Anchor Trust

Thomas Henshaw Court

Inspection report

105 Norwood Road
Southport
Merseyside
PR8 6EL

Website: www.anchor.org.uk

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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

Thomas Henshaw Court is a residential care service which offers support for older adults. It is a spacious purpose-built facility set over three floors. Accommodation comprises of self-contained flats inclusive of a bathroom and kitchenette. The property is decorated and furnished to a high standard. There is a large dining area situated on the ground floor and a spacious lounge, which overlooks a large enclosed garden. The service is conveniently situated near to local amenities. At the time our inspection there were 43 people living at the service.

Thomas Henshaw Court is a 'care home'. People in 'care homes' receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

The service had a registered manager in post. A registered manager is a person who has registered with CQC 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.

This was an unannounced inspection which took place on 10 September 2018. The last inspection was in June 2016 when we rated the service as 'Good.' At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. The inspection report is written in a shorter format because our overall rating of the service has not changed since the last inspection.

We found that staff's suitability to work with vulnerable adults at the service had been checked prior to employment. For instance, previous employer references had been sought and a criminal conviction check undertaken.

Staff had received training which equipped them with the knowledge and skills to ensure people received adequate support. All staff had completed National Vocation Qualifications (NVQs). NVQs are nationally recognised qualifications achieved through training and assessment, which help to ensure that staff are competent to carry out their job role to the required standard.

Medication was managed safely and was administered by staff who were competent to do so.

Appropriate arrangements were in place for checking the environment was safe. Health and safety audits were completed on a regular basis and accidents and incidents were reported and recorded appropriately.

Staff sought consent from people before providing support. Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) to ensure people consented to the care they received. The MCA is legislation which protects the rights of people to make their own decisions.

People were involved in their care and there was evidence in their care records to show that they had been consulted about decisions. Care records contained detailed information to identify people's requirements and preferences in relation to their care.

Appropriate risk assessments were recorded which helped to keep people safe. People where referred to external health professionals appropriately, this helped to promote people's well-being.

There was no set daily routine and people had a choice in what activities they participated in each day. We saw evidence that people's hobbies and interests were recorded and catered for. The service had recently launched a scheme to integrate activities with other services operated by the provider in the area.

People were assigned a 'key care worker' to support them with activities in the local community. This ensured that people participated in activities which they had a genuine interest in.

Quality assurance processes were in place to seek the views of people using the service and their relatives.

We asked people about how they thought the service was managed and their feedback was positive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe.	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remained caring.	Good
Is the service responsive? The service remained responsive.	Good
Is the service well-led? The service remained well-led.	Good

Thomas Henshaw Court

Detailed findings

Background to this inspection

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

This inspection took place on 10 September 2018 and was unannounced. The inspection was conducted by an adult social care inspector.

Before the inspection we checked the information we held about both the service and the service provider. We looked at any statutory notifications received and reviewed any other information we held prior to visiting. A statutory notification is information about significant events which the service is required to send us by law. A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also invited the local authority commissioners to provide us with any information they held about the service. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, a team leader, a member of care staff, the activity co-ordinator, a visiting professional, four people who lived at the service and one relative. We also spoke to three relatives on the telephone.

We looked at care records belonging to five of the people living at the service, four staff recruitment files, a sample of medication administration records, policies and procedures and other documents relevant to the management of the service.

Good

Is the service safe?

Our findings

People we spoke with during the inspection told us they felt safe at the service. One person said, ''Yes, I do feel completely safe living here.'' A relative of a person living at the service commented, ''I don't have any concerns when I leave, I feel totally reassured.''

People who were able to do so could come and go as they pleased. They wore a call bell on their wrist so they could access the building and alert staff for support. There was also a formal signing in and out procedure so that staff knew who was out of the building at any one time.

We checked to see how the service recruited their staff. We looked at the recruitment records for four members of staff. We found that appropriate pre-employment checks such as disclosure and barring service (DBS) checks were carried out and references were obtained. This helped to ensure that staff members were safe to work with vulnerable people.

We looked at how the service was staffed and found there was enough staff to meet people's needs. On the day of our inspection, there was a registered manager, two team leaders, five care staff, two domestic staff, a laundry assistant, a chef and an office administrator on duty to support 43 people using the service.

We looked at the systems in place for managing medication. We saw that a medication policy was in place to advise staff on the provider's medication procedures. Staff had received training in how to administer medication safely and their competency to do so had been assessed. Medication administration recording charts (MARs) were completed in full.

Medication was stored safely in a locked room. The temperature of the room and medicine fridge was recorded daily to ensure that medicines were stored at safe temperatures. This is important as if medication is not stored at the correct temperature it may not work as effectively.

We saw that detailed PRN (as and when required medication) protocols were in place for some medicines to help ensure people received their medication when needed, for example pain relief.

We looked at how controlled drugs were handled. Controlled drugs are subject to the Misuse of Drugs Act and associated legislation and so require extra checks. Controlled drugs were kept securely in a locked cupboard. We checked the stock balances of a selection of controlled drugs and found them to be correct. We also checked to see if they had been signed out by two members of staff before being given and found that they had. The service performed a daily stock balance of controlled drugs, this was good practice as it helped reduce the risk of medication errors.

A safeguarding policy was in place for staff to follow should a safeguarding incident occur. Staff spoken with were knowledgeable about how to recognise the different types of abuse and how to report any concerns. The service displayed information which encouraged people to speak out if they had any concerns about their care.

Care records we looked at showed evidence of a range of risk assessments and tools used to help keep people safe. This included risk assessments for areas such as moving and handling, falls and nutritional risks. Assessments were regularly reviewed and kept up to date.

Accidents and incidents were managed appropriately and analysed for any trends and patterns. This helped to prevent reoccurrence of accidents and incidents. Any incidents were discussed in team meetings so lessons could be learnt. This helped to promote people's safety.

Audits were in place for checking the environment to ensure it was safe. External contracts were in place for gas, electric and fire safety. Regular internal checks were also completed, such as fire alarm checks, water temperatures, window restrictors and call bells. Audits and checks were effective in identifying any concerns and the action required to rectify them. A fire risk assessment of the building was in place and people who lived at the home had a PEEP (personal emergency evacuation plan). This meant that staff and emergency personnel had important information on people's needs and the support they required to evacuate in the event of an emergency.

The service was clean and well maintained.

Good

Is the service effective?

Our findings

We saw that staff knew the needs and preferences of the people they supported well. One person told us, ''Staff do help me a lot, they even know the temperature I like my bath.'' We spoke with a healthcare professional who regularly visited the service who told us, ''Staff work well with people.''

We looked at the care records for five people living at the service. We saw evidence of peoples (and their relatives) involvement in the formulation of care plans. This helped staff to implement person centred care.

Care records contained details of people's preferred daily routines and preferences. For example, people could choose whether to have a bath or shower and what gender of care staff they preferred. People were assigned a key-worker. This helped staff build good relationships with the people they supported and ensured that people received personalised support dependent upon their needs and preferences. Key-workers also assisted people with activities in the local community such as shopping and attending the gym. A relative of a person living at the service told us, ''They [relative] are out almost every day, doing things they want to do and really enjoy. They even go on holiday twice a year, it's fantastic.''

Daily notes were recorded by staff which detailed all care and intervention carried out. Personal care charts were also completed daily which showed whether the person had received a bath or shower or had their hair washed. The service regularly reviewed people's care records with the person so that any changes in their support needs could be implemented.

Feedback about the food was positive. One person told us, ''The food is excellent here and of very good quality.'' The menu rotated monthly. Meals were freshly prepared and nutritious. There was a choice of two menu options for the main meal, people could have an alternative if they did not want either of the two options for that day. One person told us, ''On Friday it's fish and chip day, but I usually choose sausage and chips instead and it's not a problem.''

The registered manager provided us with information on staff training. We saw that training was based on the Care Certificate and covered a range of health care topics such as health and safety, medication, safeguarding, whistleblowing, infection control and food hygiene. The Care Certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers. In addition, some staff had received specialised training for people living with dementia. The service also supported staff to complete formal qualifications in care such as NVQs.

We looked to see if the service was working within the legal framework of the MCA (Mental Capacity Act 2005). 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 made on their behalf must be in their best interests and as least restrictive as possible.

We looked at people's care records and saw evidence that people's capacity to consent was assessed appropriately. For example, people had consented to the provision of care and support and management of their medication.

Where people are not able to consent, they 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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS). We checked that the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

The layout of the environment was easy for people to navigate around. The service had a welcoming and homely atmosphere.

Good

Is the service caring?

Our findings

People told us staff were caring and supportive, one person told us, ''The staff here are fantastic and very helpful.'' We observed positive and warm interactions between staff and the people they were supporting. It was clear that staff knew the people they supported well. Comments from relatives included, ''The care is brilliant, can't fault it, top marks, they know my relative so well,'' ''The staff are awesome and approachable, there is no room for improvement'' and ''Being here is the best thing that could have happened for them [relative].''

People had a choice regarding how they spent their day and were supported by staff to access the local community. There was an activity co-ordinator who was employed to develop and facilitate a range of activities such as singing, trips to the gallery, 'All our Yesteryears' and coffee mornings. People also enjoyed activities provided by external providers such as hair and beauty treatments and pet therapy, activities were available on almost a daily basis. People could also access activities and events in the provider's other services which helped to integrate people. For example, people competed in 'Bake off' and cookery competitions with people from sister homes and used iPads to play 'integrated bingo'.

The service enjoyed visits by local school children which helped to encourage development of inter-generational bonds. Strong links had been made with the local community, some people were knitting poppies to make a mural to mark the centenary of the First World War in partnership with Age Concern. The service had its own mini bus and offered days out and holidays.

For people with a vision impairment, the service had a daily talking newspaper session so that people were kept up to date with current affairs. Staff also communicated with any hearing-impaired people using sign language. One person was supported by staff to use an iPad to communicate with their family who were living abroad.

We observed people having lunch. We noticed that for people who were visually impaired, adapted cutlery and crockery was used to make it easier for people to eat. This helped to maintain people's dignity and independence.

Staff involved people in raising funds and money was currently being raised for a new mini bus. The service had its own chicken coop. One person enjoyed collecting the eggs each morning and they were sold to visitors to help with fund raising.

We asked staff what equality and diversity meant to them. One member of staff explained, ''Not everybody is the same and so we treat everyone as individuals, they are their own person and this is their home.''

Good

Is the service responsive?

Our findings

During this inspection we looked at care records for five people. We saw that people's care plans contained detailed information about people's preferences in relation to their support and treatment. For example, people could specify what time they wanted to go to bed and how they liked to spend their day.

Care plans contained a 'My Living Story' document, this recorded information such as people's life history, their preferred name, favourite type of music and what was important to them. One person told us, ''I was asked questions when I first come about what I liked.''

Care plans also contained a pre-admission assessment which helped to ensure people's support needs could be met from the day of their admission. A re-assessment of needs was regularly undertaken to ensure that any changes in people's health and support were identified. Risk assessments were carried out in relation to needs such as nutrition and mobility. This ensured that support from staff remained responsive to people's needs and that risk was managed appropriately.

We saw evidence that people's individual characteristics were recorded such as their religion, culture and disability. This helped ensure that people's rights were protected under the Equality Act. People were supported to attend external religious services if they wished. A minister also attended the service weekly.

People were supported by staff with non-verbal forms of communication such as sign language. For people with a visual impairment, some adaptions had been made to the environment. For example, there was a rail which circulated the perimeter of the outside space to help people navigate, the handrails for each floor had bumps which corresponded to the floor number so people knew what floor they were on. The service had a talking lift which told people when the doors were going to open and close.

During our inspection we saw that people could personalise their own flats. Many people had items of their own furniture. One person had lots of pictures and memorabilia which related to their former occupation. Another had photographs of family members and posters on the wall.

People had access to a complaints procedure and people we spoke with knew how to make a complaint. One person told us, ''I know how to make a complaint, but I've never had to, if I'm not happy with something there is always someone here who will sort it.''

At the time of our inspection there was no one receiving end of life care. Care records we looked at contained details of people's end of life wishes. Some staff had completed training in 'Six Steps', which is an end of life care programme for care homes.

Good

Is the service well-led?

Our findings

During this inspection we looked at how the registered manager and provider ensured the quality and safety of the service. We saw that audits were in place for health and safety, fire safety, infection control, medication, care plans and accidents and incidents. The audits we reviewed were up to date and identified were improvements where required. This helped to ensure standards were maintained.

People we spoke to told us that the lift broke down on a regular basis. People told us that this meant they could not always get to the dining room and lounge on the ground floor and so would have to take their meals in their rooms. We spoke to the registered manager about this, they confirmed they would alert the provider to review the external contractor for lift maintenance.

We looked at how accidents and incidents were managed and found they were recorded appropriately. They were analysed for trends and patterns which helped to prevent re-occurrence.

The registered manager was supported by a deputy manager and both encouraged an open-door policy. This ensured transparency in the running of the service and encouraged a positive ethos in the home. Staff we spoke to described the management as being, 'approachable', 'fair' and 'supportive.' One relative we spoke with thought the service was ''Ran 100% well.''

We looked at processes in place to gather feedback from people living at the service and listen to their views. We saw that questionnaires were used to gather people's opinions and suggestions about the service. Comments included, ''Thomas Henshaw Court is the number one home in Southport.''

Regular meetings were also held for people living at the service, we looked at minutes for past meetings and saw that people chose what topics they wanted to discuss, for example, ideas for activities, holidays and menu options.

There were processes in place for relatives of people living at the service to feedback their views. Feedback about the service was positive. Written comments included, ''Thank you for such wonderful care.'' Relatives were also invited to meetings. One relative had suggested a 'Remembrance book' as a way of remembering residents who had passed away, this had been implemented by the registered manager. We also observed positive feedback from visiting professionals, comments included, ''Wonderful staff, caring and helpful'' and ''Praise to all staff for their dignified and compassionate care.''

The registered manager held regular staff meetings so that staff could have their say. Staff spoken with found meetings beneficial as it gave them an opportunity to learn from any past events and make suggestions for improving the service.

The registered manager had notified CQC of incidents that had occurred in the home in accordance with registration requirements. Ratings from the last inspection were displayed within the home as required. The provider's website also reflected the current rating for the service. From April 2015 it is a legal requirement

for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.