

Anchor Trust

Bishopstoke Park

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 16 February 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

The service provides care 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 agreements; this inspection looked at their personal care arrangements. At the time of our inspection the service was providing personal care to five older people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

A registered manager was not in post at the time of our inspection. 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. The service was currently in the process of registering the manager for the regulated activity of personal care.

Most people's care plans and risk assessments provided comprehensive information and were reviewed regularly. However, these did not include information about people's health conditions such as diabetes plans were not always adequate to support people appropriately.

People and their families told us they felt safe and secure when receiving care. Relevant recruitment checks were conducted before staff started working at Bishopstoke Park to make sure they were of good character and had the necessary skills.

Staff received training in safeguarding adults. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction designed to ensure staff understood their new role before being permitted to work unsupervised. Staff told us they felt supported and received regular supervision and support to discuss areas of development. There were sufficient numbers of staff to maintain the schedule of care visits to meet people's needs.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected. People received their medicines safely. Staff had an understanding of legislation designed to protect people's rights and were clear that people had the right to make their own choices.

Staff knew what was important to people and encouraged them to be as independent as possible. People were supported to lead full and varied lives and encouraged to make choices and had access to a range of activities.

Staff were responsive to people's needs which were detailed in people's care plans. Care plans were regularly reviewed to ensure people received personalised care. People felt listened to and a complaints procedure was in place.

Staff felt supported by the manager and could visit the office to discuss any concerns. Procedures were in place to investigate complaints and learn from any accidents or incidents. There were systems in place to monitor the quality and safety of the service provided.

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.

Staffing levels were sufficient to meet people's needs. Staff were trained and assessed as competent to support people with medicines.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People received support with meals and drinks and had a restaurant on site that people could use or have a hot meal brought over to their apartment.

Is the service caring?

Good ●

The service was caring.

People felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible. They were involved in planning the care and support they received. Their dignity and privacy was respected at all times.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans did not always cover all aspects of people's needs.

The manager sought feedback from people but had not analysed information to improve quality.

People told us the care they received was personalised, and their needs were reviewed regularly to ensure care plans reflected their wishes.

An effective complaints procedure was in place.

Is the service well-led?

Good ●

The service was well led.

People and staff spoke highly of the management team who were described as approachable and supportive.

Staff did not receive any formal staff meetings to discuss issues concerning the service. However staff were supported through daily handovers and weekly updates.

There were systems in place to monitor the quality and safety of the service provided.

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.

This inspection took place on 16 February 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in. The inspection was carried out by one inspector and an expert by experience who had experience of caring for older people.

The inspection used the standard CQC assessment and ratings framework for community adult social care settings, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service.

Before the inspection, we asked the provider to complete 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 reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we visited and spoke to four people who used the service and one family member. We received completed surveys from one person and five staff members. We spoke with the area district manager, the manager and two staff members. We looked at care records for three people. We also reviewed records about how the service was managed, including four staff training and recruitment records. Following the inspection we also spoke to one health professional.

The service was last inspected in January 2016, when we did not provide a quality rating for the 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 supported.

Is the service safe?

Our findings

People and their families told us they felt safe and that the service provided staff who kept them safe whilst providing them with personal care. One person told us, "I feel completely safe, all the staff are very confident." Another person said, "I feel safe with the girls." Prior to the inspection we sent surveys to staff and people to ask for feedback about the service and quality of the care provided. One person completed the survey and stated, 'I feel safe from abuse and or harm from my care and support workers', showing they felt safe with their care staff.

There were sufficient numbers of care workers available to keep people safe. People told us, there are always staff available when needed and they have time to support them in the way they like. One person said, "The staff never seem rushed when they support us." Staffing levels were determined by the number of people using the service and their needs. Staff were available 24 hours a day, seven days a week. Staff said they had sufficient time to support everyone and were able to provide additional support if someone needed it; for example, if they were unwell. The manager told us if people needed extra care on a permanent or temporary basis extra support would be arranged.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the service.

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up. One care staff member said, "I would report it to my line manager straight away and make a report."

There were safe medicines administration systems in place and people received their medicines when required. One person told us, "I always receive my medicines on time." People were happy with the support they received with their medicines and told us their independence was respected and that they managed their own medicines where possible. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. When staff assisted people to take their prescribed medicines they signed a medicines administration record (MAR) to confirm the person had taken them. Records we saw showed people were receiving medicines as prescribed. All staff received medicine management training, which was refreshed regularly and their competence was assessed to make sure they were safe to administer people's medicines. We saw safe systems were in place and followed by care staff to support people who were prescribed topical creams. This information was included in care plans and on MARs.

Assessments were undertaken to assess risks to people who received the service and to the care workers who supported them. Staff understood people's risk assessments which were monitored and reviewed month. These included environmental risks. Risk assessments were also available for moving and handling, infection control, skin integrity, medicines, falls and equipment. For example fire evacuation risk assessments stated people's needs and what help they would require in an emergency.

The service had a business continuity plan in case of emergencies. This covered eventualities where staff could not get to people's homes. This contained a set of procedures to follow and the main contact numbers for emergency services.

Is the service effective?

Our findings

People we spoke with felt staff were well trained and carried out their duties to a high standard, supporting them in a way they liked. One person told us, "I feel staff are well trained, well organised and know what they are doing." Another person said, "It amazes me how they got such good staff and created a lovely atmosphere." A third person told us, "I'm happy with the care." Prior to the inspection one person completed a survey we had sent to people. They responded positively to the survey question, 'My care and support workers have the skills and knowledge to give me the care and support I need.'

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that their training included moving and handling, safeguarding, health and safety, medicines administration and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver care. They also confirmed that the agency were currently supporting them to achieve a recognised qualification in Health and Social Care. One staff member said, "Training is very good. I am a moving and handling coach, which I enjoy." This involved them supporting with training on moving and handling to other staff members and offering advice and support when required.

People told us new staff members were accompanied by a regular staff member and shown how people like things done. There was a comprehensive induction training programme which covered all necessary areas either via e learning or practical sessions. One staff member told us how they had shadowed with an experienced member of staff for their first week of visiting people to get to know their routines. Arrangements were in place for staff who were new to care to complete, The Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. All staff responded positively to the survey question 'I completed an induction which prepared me fully for my role before I worked unsupervised.' A comment from the questionnaire stated, 'Anchor trusts induction programme was of a very high standard as is its ongoing training. Every employee of anchor is very approachable and helpful regardless of the department or office in which they are based and I feel very lucky to have been chosen to work for Anchor.'

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff said, "I have regular supervisions and feel supported by these." However records showed there was no structure on when staff should be supported through supervisions as there were no process in place of when these should take place. We spoke to the manager who informed us they were in the process of working with their line manager to manage supervisions better and have a clear structure in place for staff.

Staff had an understanding of the Mental Capacity Act, 2005 (MCA) and training was due to be refreshed in the new year. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where

relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent from people and gave them time to respond. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about care planning.

People were supported at mealtimes to access food and drink of their choice. One person told us, "I get my meals from the restaurant." The support people received varied depending on people's individual circumstances. One staff member told us, "Some of our clients have assisted living so can have laundry and a hot meal provided. Their meal can be eaten in the restaurant or delivered to their apartment." Staff members reheated meals, or made light meals for people in their apartments such as soup or a sandwich. People could chose to use the on-site restaurant and spoke highly of the quality of food available. People could also have meals from the restaurant brought over to their apartments.

People were supported to access healthcare services in an emergency or when necessary. Staff told us if any health professional had visited they would tell the manager and record it on their records, so the next staff member was aware of the person's current health needs and any action needed. Care files contained a record of contact with external health professionals such as GP's, district nurses and chiropodist's. A health professional told us, people are looked after very well and said about the service and staff, "On the whole pretty good."

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. One person told us, "If I won the lottery I wouldn't want to go anywhere else. I love it here it's perfect, couldn't better it, it's amazing." Another person said, "Very nice girls." Prior to the inspection one person completed a survey we had sent to people. They responded positively to the survey, and informed us, 'the carers were kind and caring'.

Staff told us they enjoyed working for Bishopstoke Park. One staff member told us, "I enjoy working here as it's very personal. We are not rushed on our calls so we get to spend quality time with clients and get to know them and their families." Staff employed by Anchor Trust worked only within Bishopstoke Park. However people could choose to be supported by this service or by an external agency.

People experienced care from staff who understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, including their personal likes and dislikes. Staff would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. One staff member said, "I always treat people how I would like to be treated. I shut the bathroom door and close curtains and blinds and cover with towels." Another staff member told us, "I always knock on the door before entering and ask permission. Do they want us in the room or wait outside to get breakfast while they are having personal care?"

People were encouraged to be as independent as possible. 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. One care staff member said they encouraged people to be as independent as possible, encouraging them to undertake aspects of their own care where they were able to. They said, "[person's name] when he has his shower he likes us to stand back and call us when needed, so not taking over." Another staff member told us, "Promote independence by asking them, for example get them to wash what they can do themselves to promote independence and encourage them."

People said care staff consulted them about their care and how it was provided. One person told us, "They always ask me" and we saw this was the case. Care plans were detailed and showed people were involved in the planning and reviews of their care as they had signed these. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Care plans also included information about people's wishes and any worries they may have. Care staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why. This enabled the care staff to communicate effectively with the person and to understand what was most important to them.

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's

office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

Is the service responsive?

Our findings

People received individualised care from staff who understood and met their needs. One person told us, "I can't fault it I think it's marvellous. They work with me and accommodate times around me." A family member said, "I find the care services excellent. On occasion if I can't make it to take mum to the hospital or to see a GP a carer will go with mum." Prior to the inspection one person completed a survey we had sent to people. They responded positively to the survey question, 'I am involved in decision-making about my care and support needs.'

Most care plans reflected people's current needs and were reviewed regularly. Care plans gave instructions about how people liked to receive care and had an assessment of needs. These identified key areas of needs, such as, personal care, daily living activities, and meal preparation. However, the format used did not include details of how to support people's health needs such as diabetes. Information on diabetes were not included in care plans of people with this condition to enable staff to support people or to recognise health issues relating to this. Their care plan did not cover this risk to their health and no information was provided to staff on what action to take should the person present with symptoms of illness in relation to their diabetes. Whilst staff were aware of some of these risks to people's wellbeing, they did not have access to specific information on how to support the person. We spoke with the manager who informed us; they will add information to care plans as a priority.

Copies of care plans were seen in people's homes, allowing staff to check any information whilst providing care. One staff member told us, "I check people's care plan and ask people what they want and give them choices." People's likes, dislikes and what was important to them were also described in the care plan. However, it was hard to find specific information quickly as there was no structure in the care plans. We spoke to the manager who informed us that they would add an index for staff to access information easier.

The care plans were updated regularly to ensure a true reflection of the person's current needs. One person told us, "I'm involved in my care plan and we have monthly reviews. If things change in between they get updated as my GP wanted to drop one of my tablets and staff sorted it straight away for me." A family member said, "I set up the care plan with my mother and it is reviewed monthly." The care plans provided comprehensive guidance to staff about the person, and provided them with clear instructions on how to manage specific situations. Records for one person showed the person is happy with their care which has recently been increased due to frailty.

The manager sought feedback from people or their families through the use of a quality assurance survey questionnaire. The manager had identified that the provider of the retirement village had sent out yearly questionnaires about feedback from other services provided by the retirement village but not asked for feedback on the care provided by the agency. The manager had therefore produced and sent out their own questionnaires in January 2016 and September 2016 seeking people's views. The results we looked at were positive. Comments included, very friendly, reliable, welcoming, part of the family, excellent staff competent and compassionate, provide compassionate care for all my needs. However the results had not been analysed or an action plan produced on how to improve the quality of the service. The manager told us, that

if issues were identified these would be responded to.

Everyone had an emergency call bell in their apartment and staff responded quickly when an alert was raised. We spoke with people who had used this service and they felt staff responded quickly and they had confidence in the staff.

People told us about the activities they took part in. The site had a wellbeing centre on site which was used by people we spoke to, which consisted of a swimming pool and a gym. One person told us, "I usually go to the wellbeing centre and have one to one exercises and go swimming." Another person said, "I go to chair exercise once or twice a week which has helped with my mobility and walking." The aim was to build up strength and reduce falls.

People told us they knew how to make a complaint. One person told us, "I know how to make a complaint if I needed to." A family member said, "If I needed to make a complaint I would know what to do but haven't needed to make a complaint." Staff knew how to deal with any complaints or concerns according to the service's policy. Information about how to make a complaint was included in information about the service provided to each person. The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. There had been no complaints about the service over the last year. The manager described the process they would follow if they did receive a complaint, as detailed in their procedure.

Is the service well-led?

Our findings

People told us they felt this was a well-led service. One person told us, "It's very good, I'm very happy with the service." A family member said, "[managers name] is brilliant always replies to emails and communicates well."

At the time of our inspection the registered manager had not been managing the agency for a few months and the provider had appointed a new manager who was in the process of applying to the commission for registration.

Staff told us they had no formal staff meetings but have thorough handovers every day, and can talk to the manager about any concerns at any time. One staff member said, "Not had a formal staff meeting but if I had any concerns I would see my manager. I'm based in the office with my manager, so always communicating with them." However another staff member told us, "I would like to have more staff meetings. Meetings don't seem that regular, we have handover sheets, but when you don't see other team members it's good to get together and discuss service users to see how they are doing things and share best practice." No minutes were taken of any meetings, which meant staff that missed the meeting, might not be aware of any important issues surrounding the service. We spoke to the manager about staff concerns, who informed us that instead of formal staff meetings they have a file kept in the office of weekly updates which staff have to sign when they have been read. They told us they would speak to staff about meeting together to share best practice.

The manager used a system of audits to monitor and assess the quality of the service provided. These included auditing medicines, care plans, staff files, record of care sheets, training and health and safety. Where most issues were identified and any remedial action was taken. However we found some care plan assessments did not include information on people with diabetes and they did not contain specific information on how to support the person. We spoke to the manager who informed us that they would audit all the care plans so that any missing information will be identified and rectified in a timely way.

The management team promoted a positive culture and had an 'open door' policy. Staff felt supported by the registered manager and support managers. One staff member told us, "I find my manager supportive, feel I could go to [managers name] about any concerns." Another staff member said, "Manager is very supportive to me as have the rest of the team. If I have any concerns [manager's name] will help us out." All staff responded positively to the survey question, 'I would feel confident about reporting any concerns or poor practice to my managers.'

The manager informed us they kept up to date by attending training and are in the process of completing a level 5 Health and Social Care qualification. They told us they kept updated by reading publications on line and support from their line manager who they found to be very supportive.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or

directly to external organisations. The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm. The provider had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.