS is a criminal record check. The registered manager had a checklist in place to ensure all staff personnel files contained all the required checks.

At the previous inspection carried out on 1 and 2 December 2016, we made a recommendation about the monitoring of late and missed calls. At this inspection we found improvements had been made. People told us there were enough staff to support them; this was supported by what staff told us. The registered manager used a two-week rolling rota. Any gaps in the rota were quickly filled by existing staff. People gave us positive feedback. One person told us "They [Care worker] are rarely late, but if they are delayed I always get a call." Another person told us "They are punctual within five minutes either side and stay the hour, and sometimes over the hour to be flexible." The registered manager had implemented a system for checking if all planned visits had been carried out. Checks were carried out daily and any differences between actual and planned visits were quickly investigated.

At the previous inspection we made a recommendation about the provider's medicine policy. At this inspection we found the policy had been updated. People who required support with managing and taking their prescribed medicine had this detailed in their care plan. Medicine administration records (MAR's) detailed what the medicine was and when it was required. We found MAR's to be completed appropriately. We found the service responded quickly to any gaps in MAR's and incident forms completed. People told us they were supported with their medicine in a safe manner. Staff told us medicines were managed well within the service.

Some people were prescribed medicines for occasional use (PRN) we saw this was recorded on the MAR. However, this was often listed with other routine medicine. We noted the service did not ensure staff had additional guidance for them to follow. It is good practice for services to have additional information recorded for PRN medicine. Sometimes this is called a 'PRN protocol'. These documents would include specific information on when the medicine should be given. We checked a selection of records and found



this was not the case. This meant there was a danger for people to have received excessive dosages or none at all. We discussed this with the registered manager and regional manager. We checked the provider's medicine policy and noted it referred to a 'protocol'. The registered manager advised us people who were currently supported were able to communicate if they required PRN medicines. However, they acknowledged the need for protocols for people living with a dementia. We received reassurance from the provider PRN protocols would be implemented in the near future.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority. The registered manager had supported a person who had been financially abused. The general manager of the retirement village had received a compliment from the investigating police officer. They [Police officer] stated "[Name of registered manager should be commended for not only bringing the matter to the police but also following the matter through to its conclusion." The registered manager told us "I put my heart and soul into making sure she [Service user] got the support she needed."

Risks posed to people as a result of their medical condition, home environment or level of support required were assessed. Risk assessments were written for a variety of elements of providing care and support to a person. For instance, people who were at high risk of falling had a falls risk assessment and falls prevention plan in place. Where people wished to remain independent with taking their prescribed medicines a risk assessment was completed to ensure they were safe to do that. One person was at risk of excessive bleeding due to the medicine they took. A risk assessment was in place to ensure the staff monitored the person skin and reported any concerns to the community nursing team. Risk assessments were personalised to ensure only risks that were relevant to a person were assessed and mitigated.

Incident and accidents were recorded. Staff were aware of the need to report incidents and accidents and made sure safety concerns were escalated when needed; to ensure lesson were learnt when the service fell short of the expected standard. The registered manager was required to share all accidents and incidents with the provider's senior management team.

The registered manager gave us a number of examples on how they had changed practice as a result of learning from when things did not go as planned. For instance, one person had requested they received a list of the staff who would be attending the following week via email. We noted this had been implemented. We found both the registered manager and provider open to learning from events.

We found the provider and registered manager were open to feedback and had clearly acted on feedback from the last inspection. All the recommendations made at the last inspection had been resolved. Systems were in place for shared learning across the providers' locations. Regional managers and head of quality managers ensured they shared learning across the organisation. Following feedback from people and their relatives about out of hours and 'on call' services the service had employed a night time worker who could respond to any unplanned care needs overnight. We received positive feedback from people about the overnight support. One relative told us "There is a permanent night staff on duty who is really good in emergencies and has been a great help when my wife has fallen."

Staff had received training in the prevention of infections and had access to personal protective equipment (PPE). One member of staff told us "The cupboard is topped up regularly, we always have access to gloves." Staff who were required to support people with their meals had received training in food safety.

## Is the service effective?

### Our findings

Prior to people receiving support their needs were assessed by the registered manager. The 'pre-assessment' gathered important information about a person. The assessment covered health, emotional wellbeing, communication and mobility as examples. It ensured the registered manager could develop a care plan which was person centred and gave staff guidance on how to provide effective care.

At the previous inspection carried out on 1 and 2 December 2016, we made a recommendation about maintaining accurate records of meetings held with staff to support and manage their performance. At this inspection we noted improvements had been made. Staff told us they felt supported by the management. We checked if staff were offered one to one meetings with a manager in line with the provider's policy. We noted staff had received the appropriate support. The registered manager had a system in place to monitor when staff required a one to one meeting and an annual appraisal of their performance.

New staff were supported to study the Care Certificate. The Care Certificate is a set of nationally recognised standards all care staff need to meet. The standards include communication, privacy and dignity; equality and diversity and working in a person-centred way as examples. Staff were required to attend training the provider deemed mandatory. Topics studied included, Safeguarding, fire safety and moving and handling people. Staff gave us positive feedback about training provided. One care worker told "We have constant training." The provider had an in-house training department. Where new training needs were identified the registered manager was able to request training sessions for staff.

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. The service routinely sought consent from people. Staff told us they always involved people in decision making and asked them how they would like to be supported.

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. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (COP). The staff received training on the MCA and had a good understanding on how to support people. At the time of the inspection no-one who was supported had been referred to the COP. The registered manager told us they requested a copy of any legal powers a third party had to enable them to act of a person's behalf. For instance, a lasting power of attorney. This ensured the service was acting within the MCA.

Where people required support with eating and drinking this was detailed in their care plan. Some people were supported to eat at the onsite restaurant facility. Other people were supported with the heating of a pre-prepared meal or making a meal. One person told us "[Name of care worker] is really good and she helps me cook." At the time of the inspection no-one supported was at risk of malnutrition. However, the registered manager was aware of how to refer a person to external healthcare professionals if care workers

were concerned about a person's weight.

People were referred to the GP or community nursing service when changes were noted in their medical condition. When people were discharged from hospital we saw the service maintained regular contact with hospital staff to ensure the person had all the appropriate support and equipment in place. A relative told us they were always kept up to date with their family members health. They told us "They did communicate with me about my mother's health. They called me when she became ill and they contacted the paramedics directly and stayed with her."

The management team supported staff to work together to promote effective care to people. This included ensuring a handover meeting was made each day. This was an opportunity for important information to be shared amongst staff. Staff told us that they felt communication was good within the team. One member of staff told us. "The morning meeting is really good, we all share how we have supported a person, so if someone is struggling another worker may have a solution." Another member of staff told us " We have good communication."

## Is the service caring?

### Our findings

We received positive feedback from people and their relatives. One hundred percent of people and their relatives who completed a questionnaire told us they felt the staff were kind and caring. One person who completed a questionnaire told us "The care assistants are of the highest quality. I cannot fault them, I am given excellent care." A relative who completed a questionnaire commented "They are kind, caring and couldn't do more for him." They went onto to say "The carers are punctual and often stay longer if they feel it's necessary. Nothing is too much trouble."

This feedback was replicated by people we spoke with after the site visit. People told us they had developed good working relationships with staff. One person told us "All five girls are good but all have different personalities, but most importantly have built a good relationship with us." Relatives expressed they were happy with the support provided. One relative told us "Carers understood my mother's needs. They were very caring and supportive. They didn't rush her." Another relative told us "I cannot speak highly enough of them [Care workers], professional, wonderful and friendly. I talk to a lot of people who have different carers. It is clear I receive a much better service than some. I recommend them at every opportunity." A third relative told us "They [care workers] are absolutely wonderful, incredibly kind, compassionate and caring."

People were encouraged to be independent. The service had received positive feedback from a relative who had commented "In recent years she has needed significant amount of support in order to continue to live independently...an outstanding level of care my mother is receiving from the team of dedicated and genuinely caring people." One person told us "Yes, they help me use the toilet and partly with washing because I'm in a wheel chair. I do some personal care myself, the bits I can do. They understand what I need and they're caring and friendly." Care plans reflected the promotion of independence. For instance, many people supported managed their own medicine.

People were supported by staff who knew how to promote people's dignity and promote privacy. One member of staff told us "I said to the family, just give us five minutes to support [relative] and then you can go back in." They went onto to tell "You have to protect people's dignity don't you." Another member of staff told us "Dignity. I always ensure I keep a person covered as much as possible before and after personal care. I'm careful to make sure that I'm respectful at all times and carryout out their wishes." A relative told us "It's good, they are all caring and considerate. They are respectful and respond well to my wife's needs. I am not with them when they do my wife's personal care but they take their time, which indicates to me they don't rush her." Another relative told us "They [Care workers] know how to treat him respectfully and ensure his dignity."

People's care records were held securely and only people who required access to them had it. We found care records to be updated in a timely manner and with good content of what support had been provided.

People were encouraged to express their views, choices and wants. They were actively involved in decisions about their care. Information about other supportive services were made available to people. One person told us "Anchor keep me updated, constantly send documents and update about developments, not all of it

useful. The office will help with any concerns and organise maintenance, gardeners, window cleaning."

## Is the service responsive?

### Our findings

People told us they received a personalised service that was responsive to their needs. One relative told us "The care visits are arranged around us and what we want to do." A relative told us "They were really responsive and helpful ... Largely wonderful carers."

Each person had a care plan in place which detailed the support they required from care staff. Reviews were carried out to ensure the care was meeting their needs. People told us the management were flexible in changes to care needs. One relative told us "There was some flexibility for changes to the support hours, so if we had a family visit we could reduce hours." Another relative told us "We have a big family function coming up, I don't usually have a lot of support at weekends, however I am working with [Name of registered manager] to arrange additional cover so it will enable me to join in with family, but also ensure my husband receives a respectful and dignified service."

People took an active part in decisions about their care. People told us they were in regular contact with the registered manager and care workers always communicated any changes in need. One relative told us "They don't need to help much with health, but they did notice an injury after my wife had fallen and went to hospital. They told me and recorded this in their note book and kept an eye on it." Care workers supported people to attend social events of their choosing. One member of staff told us "It's independent living at Denham so the majority of people take part in activities that are arranged by the residents. We do assist people with social events such as going out for a meal, going shopping, visiting garden centres. The customers can request to go anywhere. We book a taxi and go with them."

The service was aware of the Equality Act 2010. The registered manager told us about a person who had been supported by the team who had lived with a same sex partner. The couple had moved into the village together. The person supported had been bereaved and it was important for them to remember their partner of many years. The registered manager spoke fondly of the support provided to the person. Staff had received training on equality and diversity and were able to communicate the learning they had taken from it. The provider promoted the needs of lesbian, gay, bisexual and transgendered (LGBT) people. Posters displaying contact numbers for support groups were made available to people. The registered manager told us they had asked a person they supported if they wanted support to attend the local LGBT group. However, the person had chosen not to attend.

The service was aware of the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager and care workers told us they used a white board to communicate with one person who was severe hearing loss. One care worker told us "They [The person] also has a picture board, but they tend to use the white board instead." Communication needs was one of the key domains assessed by the service. We noted the care plan for the person who used the white board clearly documented how they wished to communicate with staff.

The provider had systems in place for people and their relatives to provide negative and positive feedback. Complaints made to the registered manager were used as opportunities to develop the service. People told us they would not hesitate to contact the registered manager. It was clear from the discussions with staff and people that the registered manager was approachable. One person told us "There are annual meetings for residents, they are open with complaints and what they've done about it. If there was something serious I would speak up to the manager but there's nothing really." Another person told us "I've got no complaints, I could speak to manager but I don't have any issues."

At the time of the inspection the service was not supporting anyone with end of life care needs. However, the service had supported people with end of life care needs. People were offered an opportunity to discuss their end of life care needs. For instance, their wishes and choices on how they would like to be treated. A member of staff spoke fondly and passionately about when they had supported someone at the end of their life. They told us "I knew [Name of person] liked a good singalong as they had been a landlady of a pub. I made sure I was on duty all the weekend, so I could support her. Every time I went in I hummed and sang to her. She smiled back to me." The member of staff went onto say "It was very special and I get emotional when I think about it." A relative gave us positive feedback about how their family member had been supported at the end of their life. They told us "They were very caring when she died and came to see us when we were clearing out her flat to offer their condolences. They were very fond of her and were supportive."

## Is the service well-led?

### Our findings

People, their relatives and staff gave us positive feedback about how the service was run. One person told us "[Name of registered manager] was approachable. I complained to her about the on-call situation and she said she would pass on my concerns to Anchor Housing. Another person told us [Name of registered manager] is a sweetie."

Staff gave us positive feedback about the positive changes implemented by the registered manager. One member of staff told us "The atmosphere is so different, [Name of registered manager] is always at the end of the phone, she is brilliant." This was supported by what another member of staff told us, "[Name of registered manager] is relaxed and approachable." Staff told us there was good communication amongst the team and the changes made to the paper work had helped them understand people's needs better. There was a clear culture within the organisation which was communicated to new staff during their induction.

Staff told us they felt valued. We noted the registered manager encouraged feedback from staff. We saw the registered manager had thanked the staff for their hard work. One member of staff told us "My manager tells staff she likes their ideas and suggestions because we are the ones out doing the care and she appreciates our input. Some of my suggestions have been used which makes me feel I'm doing a good job. Some of my suggestions are discussed and I'm told why they wouldn't work very well."

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when an allegation of abuse had been made. The registered manager told us they had made a number of referrals to the local authority safeguarding team. We checked our records and we had been notified of events when they had occurred.

There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. One of the events which would trigger DOC is when a person has a serious injury resulting in a fractured bone. We asked the registered manager to confirm what action they would take in the event of the DOC threshold being met. We were satisfied the registered manager was aware of the requirements of the regulation.

Some processes were in place to monitor the quality of the service provided to people. The service had recently sent a survey to people who were supported. The provider also took part in a wider annual survey for the whole village. People and staff were asked for feedback about the service and any suggested changes regularly.

The registered manager held staff meetings at regular intervals. These meetings were used to share important information and discuss what support was available for staff.



The provider had quality assurance systems in place and forums for sharing information with staff. The regional manager held fortnightly conference calls with the registered manager. The provider facilitated 6 monthly conferences to share learning and knowledge across the organisation. The provider had a set of key performance indicators (KPI's) which were reported to the board of directors on a regular basis. One of the KPI's was for the completion of staff training. The registered manager had been praised by one of the directors for achieving 99.54% compliance with mandatory training completion.

The provider had policies and procedures in place to help them manage the service. Changes had been made to the medicine policy following our last inspection. Throughout the inspection we found the registered manager and office staff receptive to our findings and keen to improve the service for the benefit of people being supported. The registered manager demonstrated they were open to develop the service for the benefit of people being supported.

The service worked in partnership with the local community. The registered manager held meetings with the general manager of the care village. The meetings were used as opportunities to share information and learn from events that had occurred. The registered manager told us they had forged links with the local hospitals to ensure when the people they supported were admitted, important information was shared with them. The service also worked in partnership with local authorities. One relative told us "[Name of registered manager] had been instrumental in a meeting with a social worker. We all met together to discuss my husband's needs. She [Registered manager], put my case forward and as a result we got the care that enables me to still work."