Anchor Trust

Bishopstoke Park

Inspection report

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Date of inspection visit:
14 January 2016

Date of publication:
28 January 2016

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

The inspection was carried out on the 14 January 2016. Forty-eight hours' notice of the inspection was given to ensure that the registered manager, staff and people we needed to speak with were available.

Bishopstoke Park provides personal care to older adults living in their own homes on an assisted living development. At the time of our inspection two people were receiving personal care from Bishopstoke Park.

The service had a registered manager. 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.

There were enough staff to support people effectively and staff were knowledgeable about how to spot the signs of abuse and report it appropriately. People said they felt safe with care staff and were complimentary about the staff caring for them. The registered manager took immediate action to ensure missing information for essential pre-employment checks was available. Medicines were managed safely and people received their medicines when they needed them.

People said they were satisfied with the service. They told us care was provided with respect for their dignity. Staff, and the registered manager, knew how the Mental Capacity Act 2005 affected their work. They always asked for consent from people before providing care

People's care plans were person-centred and their preferences were respected. Care plans were reviewed regularly and people felt involved in the way their care was planned and delivered. People were asked for feedback on the service they received and any concerns were addressed promptly.

Staff had completed training appropriate to their role and an on-going plan of training was in place. People said staff were caring and that they promoted a friendly atmosphere with them. Staff spoke about people in a kind and caring manner.

Staff said they worked well as a team and that the managers provided support and guidance as they needed it. Procedures were in place to investigate complaints and learn from any accidents or incidents.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

The registered manager took immediate action to ensure missing information for essential pre-employment checks was available. There were sufficient staff to provide people with the care they required.

People said they felt safe. Staff were aware of safeguarding and knew how to recognise and report suspected abuse.

Medicines were administered safely and systems were in place to assess risks and manage emergency situations.

Is the service effective?

Inspected but not rated

Staff completed training appropriate to their role. They were supported through formal and informal supervision.

Staff were aware of the Mental Capacity Act 2005 and how this affected the care they provided. People said staff always obtained their consent before providing care.

Staff knew people's needs and records showed people received appropriate care.

Is the service caring?

Inspected but not rated

People said staff were kind and caring. Staff had built good relationships with the people they provided care for.

Staff respected people's privacy and dignity. People felt involved in their care and that they were encouraged to be as independent as they could be.

Is the service responsive?

Inspected but not rated

People received individualised care that met their needs. Their choices and preferences were respected.

Staff responded to people's changing needs. People felt confident that concerns and complaints would be acted on promptly.

Is the service well-led?

Inspected but not rated

The provider had formal quality assurance systems which were supported by formal and informal monitoring of the service by the managers.

Staff could access advice and guidance, worked as a team and they felt supported and well-led.

Bishopstoke Park

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 on 14 January 2016 and was announced. Forty-eight hours' notice of the inspection was given to ensure that the people we needed to speak with were available. This was the first inspection for this provider who was registered in January 2015, and this location which was registered in August 2015.

The inspection was carried out by one inspector. We reviewed the information we held about the service including the registration report. Before the inspection, the registered manager 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. Surveys were sent to staff and people using the service. We received five completed surveys from staff and one from a person using the service.

We spoke with both of the people using the service. We spoke with two care staff, deputy manager and the registered manager. We looked at care plans and associated records for both people including records held in one person's home. We also looked at staff duty records, three recruitment files, medicine administration records, the provider's policies, procedures and records relating to the management of the service.

We have not provided a quality rating for this service. This is because at the time of the inspection the service was providing a service for a small number of people. We were therefore unable to assess how they would provide a service when more people were being supported.

This was the first inspection for the service since it was registered in April 2015.

Inspected but not rated

Is the service safe?

Our findings

People said they felt safe. They told us they were cared for by staff who took their time and provided care in a safe manner. One person told us "they always arrive when I expect them and help me as I need to be helped". Another person said "Yes I feel very safe, if I need anything I can contact them and they will come round". Both people said they would have no hesitation in contacting the registered manager if they had any concerns about the care they received. Prior to the inspection we sent surveys to staff and people. One person completed the survey and stated 'I feel safe from abuse and or harm from my care and support workers'.

Recruitment and selection processes had not ensure that all essential pre-employment checks were completed before new staff commenced working with vulnerable people. The provider described the recruitment procedure in use and we viewed three recruitment records. Candidates completed an application form and if suitable, were invited to an interview with the registered manager. The application form did not direct staff to list all previous employment. The structured interview form included a question about this, but it had not been completed for two applicants whose files we looked at. Neither had submitted a curriculum vitae (cv) with their application form, which would have provided this information. Therefore a full employment history was not available for all staff. Two references had been sought for all staff but for two of the three staff these had not included previous employers who had been care providers. The registered manager took immediate action to rectify this and notified us soon after the inspection that the missing information and references were now available. A Disclosure and Barring Service (DBS) check had been completed for all staff.

There were sufficient staff to provide the care and support people needed. Staff were always available on site and people were able to access help in an emergency 24 hours a day. People said they always received the care they required, at the time they required, and never had to wait for care staff to arrive. Staff told us they had time to complete all planned care tasks and any extra actions people asked them for help with. Staff said they had time to chat with people and that no care calls were scheduled to last for less than half an hour so they did not have to rush people.

Staff knew what to do if they suspected abuse and had received relevant training as part of their induction. Staff could identify the signs that abuse might be taking place and felt confident to report their concerns internally and follow up these up with the local authority or CQC if necessary. One member of staff said, "I would report any concerns to [name deputy manager]. I know they would take it seriously but if they didn't I could contact you [CQC] or social services". They added "there is a poster in the staff room about safeguarding and whistleblowing". In a survey completed by five staff prior to the inspection they all stated 'I would feel confident about reporting any concerns or poor practice to my managers'. Staff knew about whistle blowing procedures and were aware of their personal responsibility to report unsafe practices to the relevant authorities. They were also aware of the provider's whistleblowing phone line which they could use confidentially to report concerns to or seek advice from. The registered manager and deputy manager were aware of their responsibilities for safeguarding. They were aware of who to contact at the local authority if they had any concerns about people's safety.

Medicines were managed safely. One person managed their own medicines, whilst the other was prompted by staff to take their medicines. They were fully aware of what the medicine was for and when they should take it. Staff had completed Medication Administration Records (MARs) when they had administered medicines or supported both people with the application of topical creams. Staff involved in the administration of medicine had completed medicines management training. They knew people's needs in relation to medicines and information was included in care plans. Systems were in place, and in use, to ensure staff knew which prescribed topical creams should be used for each person and where they should be applied. Care staff confirmed they always used gloves when applying topical creams.

The provider had procedures in place to investigate and manage accidents and untoward incidents should these occur. This included a system whereby the provider could monitor and ensure appropriate action had been taken. Individual risks were identified during the initial assessment process and information to mitigate risks was included in care plans. Risk assessments were developed with people and the registered manager described how they included the person in the risk assessment.

Staff knew the procedure to follow in the event of an emergency. Staff told us they would immediately contact the manager or onsite reception desk who would arrange for assistance if this were required. Staff told us they were provided with 'walkie talkies' or could use the person own phone to internally call for assistance. Staff were correctly able to describe the action they would take in a variety of emergency situations and confirmed they had received relevant training in first aid and fire awareness.

Inspected but not rated

Is the service effective?

Our findings

People were confident that care staff had the skills to care for them effectively. One person said, "Everything is going well. I get all the help I need". Another person said, "I cannot fault them", adding, "they do everything very well". Prior to the inspection one person completed a survey we had sent to people. They responded positively to all questions stating 'I receive care and support from familiar, consistent care and support workers'. Also 'My care and support workers arrive on time and 'have the skills and knowledge to give me the care and support I need and stay the correct length of time'.

Staff had completed a range of training appropriate to their role. A member of staff said, "my induction was very good, it covered lots of things I need to know or be aware of to do my job". Within the completed surveys staff all responded 'I completed an induction which prepared me fully for my role before I worked unsupervised'. Staff also all stated 'I get the training I need to enable me to meet people's needs, choices and preferences'. There was a comprehensive induction training programme which covered all necessary areas either via e learning or practical sessions. The registered manager had a clear view of the training needs of the care staff and ensured these were met. They stated that should any specific additional training be required they had the resources to arrange this. For example, two staff had undertaken additional training to provide moving and handling training for other staff. Staff told us they were supported to complete professionally recognised qualifications in care. Two staff already had a level 2 qualification and were doing level three qualifications. The providers systems monitored training and records viewed showed that all staff had completed all necessary training for their roles.

Staff were supported informally and via formal supervision. All staff responded yes to the question 'I receive regular supervision and appraisal which enhances my skills and learning' on surveys completed by them. New staff were subject to a probation period during which they received supervision at four, eight and twelve weeks of employment. Following this individual supervision sessions were planned to be held at three monthly intervals. Records showed these meetings identified actions for the staff member and registered manager. Staff said they felt supported by the management team and that they could access the office at any time if they had concerns or needed support. They added that they had the deputy managers contact details and felt able to phone them out of hours when neither of the managers was in the office. The deputy manager undertook some care calls with care staff providing an opportunity to observe them in action. They identified this provided a good way to supervise care staff and ensure they were providing appropriate care for people. Appraisals had not been held as the agency had not been registered for a year.

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff were aware of the Mental Capacity Act 2005 (MCA) and how this affected the care they provided. The registered manager, deputy manager and staff had completed MCA training and were familiar with the code of practice relating to the MCA. Both people had the ability to make decisions themselves. We saw within one care plan

how the deputy manager had spent time with one person discussing a potential risk in their environment. The person had understood the risk and made the decision that they were willing to take the risk posed and keep their home as they preferred. This demonstrated that the deputy manager understood people had the right to make decisions even when these may be potentially unwise decisions. The management team were aware of the actions they would need to take if a person was not able to make a decision.

People said they were always asked for their consent before care was provided. One person said, "They ask me what I want, and I tell them". Care plans included a 'consent to care' form signed by the person. Daily records showed that when people declined planned and offered care this was respected. For example, a record stated '[name of person] said did not want a shower as feeling unwell, so assisted to wash'. Staff said they gained people's consent before providing care. One staff member said, "We always ask first, it's their choice every time".

Staff knew people's needs and described how to meet them effectively. Staff recorded the care and support they provided and a sample of the records viewed demonstrated that care was delivered in line with their care plan. A handover record was made so that staff coming on shift were aware of people's most recent needs and any changes from previously. In surveys completed prior to the inspection all staff stated 'The time allowed for each visit means that I am able to complete all of the care and support required by the person's care plan'.

People's health needs were met. Care plans contained information about people's health and personal care needs and any action that was required to meet these. Where people required health care this was arranged in a timely manner. One person said, "they called the paramedics really quickly when I fell down". Care files contained a record of contact with external health professionals such as GP's, district nurses or specialists such as speech therapists. Discussions with the managers showed they were aware of how to access external professionals.

Neither of the people using the service required assistance to eat their meals. Care plans contained information about any special diets people required. One person told us "if I ask them to make me a sandwich they do". Care staff involved in the preparation of food had completed appropriate food hygiene training.

Inspected but not rated

Is the service caring?

Our findings

People and a relative said staff were caring. One person said, "they are wonderful, they are jolly good. Always smiling and cheerful". The other person told us "it's always one I know, which is good as they have got to know how I like things done and where everything is kept so I don't have to keep telling them". In a survey completed prior to the inspection one person said 'My care and support workers are caring and kind'. They also stated 'My care and support workers always treat me with respect and dignity'. People said they had good relationships with the staff caring for them. One person said, "we have a chat and I've got to know them".

Care staff said they always kept dignity in mind when providing personal care to people. People said this was how care was delivered. One person said, "When I first moved in I didn't have my curtains up yet so [name of carer] held a big towel up at the window whilst I got dressed". A care staff member described how they ensured people's dignity when removing and transporting clinical waste from people's homes. The system used ensured discretion and maintained people's dignity. In the surveys completed prior to the inspection all staff stated 'People who use this care agency are always treated with respect and dignity by staff'.

People said care staff consulted them about their care and how it was provided. Staff knew what person-centred care meant and could relate how they provided it. They knew people's likes, dislikes and preferences. They were knowledgeable about people's individual needs and how to ensure these were met. One staff said, "each person is different. I focus on the person, and treat them as individuals". Care plans were sufficiently detailed and showed people were involved in the planning and reviews of their care. Care plans stated how much assistance people needed and what they could do independently. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely.

Care staff respected people's rights to refuse care. They told us that if a person did not want care they would try to encourage them but then record that care had not been provided and why. Care staff also said they would inform the registered manager or deputy manager. We saw in daily records that care staff had recorded when care was refused confirming what they had told us. This showed staff respected people's opinions and only provided care with people's agreement.

All records relating to people were kept secure within the agency office with access restricted to only staff who should have need of access. Records kept on computer systems were also secure with passwords to restrict access.

Inspected but not rated

Is the service responsive?

Our findings

People received individualised care that met their needs. Both people were very satisfied with their care and the way it was planned and delivered. One person said, "my needs are certainly met". The other person said "They always check if there is anything else I need help with before they leave, they are very attentive like that". They added "if they know I'm not feeling well then someone will pop in later on to check I've had something to eat and I'm ok". We heard staff and the deputy manager discussing a person living in the complex who was not receiving regular support from the care team. The person was known to be unwell and waiting for the doctor to visit and staff were 'keeping an eye' on them. The deputy manager said they were able to provide 'ad hoc' support to people when required for which there was usually no additional cost.

The management team explained that they could be involved in the assessments of people's needs prior to people purchasing apartments. They said this meant that if people's care and support needs could not be met by the agency people could be informed of this and alternatives such as the on-site residential home offered. They told us the sales team would contact them if they identified that a person may require a care service. This meant the agency would be able to ensure they were in a positon to meet people's needs when they moved into their apartment.

In a survey completed by a person prior to the inspection they stated 'I am involved in decision-making about my care and support needs'. Care plans reflected people's individual needs and were not task focussed. For example, care plans detailed the support a person needed with showering, stating the person could do most of this them self but needed help washing their back. Copies of care plans were seen in people's homes allowing staff to check any information whilst providing care. There was a system that care plans would be reviewed and updated as needs changed or on a regular basis.

A daily record of care provided was kept for each person. These records showed people occasionally required a change to their routine, perhaps due to ill health. Staff responded to this and ensured care was provided to the person. Staff were clear that if they felt they needed extra time to meet a person's needs they would let the management team know and were confident they would make any necessary arrangements. People were able to access additional support in an emergency. The managers stated that, should the need arise, they or a care staff member would respond and provide an ad-hoc visit to support the person.

People were confident that the registered manager took their concerns seriously and felt confident to raise any complaints. Both said they had no complaints about the service they received but if they did they named the deputy manager as the person they would approach. Information on how to make a complaint was included in information about the service provided to each person. Staff knew how to deal with any complaints or concerns according to the service's policy and stated they would pass these onto the management team. Should any complaints be received the management team stated they would record complaints and investigate these. We were told no complaints had been received since the service was registered in April 2015. The providers systems meant they would be able to view and track any complaints which would be discussed when senior managers visited the service.

Inspected but not rated

Is the service well-led?

Our findings

Both people were on first name terms with the management team. They expressed satisfaction with the way the service was organised and run. They said the managers were accessible, knowledgeable and friendly. One person said, "they are always available to listen; you couldn't find anyone better". Another commented, "they often pop in and sort things out if needed". Prior to the inspection surveys were received from one person. They commented 'In the [number removed] months I have been here, the service has been excellent'. They also said 'I would recommend this service to another person'. The deputy manager introduced us to both people when we visited their homes. It was evident from the reactions of both people that they knew the deputy manager well and felt relaxed in her presence. Discussions with the deputy manager showed they were fully aware of the needs of both people and had regular contact with them. In the completed survey one person said 'I know who to contact in the care agency if I need to'.

The provider had a system to check people were satisfied with the service they received with yearly questionnaires sent to all people. The deputy manager had identified that the agency had commenced providing a service after the 2015 surveys had been sent out and had therefore produced and sent out their own questionnaires in December 2015. We saw people receiving a support or care service had completed these and were very satisfied with the service they were receiving. In a completed survey we sent, one person said 'The care agency has asked what I think about the service they provide'. The deputy manager stated they would provide a questionnaire to all new people once they had been using the service for three months.

Staff told us the management team were supportive and they valued and promoted team work. They told us they could access advice and guidance at any time and this was encouraged. Both staff we spoke with stated they felt valued and enjoyed working at Bishopstoke Park. The said that if they had any problems the management team would sort it out but could also "go to the general manager or higher up if needed". Prior to the inspection staff completed surveys. One added the comment 'I'm so happy to be working here, its, Safe, Caring, Responsive, Well-Led. Everyone has been so friendly, and supportive. To see how we have gone from a building site to a lovely village, with real customers, has been fantastic. We are only supporting a few customers at the moment, but we will grow, and looking forward to supporting more people to enable them to live independently, knowing we are here when the time comes. Another said 'As this is a new development it is new to us all, it is a learning curve and we all work as a team where possible to get things done. One staff commented 'As a new project by Anchor I feel very positive. I feel they have a lot to achieve and can do it but feel they need to listen to their work force more'. They added that there were not many team meetings which they felt would aid communication between the management and staff members. Staff all responded that they would 'recommend this care agency to a member of my own family'. The provider had a staff helpline which staff told us they could contact if they had any issues which could not be resolved locally. Staff told us they did not have regular staff meetings but often spoke at handovers and had access to the management team when required.

The agency was located on a development providing a range of services to older people who had purchased their own apartments or lived in the on-site residential home. At the time of the inspection parts of the

development were still being completed therefore the agency remained small. The registered manager was now primarily responsible for the on-site residential home with the deputy manager running the care agency. However, it was evident that the registered manager remained fully aware of, and involved in the running of the agency. We were told the eventual plan would be for the deputy manager to become the registered manager for the care agency once they had completed further training. The complex had a general manager whose office was located adjacent to the care office and a regional manager who visited the complex regularly. The provider had a range of specialist advisers who the managers could contact if required. For example, in dementia care and safeguarding. There was therefore a clear management structure to ensure all management tasks were completed and ongoing support and supervision for the agency managers.

The management team described their core values of open, honest, transparency, dignity, privacy and choice. Care staff explained how they carried out their role with regard to people's independence, rights, dignity and respect. As a result staff were proud of their work and looked for ways to improve the service people received. Four of the five staff who completed surveys stated 'My managers are accessible and approachable and deal effectively with any concerns I raise'.

A representative of the provider visited the service monthly and carried out audits of records, talked with staff and with people using the service. The provider had quality monitoring systems in place that would monitor a range of quality indicators such as complaints, accidents and incidents. For example, the deputy manager showed us how the provider monitored the training staff had completed with a league table of all their locations showing which ones had completed all necessary training.

The deputy manager stated they reviewed all medication administration records and records of daily care when these were returned to the agency office at the end of each month. This helped them identify if people were receiving the correct care. They stated they would also undertake some care calls themselves or with care staff allowing them to observe care staff ensuring care was provided correctly. There was a system for reviewing care plans and risk assessments. The deputy manager told us they reviewed the care plans at least every three months.

Appropriate policies and procedures were in place and followed. Staff identified where the policies were located and that they could check these whenever they needed to do so. The management team discussed how they had been involved in the development of the provider's policies for domiciliary care. They stated they had spent time with senior managers in London to ensure the provider's policies were suitable for use in their setting. Management systems were therefore in place to support the agency as the number of people they provided a service for increased.