

Rhymecare Ltd

# The Anchorage Residential Care Home

## Inspection report

Coombelands Lane  
Pulborough  
West Sussex  
RH20 1AG

Tel: 01798872779  
Website: [www.allroundcare.co.uk](http://www.allroundcare.co.uk)

Date of inspection visit:  
18 October 2016

Date of publication:  
12 December 2016

## 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

The inspection took place on 18 October 2016 and was unannounced.

The Anchorage Residential Care Home provides residential care for up to 36 people older people in Pulborough. At the time of our visit there were 28 people living at the home. The home has a wide range of communal areas and well maintained accessible gardens.

The home had a registered manager in place. 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.

People were protected from risks to their health and wellbeing. Up to date plans were in place to manage risks, without unduly restricting people's independence.

People said they felt safe at the service and knew who they would speak to if they had concerns. The service followed the West Sussex safeguarding procedure, which was available to staff. Staff knew what their responsibilities were in reporting any suspicion of abuse.

People were treated with respect and their privacy was promoted. Staff were caring and responsive to the needs of the people they supported. People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way.

People's medicines were managed safely. People had enough to eat and drink throughout the day and night. The mealtime was an inclusive experience. After people had finished their meal many remained in the dining room chatting and drinking tea and coffee.

There was an open and friendly culture combined with a dedication to providing the best possible care to people. Staff at all levels were approachable, knowledgeable, professional, keen to talk about their work and committed to the on-going development of the home. The atmosphere in the home was happy and calm. People were engaged and occupied; they were interacting with each other and chatting. Every person we spoke to, without exception was extremely complimentary about the caring nature of the staff.

Staff received training to enable them to do their jobs safely and to a good standard. They felt the support received helped them to do their jobs well.

There were enough staff on duty to support people with their assessed needs. The registered manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. The registered manager followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People benefited from receiving a service from staff who worked well together as a team. The staff team took an obvious pride in their work, but were not complacent, and were looking for ways to improve the service. Staff were confident they could take any concerns to the management and these would be taken seriously. People were aware of how to raise a concern and were confident appropriate action would be taken.

The premises and gardens were well maintained. All maintenance and servicing checks were carried out, keeping people safe. People were empowered to contribute to improve the service. People had opportunities to feedback their views about the home and quality of the care they had received.

## 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

Risks to people had been assessed and appropriate measures were in place to manage the risk, without unduly restricting people's independence.

There were sufficient numbers of staff to provide care and meet people's individual needs in an unhurried manner.

Staff understood their responsibilities to protect people from abuse.

People told us they felt safe living at the home.

People medicines were administered safely.

### Is the service effective?

Good 

The service was effective.

Staff received the training, support and supervision they needed to be able to provide safe and effective care.

People were asked for their consent to care and treatment. Staff were aware of the principals of the Mental Capacity Act.

People were supported to have enough to eat and drink and high importance was placed on ensuring people were adequately hydrated. People enjoyed their meals and each other's company.

People health needs were assessed and monitored and appropriate referrals were made to other professionals, where necessary.

### Is the service caring?

Good 

The service was caring.

People were supported by staff that were committed to providing high quality care. Staff were quick to help and support people.

People were encouraged to make their own decisions. They were treated with kindness and respect; their dignity and privacy were upheld.

There was a friendly and relaxed atmosphere in the service with good conversation and rapport between staff and people.

### **Is the service responsive?**

**Good** ●

The service was responsive to people's needs.

People's care was delivered in a highly person centred way by staff who understood them. People were given the information they needed and were encouraged to make choices.

People were occupied and stimulated.

People were encouraged to raise any concerns and give feedback regarding their stay. Complaints were investigated and action taken to make improvements.

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

**Good** ●

The service was well-led.

The registered manager provided strong, clear leadership and ensured an enabling and person-centred culture was firmly embedded in the service.

Staff told us they were well managed, were treated with respect and were listened to. Morale was high and staff took great pride in their work.

Systems were in place to effectively monitor the quality and safety of the service. There was a clear commitment from all staff to the continuous improvement of the service.

There was an open culture in the service, focussing on the people who used the service. Staff felt comfortable to raise concerns if necessary.

# The Anchorage Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 October 2016 and was unannounced.

One inspector undertook this inspection.

Before the inspection, the provider 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. We also reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We looked at care records for four people, medication administration records (MAR), a number of policies and procedures, four staff files, staff training, induction and supervision records, staff rotas, complaints records, accident and incident records, audits and minutes of meetings.

During our inspection, we observed care, spoke with 11 people staying at the home, the deputy manager, the administrator, the compliance and training officer, the directors, two care staff on duty and one domestic.

The Anchorage Residential Care Home was last inspected in April 2013 where there were no concerns identified.

# Is the service safe?

## Our findings

People looked at ease with the staff that were caring for them. All people we spoke with told us that they liked the home. We were told that, "I love it here" and "It's marvellous". People told us that they liked the staff. Comments included, "They are so kind."

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding adults at risk. Staff were able to clearly describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. They said that they would raise any concerns with a senior member of staff. The deputy manager and the administrator were clear about when to report concerns. They were able to explain the processes to be followed to inform the local authority and the CQC. We were told that the registered manager also made sure staff understood their responsibilities in this area. The service followed the West Sussex policy on safeguarding; this was available to all staff as guidance for dealing with any such concerns.

Risks to people were carefully assessed on admission to the home. Risk assessments were completed. Where risks had been identified these had been assessed and actions were in place to mitigate them. For example people's risk of falls had been assessed. We saw that hoists, wheelchairs and walking frames were used to help people move around safely where required. Staff provided support in a way which minimised risk for people. The premises and gardens were well maintained and well presented. Environmental risk assessments had been completed, which assessed the overall safety of the home, including slip and trip hazards. All maintenance and servicing checks were carried out, keeping people safe.

There were enough staff to meet people's needs. We observed that staff supported people in a relaxed manner and spent time with them. During our visit we saw that staff were available and responded quickly to people. People did not wait for long periods of time when they required assistance. People said when they rang their call bells staff were very quick to respond and assist them. Staff and people living at the home told us they were happy with the staffing levels. We were told, "I just ring my bell, day or night and they just appear. It's excellent."

People's support needs were considered when completing the staffing rota and staffing levels were calculated appropriately. Staffing rotas for the past four weeks demonstrated that the staffing levels were sufficient to meet the needs of people using the service. There were five care staff in the morning, four in the afternoon and two at night. In addition to this there were ancillary staff for specific tasks, for example laundry, catering and domestic staff.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked, references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk. Staff records showed that, before new members of staff started work at the service,

criminal record checks were made with the Disclosure and Barring Service.

People's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines. There was a dedicated room for storing people's medicines. The room was clean and well organised. We saw that a lockable fridge was available to store medicines that required lower storage temperatures. Daily temperatures of the fridge were taken and recorded to ensure the fridge remained at a safe temperature. The medicines store room was locked when not in use and during the medicines administration round the trolley was locked when unattended. Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. Staff completed the MARs appropriately, for example staff waited to check people had taken their medicines before signing the administration records. There were safe systems in place for the receipt and disposal of medicines. A record was kept of all medicines received and removed from the service. We checked a sample of medicines and found the stock tallied with the records kept.

Staff told us of the training they had received in medicines handling which included observation of practice to ensure their competence. All the staff we spoke to regarding the administration of medicines told us that they felt confident and competent.

## Is the service effective?

### Our findings

Staff were well trained to make sure they had the skills and knowledge to effectively support people. People spoke positively about staff and told us they were skilled to meet their needs. They had confidence in their skills and knowledge. We were told that the staff were, "Wonderful" and "Well trained".

On commencing work at the service new staff were supported to understand their role through a period of induction. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. Their progress was reviewed informally on a frequent basis by the compliance and training officer. Following induction all staff entered onto an ongoing programme of training specific to their job role.

Staff received regular training in topics including, health and safety, moving and handling, fire safety, infection control, medicines, safeguarding vulnerable adults and equality and diversity. Staff training also included practical sessions, for example the moving and handling training included use of hoist equipment. During the training staff were hoisted to give them a better understanding of how it feels for the people living at the home.

Records were kept detailing what training individual staff members had received and when they were due for this to be repeated. The compliance and training officer had analysed training requirements for individual staff and we saw that training had been booked in advance to meet the identified needs. This enabled staff to plan their attendance. The staff training records confirmed that the training was up to date. Staff were positive about the training opportunities available. They told us that they felt confident and well trained to do their jobs. People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. As well as providing all training required by legislation, the service provided training focussed on the needs of the people using the service. For example, staff training in dementia care, pressure area care and nutrition and hydration.

People were supported by staff who had regular supervisions (one to one meetings) with their line manager. All staff we spoke with told us they felt supported by the registered manager, and the other staff. They said there was opportunity to discuss any issues they may have, any observations and ways in which staff practice could be improved. Staff were encouraged to make suggestions of ways in which the home, their knowledge and practice could be improved. The compliance and training officer told us that, following the success of the hydration project, she was looking at other initiatives for staff, "Existing staff need something fresh to keep them motivated." We saw that she had included end of life care in the training plan following requests from staff during their supervision sessions.

Staff told us there was sufficient time within the working day to speak with the registered manager or senior staff on duty. During our visit we saw good communication between all grades of staff. Staff told us that they could discuss any issues or concerns at any time and that their input during the shift handover was

encouraged and valued. Staff felt that they were inducted, trained and supervised effectively to perform their duties.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. Staff clearly understood their responsibilities with regards to the Mental Capacity Act 2005 (MCA).

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made and how to submit one. Staff had a good working knowledge on DoLS and mental capacity and had received appropriate training.

During our visit we observed that people made their own decisions and staff respected their choices. We saw that staff had an understanding about consent and put this into practice by taking time to establish what people's wishes were. We observed staff seeking people's agreement before supporting them and then waiting for a response before acting.

People had enough to eat and drink throughout the day and night. We saw that people were regularly offered a choice of hot drinks throughout the day. In addition to this we saw that a selection of cold drinks were readily accessible. The home was part of a project led by West Sussex County Council to look at hydration in care homes. The aim of the hydration project was to look at ways to improve the hydration of the people at the home. For example the home now provided various snacks with a high fluid content. The project was led by an experienced carer and led to the development of the role of hydration champion.

We observed the lunchtime meal experience. Tables were nicely set with condiments, glasses and serviettes. People were engaged in conversation. People appeared to enjoy their meal. The food had an appetising smell and looked attractive. People described the quality of the food and choice as exceptional. Comments regarding the food included, "It's very nice" and, "I'm really full up now." We observed many positive interactions between people and staff. The mealtime was an inclusive experience. Staff appeared caring and took pleasure in spending time with people. There was a relaxed and calm atmosphere. We saw that after people had finished their meal many remained in the dining room chatting and drinking tea and coffee.

People's care plans contained information about their dietary needs and malnutrition risk assessments. People's weight was recorded to monitor whether people maintained a healthy weight. Referrals were made to dieticians if required. This demonstrated that staff were monitoring people and taking action to ensure that their needs were met.

People had access to health care relevant to their conditions, including GPs and district nurses. Staff knew people well and referrals for regular health care were recorded in people's care records.

## Is the service caring?

### Our findings

The caring ethos of the home was evident. People received care and support from staff who knew them well. Staff were skilled in talking to people and establishing a rapport in a short space of time. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Every person we spoke to was complimentary about the caring nature of the staff. People described them as, "Very helpful", "First class", and, "Lovely". Everyone we spoke with thought people were treated with respect and dignity. We saw letters received from people and their relatives following a short stay at the home. Comments included, "Excellent", "Like a home" and "Dad was very happy".

Throughout our visit staff interacted with people in a warm and friendly manner. We saw people were treated in a kind and caring way by staff who were committed to delivering high standards. Staff described how they maintained people's privacy and dignity by knocking on doors, waiting to be invited in. Staff focused their attention on providing support to people. We observed people smiling, chatting and choosing to spend time with the other people at the home. For example a group of people were arranging to meet in the television lounge to watch an afternoon film together. Staff knew people's individual abilities and capabilities, which assisted staff to give person centred care. People's care was not rushed enabling staff to spend quality time with them. Staff walked with people at their pace and when communicating with them they got down to their level and gave eye contact. They spent time listening to them and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff always made sure people were comfortable and had everything they needed before moving away.

People were involved in the planning of their care. Staff spent time with people on admission to the home to ensure that the plan of care met people's expectations. People's care plans described the level of support they required and gave clear guidelines to staff. The care plans were person centred; they contained details of people's backgrounds, social history and people important to them. The care plans included details regarding people's individual likes and dislikes. Staff we spoke with said that they found the care plans useful. They were aware of people's personal preferences. People told us they received the care that they wanted and were happy with the care received. Staff knew what people could do for themselves and areas where support was needed. Staff knew, in detail, each person's individual needs. Relationships between people and staff were warm, friendly and sincere.

Staff chatted with people who appeared to enjoy their company. Staff said that they believed that all staff were caring and were able to meet the needs of people. The overall impression was of a warm, friendly, safe and lively environment where people were happy.

## Is the service responsive?

### Our findings

People told us that the staff were responsive to their needs. People received support that was individualised to their personal preferences and needs. One person told us, "I never have to wait long for staff, they are here when I need them". We saw that feedback was obtained from people who had stayed at the home for a short period of time. Feedback from a relative included, 'An excellent record was provided on discharge'.

People had their needs assessed before they were admitted to the home. Information had been sought from the person, their relatives and professionals involved in their care. Information from the assessment had informed the plan of care. This ensured that the staff were able to meet people's needs. People's care needs were kept under review and any changes or increase in dependence was noted in the daily records and added to the care plans. This meant people received consistent and co-ordinated care that changed along with their needs. Staff told us, "The care plans are reviewed by the senior carers. They have an audit form in the back of the file to record the review dates".

People were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Each file contained information about the person's likes, dislikes and people important to them.

Staff maintained a daily record for each person that recorded the support they had received. Staff had a verbal handover between each shift to ensure that all staff were aware of people's needs and had knowledge of their well-being. This ensured that any changes were communicated so people received care to meet their needs.

People were engaged and occupied during our visit; there was a calm atmosphere within the home. We saw that people were interacting with each other and chatting. Staff and people told us that they liked each other's company and people described the home as, "Marvellous".

People had a range of activities they could be involved in. The home had an activities plan which included flower arranging, painting classes, bingo, quizzes, games, trips out and visiting entertainers. People were supported to maintain relationships with people that mattered to them and avoid social isolation. Dinner and lunch parties were also arranged for people with their families and friends. We saw that people were able to have visitors throughout the day and could receive their guests in private or in shared lounges. All people we spoke with told us that they were happy with the level of social interaction and activities provided. People told us that there was, "Usually something every day. [Staff name] has a list of all the details" and, "All those books there are to borrow as we like. There is a great variety."

The service had a complaints policy and a complaints log was in place for receiving and handling concerns. People told us they were happy at the home and had no cause to complain. People told us that they were confident that any issues raised would be addressed by the staff. One complaint had been received in the last year, which had been appropriately investigated and resolved in line with the provider's complaints policy.

## Is the service well-led?

### Our findings

The home had a positive culture that was person-centred, inclusive and empowering. There was an open and friendly culture combined with a dedication to providing the best possible care to people. Staff at all levels were approachable, knowledgeable, professional, keen to talk about their work and committed to the on-going development of the home. People appeared at ease with staff and staff told us they enjoyed working at the service. The registered manager was not at the service on the day of our visit. People spoke very highly of her. There was mutual respect between all grades of staff, and a strong sense of teamwork. The home had a low staff turn-over and a core staff who had worked at the home for several years. One staff member told us that they had worked at the home for 20 years and said they, "Enjoyed it." Staff told us that they felt well supported by the management team and each other. They clearly demonstrated respect and pride in the home. The staff took an obvious pride in their work, but were not complacent, and were looking for ways to improve the service. A staff member said, "We want to be the best" and "We are always looking at different ways of doing things to see if we can make things better".

The registered manager was aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe. Staff were positive about the inspection process, valued the feedback given and saw it as an opportunity to further develop the service.

We were told and records confirmed that staff meetings took place regularly. Staff used this as an opportunity to discuss the care provided and to communicate any changes. Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation. They felt confident to raise any concerns with a senior member of staff or the registered manager.

People were empowered to contribute to improve the service. People had opportunities to feedback their views about the home and quality of the care they received. Feedback surveys were given out to people and surveys for visitors were available in the main hallway. The responses were collated, and a report was comprised summarising people's comments and identifying any areas for action. People's comments were overwhelmingly positive. This was mirrored in the home's compliments file. This included comments such as, "The home is well managed and the staff are well trained and caring", "The food extremely good quality", and, "The staff were wonderful."

Quality was integral to the home's approach and there were robust systems in place to drive continuous improvement. Quality assurance systems monitored the quality of service being delivered and the running of the home, for example audits of the environment, catering and medicines. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development. Accident and Incident forms were completed. These were analysed for trends and patterns. Regular safety checks were carried out including those for the fire alarms, fire extinguishers, water temperatures and portable electric appliances. Staff told us that any faults in equipment were rectified promptly. The provider had achieved a level five rating at their last Food Standards Agency check.

