

Authentic Care Services Limited

Anchor House - Doncaster

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Anchor House is a care home providing personal and nursing care for up to 23 people. It is situated on the outskirts of Doncaster in the area of Town Moor. Accommodation is provided on both ground and first floors. At the time of our inspection there were 22 people using the service.

People's experience of using this service and what we found

The provider had a system in place to monitor the quality of service provided. Some concerns raised during the auditing process were identified, although some issues were not resolved. We found concerns with about the way health and safety issues of the building were managed. People's views were captured in residents' meetings; however, an annual quality survey was available but had not been completed for about two years.

Medicines were administered in a safe way. Storage of medicines needed review as the medication room was often above the recommended temperature for storing medicines and the flooring required attention to make it safe. The home was clean and was in the process of redecoration. The registered manager was in the process of working through some actions from the last fire officer's visit in readiness for reinspection later in February 2020.

The registered manager told us that the gas supply was serviced annually, however there was no gas safety certificate on site. However, this was sent to us following our inspection. The registered manager was also taking action following concerns which had been raised at the recent food hygiene inspection.

The provider had a system in place to ensure people were safeguarded from the risk of abuse. Staff knew how recognise and report abuse. Risks associated with people's care had been identified and appropriately managed to ensure risks were minimised. Lessons were learned when things went wrong. The registered manager kept a record of accidents and incidents and made changes to practice, where appropriate.

People's needs were assessed, and care and support were delivered in line with people's choices. People received a balanced and varied diet which met their needs and suited their preferences. Staff we spoke with told us they felt supported by the registered manager and said they received training and support to carry out their role effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We observed staff interacting with people and found them to be kind, caring and friendly. Staff respected people's privacy and dignity. There was a focus on people making choices and staff ensured preferences were adhered to. Staff worked together well as a team to ensure people were supported and their needs

met.

Care plans were written in line with people's assessed needs and staff knew people very well. The provider had an activity co-ordinator who arranged activities and social stimulation. The provider had a system in place to monitor and deal with complaints. End of life care was documented in people's care plans as and when people felt able to discuss this. The registered manager and the deputy manager were both end of life care champions and had received training to support their role.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 20 February 2019). The provider completed an action plan after the last inspection to show what they would do to improve.

At this inspection enough improvement had not been made or sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Enforcement

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Anchor House - Doncaster

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Anchor House is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers and care

workers. We spent time observing staff interacting with people. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks in relation to the building and maintenance of the home, were not always managed safely. For example, the service did not have a recent risk assessment in place for legionella and could not evidence that appropriate checks were maintained in line with current guidance.
- The registered manager was in the process of working through some actions from the last fire officer's visit in readiness for reinspection. The registered manager told us the gas supply in the home was serviced annually, however there was no gas safety certificate on site. The registered manager sent this to us following our inspection.
- The registered manager was also actioning concerns which had been raised as a result of the recent food hygiene inspection.
- Risks associated with people's care had been identified and appropriately managed to ensure risks were minimised.

Using medicines safely

- At our last inspection the temperature of the medication room was often above the recommended temperature for storing medicines. The registered manager told us they had tried a range of methods to reduce the temperature, however, this remained a concern.
- The administration of medicines were managed in a safe way and people received their medicines as prescribed.
- Staff who were responsible for administering medicines had received training to carry out this task safely.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Staff we spoke with confirmed they received training in safeguarding and knew what actions to take if abuse was suspected.
- People we spoke with told us they felt safe living at the home. One person said, "I have no concerns about my safety, it's fine here."

Staffing and recruitment

- We observed staff interacting with people and found there were enough staff available to assist people in a timely way.
- The provider had an appropriate recruitment process in place and staff confirmed they had been recruited safely.

Preventing and controlling infection

- At our last inspection we raised concerns regarding the cleanliness of the home. At this inspection we carried out a tour of the home with the registered manager and found improvements had been made.
- We saw some minor issues which required attention. For example, the flooring in the medicine room had been replaced but required completing to ensure it could be cleaned effectively.
- During our inspection we observed staff using personal protective equipment [PPE] such as gloves and aprons and we saw staff washing their hands in-between tasks.

Learning lessons when things go wrong

- The registered manager kept a record of accidents and incidents. An analysis was completed to ensure any trends and patterns had been identified and addressed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care and treatment were provided in line with people's preferences.
- Prior to people using the service an initial assessment was completed to ensure the service could meet their needs. This included details such as their past medical history and what medication they were taking at the time of the assessment.

Staff support: induction, training, skills and experience

- The provider ensured staff received support and training to carry out their roles.
- New starters completed an induction program which included shadowing experienced staff.
- Staff informed us they received supervision sessions and annual appraisals which they valued.
- Staff told us the registered manager was approachable. One staff member said, "The manager is very approachable and listens to us. There has never been a time when [manager] hasn't listened and they are willing to try other ways if things are not working properly."

Supporting people to eat and drink enough to maintain a balanced diet

- People received enough food and drink to maintain a healthy and balanced diet.
- We observed lunch being served and found it was a pleasant experience and people told us they enjoyed their meals. One person said, "Meals are nice, we have plenty to eat."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals and their advice was followed.
- Care documentation included support people required with dental hygiene. People had access to dental services.

Adapting service, design, decoration to meet people's needs

- At our last inspection we found the service needed redecoration as the environment was tired and worn in places.
- At this inspection we found some decoration had taken place and there was a plan in place to continue this work.
- People had access to outside space and there was a garden area to the rear of the property. The registered manager told us there was a plan in place to improve this area.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the guidelines of the MCA.
- Where people lacked capacity, decisions had been made in their best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During our inspection we spent time observing staff interacting with people. We found staff were kind, caring and friendly in their approach.
- Staff knew people very well and were able to support people in a way which respected their preferences.
- People we spoke with complimented the staff saying, "Staff are pleasant here," and "I get on with the staff alright, they are fine and easy to get along with."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and were involved in each care intervention.
- Care documents included a life story which gave a personal history of people's family life, hobbies and interests and employment. This helped staff get to know people well and identify people's interests.
- We saw staff included people in their care by asking people where they would like to sit and what they would like to do.

Respecting and promoting people's privacy, dignity and independence

- Staff understood their responsibilities to protect people's privacy and dignity and we observed staff knocking on people's doors before entering their bedrooms and bathrooms.
- Staff treated people with dignity and respect. We observed staff addressing people by their preferred name and speaking to people in an appropriate tone to keep conversations private.
- Staff we spoke with knew how to respect people's dignity when carrying out personal care tasks. One staff member said, "I always chat to people when doing personal care, offer choice and involve them in their care. It's important to respect people and to preserve their dignity."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care which met their needs and considered their preferences.
- We looked at a sample of care documents and found they reflected the care and support people required.
- We saw care plans had been reviewed regularly to ensure they reflected people's current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information displayed throughout the home was appropriate and presented in a way which people could understand.
- People's communication needs were identified and recorded in care plans. Staff knew people well and responded to their individual communication needs.
- Staff communicated clearly with people. People were given the opportunity to respond at their own speed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home had an activity co-ordinator who worked 21 hours a week to provide social stimulation and activities.
- We saw photos displayed of activities people had enjoyed. Some people we spoke with told us they were not interested in activities but enjoyed watching what was happening. One person said, "I am not all that bothered about the activities, but they do take place." Another person said, "They [the home] do have access to churches if we need that kind of support."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place which was displayed in the main entrance of the home.
- People we spoke with told us they could raise concerns and were confident their issues would be dealt with appropriately.

End of life care and support

- People were supported to make decisions about preferences for end of life care.
- The registered manager and deputy manager were both end of life care champions. They had received

training in this subject and had cascaded their knowledge to the staff team.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- At our last inspection we found the auditing process was not effective in identifying improvements and resolving concerns. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found not enough action had been taken to address this and the systems also required embedding in to practice.
- The registered manager and deputy manager completed several audits to ensure the service was maintained. Audits included areas such as the environment, medication, care documentation, staff records, and accident analysis. However the registered manager had not had oversight of the catering team and was currently working on actions raised as part of the food hygiene inspection.
- Actions raised as part of the audit process were recorded but not always actioned by the provider. For example, during our inspection we identified issues with the temperature of the medicine store room which had been highlighted on our previous inspection and by the registered manager, but no resolution had been found. The registered manager told us they would continue to find a solution.
- The audit process was not robust enough to identify shortfalls in the safe maintenance of the building.
- External inspections such as the food hygiene inspection and fire officer's inspection had identified concerns. The registered manager was working towards resolving these issues.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care and support was person centred. Information was contained in people's care plans which would assist staff in delivering a person-centred approach to people.
- The registered manager was visible throughout the home, supporting staff and chatting with people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the time of our inspection there was a registered manager in post. The registered manager was supported by a deputy manager and a team of senior staff.

- Staff understood their roles and responsibilities and knew when to ask for support from the registered manager.
- Staff told us that they worked as a team and felt valued and supported.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager was knowledgeable about what to raised and had informed CQC of events as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were given opportunities to be involved in the service and to give feedback about their experiences.
- Resident and relative meetings took place and although not many families took part the meeting still went on as planned. Minutes of the meetings were available for people to read.
- The provider had a system in place to obtain views via an annual quality questionnaire. However, views had not been sought this way since 2018.

Working in partnership with others

- The service worked with other professionals such as health care workers. The provider ensured that appropriate support was obtained as required.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the service were not robust enough to ensure safety.

The enforcement action we took:

Warning notice