

Anchor Hanover Group

Henry Court

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Henry Court is an extra care service registered to provide personal care support for older people, including those living with dementia. People using the service live in one-bedroom flats and have access to shared facilities, including a restaurant, communal lounges and garden.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Not everyone who used the service received personal care. At the time of our inspection 21 people were in receipt of personal care.

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

People received their care calls at the times they expected, for the length of time agreed and from staff they knew. Risks associated with people's care and their home environment had been assessed. However, some risk management plans lacked the detail staff needed to mitigate known risk. Action was planned to address this. People felt safe and staff understood how to keep people safe. Staff recruitment and people's medicines were managed in line with the providers procedures and best practice medicine guidance. Some staff did not follow the provider's infection control policy and procedure to prevent the spread of infection. Action was taken to address this.

People and a relative had confidence staff had the skills and knowledge needed to provide safe care. Staff received the support and training they needed to fulfil their roles. 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. The management team and staff understood and worked within the principles of the Mental Capacity Act (2005).

The service was well managed. Effective systems were in place to check the quality and safety of the service. Feedback from people, relatives and staff was used to improve and develop the service. Staff felt valued and supported. The management team and staff worked in partnership with other professionals to support people to achieve good outcomes. People expressed their satisfaction with the way the service they received met their needs and desired outcomes.

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

Rating at last inspection and update

The last rating for this service was good (published 25 December 2019)

Why we inspected

The inspection was prompted in part due to concerns received about staff competencies, medicine management and the way the service was managed. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Henry Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Henry Court

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 undertaken by 1 inspector and an Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support 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 rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 2 days' notice of the inspection. This was because we needed to be sure that a member of the management team would be in the office to support the inspection.

Inspection activity started on 23 May 2023 and ended on 05 June 2023. We visited the registered location on

05 June 2023.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 1 relative about their experience of their care. We spoke with 7 staff members including the district manager, the registered manager, the deputy manager, a team leader and care staff. We reviewed a variety of records including 4 people's care records and 3 people's medication records. We looked at 3 staff files in relation to recruitment, staff training and support, and records relating to the management of the service including quality audits and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Information we received prior to our inspection indicated people's prescribed medicines were not managed and administered safely. Our inspection findings did not support this.
- People received the support they needed to take their medicines as prescribed. One person told us, "They [staff] do my meds and there has never been a problem."
- Some people were prescribed medicines to be administered 'as required'. Protocols for those medicines were in place for staff to follow to ensure people received their medicines when they needed them in line with national medicines guidance.
- Staff were trained and competent to administer medicines safely. The management team observed staff practices and checked medicine records to ensure staff worked in line with the provider's procedure and best practice guidance. Where errors were identified timely action was taken including, meetings with individual staff members and additional observations of practice to check their competence.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Henry Court. One person explained they felt safe because staff were available to assist them. They added, "I have never felt safer." A relative told us, "I do feel she [family member] is safe here; I trust them."
- Staff protected people from harm. One staff member said, "We do training. We learn about the different abuse types. I know it's my job to report anything I see or hear or am told to the manager and I would."
- The registered manager had shared information with the local authority safeguarding team and us (CQC) to ensure any allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care and their home environment had been assessed. However, some care records lacked the guidance staff needed to follow to minimise known risk. The district manager acknowledged our findings. They were aware of this shortfall and told us work was taking place to address this.
- Despite recording shortfalls staff understood how to manage and reduce risk to keep people safe. Staff told us they supported the same people which enabled them to learn about people's needs and how to provide their care safely.
- The management team completed analysis of any accidents and incidents that had occurred each month. Where needed planned care, with people's consent, was amended to reduce the risk of reoccurrence. The registered manager told us, "I use reflective practice with staff to look at what has happened and what can we learn from this." Staff confirmed this approach happened and mitigated risks.

Staffing and recruitment

- People received their care and support from staff they knew at the planned time and for the agreed duration. One person told us, "The carers are the best thing about this place. I have 7 calls a day. The care is very good. If they are going to be held up, they let me know." A relative said, "They (staff) always stay for their time and have built up a good relationship with her, they know her well now."
- There were enough staff to provide people's planned care calls. Staff rotas confirmed this.
- The provider operated a 24-hour emergency response call system. Feedback shared with us prior to our inspection highlighted some people and relatives were not clear about the remit of this system. During our visit in response to this feedback the district manager and registered manager began to address how to ensure people and with their consent relatives, had clear information about the role of providers emergency response system.
- Staff were recruited safely in line with the providers procedure. This ensured people were supported by staff who were of good character and suitable to work with vulnerable people.

Preventing and controlling infection

- People said staff followed good infection control practice in their homes.
- Staff had completed infection prevention and control training and had access to appropriate personal protective equipment (PPE). However, some staff did not follow good infection control practice. For example, staff were observed wearing bracelets, watches and rings. Immediate action was taken to address this.

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

Staff support: induction, training, skills and experience

- Information we received prior to our inspection indicated staff did not have the knowledge and skills they needed to fulfil their roles. Our inspection findings did not support this.
- People and a relative had confidence in the knowledge and skills of staff. Comments included, "The carers are all well able to care for me," and "I think they know their jobs well. They really care. They make time for her, and they have a bit of banter."
- Staff training was up to date. Staff told us their training made them feel confident in their roles. This included an induction, an on-going training programme incorporating people's specific needs and individual meetings.
- The registered manager used feedback about the service to target staff development. For example, staff had been attended professional boundaries training as part of a complaint response. One staff member commented, "I did the boundaries training it really made me think. I found it useful."

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

- People's needs were assessed before they started to use the service to ensure their support needs could be met. Assessments considered protected characteristics in line with the Equality Act 2010. The registered manager told us, "Often people don't share very personal information at assessment but as we build relationships, they feel more comfortable and are more open."
- Information from completed assessments was used to develop people's care plans. These were regularly reviewed and updated when a person's needs changed, or new information was shared. A staff member told us, "We read the plans so we can know about customers before we meet them. You can pick up bits to start chatting."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received the support they needed to meet their nutritional needs. One person told us, "I do some cooking. I enjoy their company while I cook, and they help me with heavy pans, so I am safe."
- Staff were aware of people's dietary preferences and understood the need to support people to seek specialist advice if any risks associated with eating and drinking were identified.
- Care records included information about specific dietary requirements relating to people's health, medical conditions and cultural requirements. For example, 1 person's care plan informed staff to cut the person's food into small pieces in line with recommendations made by a health care professional.
- People were supported to access health care as required. One person explained staff had arranged for

district nurses to visit when they first moved into Henry Court. They added, "The district nurse comes and does my sugar levels and injections twice a day."

- Records showed information was shared with other agencies involved in supporting people to ensure continuity of care.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- People were supported to make decisions about their care in line with the Mental Capacity Act 2005.
- Staff completed MCA training and worked within the principles of the Act. One person told us, "They (staff) always ask what they can do and are very willing."
- Care records confirmed people's consent to care was sought and detailed if relatives had the legal authority to make any decisions on people's behalf.
- The management team understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity.

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 our last inspection we rated this key question good. At this inspection has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Information we received prior to our inspection indicated the service was not well-managed. Our inspection findings did not evidence this.
- The management team completed regular audits and checks to monitor the quality and safety of the service provided. Areas and opportunities identified for improvement were recorded on a service improvement action plan which detailed the actions required and the date they had been completed. This demonstrated continuous service improvement.
- Staff felt supported and spoke positively about the guidance provided from the management team. One staff member explained how feedback about their practice helped them to be 'the best I can be'. Another staff member described the management team as 'very approachable and professional.' They added, "Outside of staff meetings their door is always open if you need some help."
- The manager understood their responsibilities. They had informed us about important events as required by the regulations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People received the care and support they needed to achieve positive outcomes. One person explained their aim was to remain independent and told us the way their support was provided, in line with their wishes, enabled them to achieve this. A relative described how staff adapted their approach to meet their family member's needs. The relative added, "Mum smiles a lot now which tells me all I need to know."
- Staff understood the importance of person-centred care. When discussing this 1 staff member explained getting to know people and gaining their trust helped tailor each care call to their needs. They added, "Every customer is different. If you don't know what's important to them you can't do it right."
- The registered manager understood their responsibilities to inform people and professionals involved in people's care when concerns were raised or when something went wrong.
- The district manager and registered manager were open and honest during our inspection visit. They welcomed our feedback and where needed took immediate remedial action in response to this. This demonstrated their commitment to continually make improvements to benefit people.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People and relatives were invited to share their views about the service to help the service continually improve. Recent feedback showed good levels of satisfaction in all aspects of the service.
- Staff were encouraged to contribute to the services development which made them feel valued and listened to. This included completing feedback gathered from questionnaires, individual and group meetings. One staff member said, "I have been made to feel comfortable to speak up and share my ideas."
- People were actively involved in planning and developing their care. One person commented, "Management keeps us involved and up to date. They have suggested I reduce my care hours until I need more help then, to increase them again if needed. This impressed me." A second person felt empowered because they had been supported to write their own care plan.
- The management team and staff worked in partnership with health and social care professionals to assist in supporting people to achieve the best possible outcomes.