

# Anchor Trust

# Henry Court

## Inspection report

Everdon Road  
Holbrooks  
Coventry  
CV6 4DT  
Tel: 02476 661043  
Website: [www.anchor.org.uk](http://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 

### Overall summary

We undertook an announced inspection of Henry Court on 5 February 2015. We told the provider before our visit that we would be coming. This was so people could give consent for us to visit them in their flats to talk with them.

Henry Court provides housing with care. People live in their own home and have a tenancy agreement with Anchor Trust. Staff provided personal care and support at pre-arranged times and in emergencies to people. The unit consists of 40 flats, at the time of our visit there were 38 people using the service.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had recently made changes to the management of the service. An interim manager had been appointed who was in the process of applying to register with us.

# Summary of findings

People who used the service said they felt safe living at Henry Court. Staff knew what they should do if they had any concerns about people's safety or if they suspected abuse. There were processes in place to protect people from the risk of harm. These included a procedure to manage risks associated with people's care and an effective procedure for managing people's medication.

There were enough suitably trained staff to meet people's individual care and to provide a flexible, responsive service. Staff gained people's consent before they provided personal care and supported people to maintain their independence.

People were happy with the care they received and said staff provided care and support in the way they preferred.

People said staff were kind and considerate and maintained their privacy and dignity when providing care. Staff had good knowledge about the people they supported and provided a personalised service.

People were involved in making decisions about their care and support and care plans detailed how people wished to receive their care. People said they were listened to and were confident they could raise any concerns about their care or support. There were processes in place for people to express their views and opinions about the service.

Staff felt supported by the manager and senior staff and told us they would feel confident to raise any concerns or issues. There were processes in place to assess and monitor the quality of service provided. This was through feedback from people who used the service, staff meetings and a programme of checks and audits.

# Summary of findings

## 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 safe.

People told us they felt safe living at Henry Court. Staff understood their responsibility to keep people safe and there were procedures in place to protect people from the risk of harm. These included a risk management process, safe procedures for recruitment of staff and for managing people's medication. There were enough suitably experienced staff to meet people's care needs.

Good



### Is the service effective?

The service was effective.

Staff were trained and supervised to support people effectively. Staff understood about consent and respected decisions people had made about their daily lives. People who required support had enough to eat and drink during the day. People were supported to manage their healthcare needs.

Good



### Is the service caring?

The service was caring.

People told us staff were caring and respected their privacy and dignity. People were involved in planning and making decisions about the care and support they received. Staff had a good understanding of people's needs and supported people to maintain their independence.

Good



### Is the service responsive?

The service was responsive.

Care and support was available when people needed it. Staff had good knowledge about the people they supported and provided a personalised service. People were happy with their care and had no complaints about the service. The care people required was regularly reviewed and people were able to share their views about the service they received.

Good



### Is the service well-led?

The service was well-led.

People were satisfied with the care they received at Henry Court. Staff said they were supported by the senior team and had no hesitation raising concerns with the manager. The manager and care staff understood their roles and responsibilities. The quality of service people received was regularly monitored through a series of audits and checks.

Good



# Henry 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Henry Court took place on 5 February 2015 and was announced. We told the provider before our visit that we would be coming so that people who used the service could give agreement for us to visit and talk with them during the inspection. One inspector and an expert by experience undertook the inspection. The expert by experience had experience of caring for a relative who used a care service.

Before the inspection we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority contracts team and asked for their views about Henry Court. They had no concerns about the service.

During our inspection we spoke with the manager, care co-ordinator and four staff members. We spoke with eight people who used the service and one relative. We looked at care records for three people to see how they were cared for and supported. We looked at other records related to people's care including the service's quality assurance audits, records of complaints and incident and accidents records.

# Is the service safe?

## Our findings

All the people we spoke with said they felt safe at Henry Court. Comments from people included, “Very. It’s just so secure,” and “Yes. It’s harder to get into this place than to get out. You’ve got your own key to your own flat. People can’t get in without being let in.” All the people knew who to speak with if they did not feel safe. One person said, “I’d speak to the person in charge of the carers. I’d go to her.”

We asked staff how people at Henry Court remained safe and protected from abuse. All the staff we spoke with had a good understanding of abuse and how to keep people safe. Staff had completed training in safeguarding people and knew what action they would take if they had any concerns about people. For example one staff member told us, “I would record it and report it to the manager or team leaders.” The manager and team leaders knew how to make referrals in the event of any allegations being received.

There was a procedure in place to identify and manage risks associated with people’s care. For example, people who needed assistance to move around, who were at risk of falling or having skin damage had plans in place to manage or reduce these risks. Staff were aware of associated risks and how these were to be managed.

People told us there were enough staff available when they needed them. All the staff we spoke with said there were

enough staff to meet people’s individual needs. One relative told us, “When I visit there has always been enough staff.” The manager told us staffing could be increased at busy times if people’s needs required this.

Staff had checks and references completed during their recruitment to make sure they were safe to work with people who used the service. Staff told us they had to wait until their DBS (Disclosure and barring scheme) and reference checks had been completed before they could start working in the home.

Some people who used the service needed support to manage their prescribed medicines. All the people we spoke with who required assistance to take their medicine said they always received this when they should. “They come and bring it every time it’s needed.”

There was a safe procedure for supporting people to take their medicines, and where people were supported, this had been clearly recorded in their care plan. This made sure staff had the correct information to support people consistently and safely. Completed medication administration records (MAR) showed people had been given their medicines as prescribed. Checks were made by staff to ensure people had received their medicines. Staff had completed training to administer medicines and had their competency checked by senior staff to ensure they were doing this safely.

# Is the service effective?

## Our findings

People told us they were supported by staff who were knowledgeable and competent when providing their care and support. Staff said they had completed an induction when they started to work in the service, which included training and working alongside a more experienced worker before they worked on their own. Staff told us they had regular training, supervision and appraisals that supported them to provide effective care to people. Records showed staff completed regular training to keep their skills up to date. Staff we spoke with told us they felt confident and competent to support people who used the service. One staff member told us, “We have lots of training. It helps me understand why we have to do things in a certain way.”

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report what we find.

The MCA protects people who lack capacity to make certain decisions because of illness or disability. All staff spoken with had completed MCA training and understood the key principles around the act and how to uphold people’s rights to make certain decisions. The manager told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions.

Staff told us how they gained consent from people they provided care to. For example, one staff member said: “I always ask if it’s ok with them before I do anything,” another said “You have to ask people, even though we have allocated times for people, if they don’t want you to help them at the time you can always go back.” People confirmed staff sought consent before supporting them.

People lived in their own flats. Most of the people we spoke with prepared their own food and drinks in the mornings and evenings and had the option of purchasing a meal at lunchtime from the unit’s dining room. One person told us, “They make me a cup of tea at 5pm. That’s it. They will make me one if I want one at breakfast, but I always make that myself.” Another person we spoke with required assistance from staff to prepare food and drink. We were told staff arrived at the times arranged to support them with meals. This person was unable to make themselves a drink but said staff came in regularly to make one.

People told us most of their health care appointments and health care needs were arranged by themselves or their relatives. If requested, staff liaised with health care professionals on their behalf, for example the GP, and arranged routine healthcare appointments with a dentist, optician or chiropodist. One person told us, “The doctor comes here. I just have to ask the carers and they organise it for me. Quite a good idea really.” Staff were available to support people to attend healthcare appointments if needed.

# Is the service caring?

## Our findings

People told us staff were caring. Responses included, “Oh God yes, particularly when I lost my husband. They were wonderful. They helped me through it.” A relative told us staff were, “Very caring, very friendly, very approachable. There’s just such a lovely atmosphere here”

All the people we spoke with said staff treated them with respect. We were told, “Yes. I wouldn’t have them if they didn’t. Anything I ask them to do, they’ll do,” another person said “We have a laugh. We have lots of laughs.”

People lived in their own flats so we were unable to observe care directly but responses from people indicated their privacy and dignity was maintained. All the people we spoke with confirmed staff knocked on the door and waited for a response before entering their homes People told us, “They either ring the bell or knock. Nobody ever just walks in.” “There’s never anybody who comes straight in.”

People were encouraged to maintain their independence and where possible undertake their own personal care and daily tasks. People told us they were able to continue to do things for themselves including managing their own medication if they were able to. People told us, “Yes. They wash where I can’t reach. There are lots of things I can’t do but I like to do bits and bobs myself.” another said, “Yes. This place is independence as far as I’m concerned. I’m the gaffer and that’s it”

People told us they had been involved in planning their own care. Comments from people included, “Yes I am, they wouldn’t dare not.” Another said, “Yes, they involve me in everything to do with my care.” Staff told us that people and their relatives, if requested, were involved in care plan reviews. People said they felt listened to and their views and opinions had been taken into consideration in the care they received.

Some people had support from relatives or advocates to help them with certain aspects of their lives. For example to manage their finances.

# Is the service responsive?

## Our findings

People told us their support needs had been discussed and agreed with them when they moved into Henry Court. One person told us “They have[discussed it], which is a nice aspect of it.”

People said they had an assessment and a care plan completed that detailed the care they required. This made sure the service was able to meet the needs of people who lived there and provide a personalised service. Staff we spoke with had a good understanding of the needs of people they supported. They were aware of people’s likes and preferences, as well as people’s health and support needs. People told us their preferences and choices had been discussed with them and staff provided support in the way they liked. A relative told us, “They know what she doesn’t like doing, food wise and clothes wise and how she likes things put away.”

People said they received their care at the times expected. People told us the service was flexible and care staff responded to their requests to change their care times. For example one person told us, “I just ask them to come back in a bit and they do.” Staff told us they had work cards which identified the people they would support during their shift and the time and duration of the calls. Records of calls confirmed people received care as recorded in their care plans.

People at Henry Court had access to a call system that staff responded to between scheduled call times. This meant people could get urgent assistance from staff if they needed. We asked people if staff responded to call bells. Yes, almost immediately. I don’t call unless it’s absolutely necessary.” Another person said “Yes, almost immediate when I have done. They come straight away. On the intercom, they say ‘yes, [person’s name], what do you want?’ and they proceed with it, no problem at all.”

Staff had a handover meeting at the start of their shift which updated them with people’s care needs and any concerns since they were last on shift. Staff told us this informed them when people’s care needs had changed and supported them to provide appropriate care for people. A record was kept of the meeting to remind staff of updated information.

People said they had been involved in the planning of their care and had signed documents that confirmed this. We looked at the care files of three people who used the service. We found people had the same information in plans kept in their home and in the office which made sure staff had consistent and up to date information about the support people required. There was evidence to show plans were reviewed and updated regularly.

People we spoke with knew how to make a complaint. People told us they had never had cause to complain but would speak to the team leaders or manager if they needed to. A relative told us they knew how to make a complaint and who to speak to if they wanted to raise a concern, “Yes, I know the procedure”

We looked at the complaints records. We saw complaints had been investigated and the outcome of the investigations recorded. Staff said they would direct people who raised concerns to the complaints procedure. They knew a copy of this was available in people’s home folders. Staff said they would also refer any concerns people raised to the staff in the office.

People had regular meetings and were sent satisfaction questionnaires to obtain their views on the service provided. Completed surveys and records of meetings indicated people were satisfied with the care and support they received. People told us, “Yes, we do have them with the management.” A relative told us, “They always send a letter to see if we want to come to”.



# Is the service well-led?

## Our findings

We asked people about the leadership at Henry Court and if they thought the service was well managed. People were aware of the recent changes in management, comments included, “Yes, I do. I’m very pleased with it. “A relative said “Yes, it’s very well managed, very efficient. I have no reason to think otherwise.”

People said there was a positive atmosphere at Henry Court, “It’s very good. Between carers and tenants the atmosphere is lovely. Everybody gets on which is a nice thing.” A relative told us, “Very good, very welcoming and very friendly. Even the residents help look after Mum.”

We asked staff about the support and leadership within Henry Court and if they felt able to raise any concerns they had. Staff told us they had regular work supervision with the team leader or registered manager to discuss their personal development. Staff had team meetings and handovers that made sure they were provided with updates about people’s care as well as information about changes in policies and procedures. Staff said they would have no hesitation reporting poor practice to the manager or senior staff. They said they felt confident concerns would be thoroughly investigated. Staff said the service was well managed and there was always someone available in the office to give advice and support.

Staff understood their roles and responsibilities and what was expected of them. Staff knew the management structure and who their line manager was. All the staff we spoke with said they enjoyed their work, comments from

staff included, “I really like working here; we have a stable staff team which is an asset to the people who live here.” “I enjoy working here; we work really well as a team. We are here for the customers, they always come first.”

The service had a clearly defined management structure in place. However, the service did not have a registered manager in post. The management of the service had recently changed. The organisation had appointed a new manager who was unable to take up post immediately. An interim manager had been appointed and started work in the home at the end of October 2014 and will be in post until the end of June 2015. The interim manager was in the process of applying to register with us.

There were systems in place to monitor the quality of the service. This included regular care reviews with people; observations of staff practice, staff and tenants meetings and people were sent satisfaction questionnaires.

There was a process in place to audit records to make sure people received the care outlined in their care plans. This included audits on medicine records and care records. Incidents and accidents were also recorded and monitored by the service and the organisation, for trends and patterns.

The service had regular checks carried out by the organisation to make sure they were working to their policies and procedures. Coventry contracts department also carried out quarterly visits to monitor the care and support provided. We saw plans had been put into place to meet any recommendations from these checks. The contracts officer from the local authority had no concerns about the care provided.