

Anchor Trust

Anchor Trust (The Laureates)

Inspection report

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Date of inspection visit: 10 September 2015

Date of publication: 28/10/2015

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 The Laureates (extra care housing) on 10 September 2015. We gave the provider 48 hour notice of our visit to ensure that the registered manager of the service would be available.

The Laureates is extra-care housing and provides personal care services to people in their own homes. At the time of our inspection 22 people were receiving a personal care service.

At our last inspection in June 2013 the service was judged to be meeting all of the regulations we inspected at that time.

The service had a registered manager in place. 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.

Staff and people told us they were able to speak to the registered manager if they had any concerns. The service

Summary of findings

completed spot checks on all staff whilst they supported people and formal 1-1s were in place to look at support and training for the staff. This meant that people were supported in their role.

The service was meeting the requirements of the Mental Capacity Act 2005. We asked staff on the day of the inspection their understanding of the Mental Capacity Act 2005, all the staff we spoke with said that they would always assume capacity first. One staff member said "if I had a concern around someone's capacity then I would speak to the manager straight away." Staff understood how to help people make day-to-day decisions and were aware of their responsibilities under the Mental Capacity Act (2005).

Medicines were administered to people by trained staff and people received their prescribed medication when they needed it.

We spoke to three people who received care/support from The Laureates and five staff. The people we spoke with all said that they felt safe in their home whilst care and support was provided.

Records we looked at and in our discussions with staff we found staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People told us they were supported to eat and drink. Staff supported them to healthcare appointments when requested and provided personal care as required to meet people's needs.

There were effective systems in place to monitor the quality of the service.

The Laureates had a complaints procedure in place. People who used the service and staff knew how to complain. Complaints and compliments were dealt with in accordance with the agency policy.

There was an accident and incident file in place. The accidents had been recorded and actioned by the registered manager.

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.

The staff had a good knowledge of safeguarding procedures and how to put these into practice.

There was a robust recruitment policy in place

Good



Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff received 1-1 discussions and spot checks were carried out in line with the policy.

People were supported when needed to access healthcare appointments if staff had any concerns about a person's health.

Good



Is the service caring?

The service was caring.

All the people we spoke with told us that staff spoke to them in a kind and respectful manner.

People were involved in making decisions about their care and the support they received.

Good



Is the service responsive?

The service was responsive.

The service responded to health care needs.

Care plans were in place at the service and people were involved in their own plan.

People said the registered manager and staff listened and felt confident that any concerns or complaints would be dealt with.

Good



Is the service well-led?

The service was well led

Staff told us they were supported by their manager.

Accidents and incidents were recorded and addressed by the registered manager.

The home had mechanisms in place which allowed people using the service to provide feedback on the service provision.

Good



Anchor Trust (The Laureates)

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 took place on 10 September 2015 and the visit was announced. We gave the provider 48 hour notice of the inspection. We did this to make sure the registered manager would be at the service as sometimes the registered manager is out of the office supporting staff or visiting people who used the service. This inspection was carried out by one adult social care inspector.

Prior to inspection we reviewed all the information held about the home. The provider had been asked to provide a provider information return (PIR). This is a document that provides relevant up to date information about the agency that is provided by the manager or owner of the agency to the Care Quality Commission.

During the inspection we went to The Laureates and spoke to the registered manager. We reviewed care records of three people that used the service, reviewed the records of four staff and the records relating to the management of the service. During the visit we spoke with three staff. After the inspection visit we spoke on the phone with another two staff and three people who used the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person told us, “I feel safe with the staff,” and they told us they felt staff were really nice, and were willing to help them if they had any specific concerns. Another person said, “I feel safe in and out of the community with the carers that come to support me.” All the people we spoke to said that they felt safe as they all had their own risk pendant or bracelet which they could use to alert staff.

Staff had completed training in safeguarding vulnerable adults. This was evidenced in their staff file and also through staff speaking to staff. The service had a safeguarding policy in place and the registered manager told us that all staff had received a copy of this during induction, which staff confirmed at the time of our inspection. Staff were knowledgeable in recognising signs of potential abuse and how to report any concerns.

Staff told us that they would never leave a person on their own if they had any concerns. Staff said, “We would not leave anyone on their own we would always ring down to the office to let them know what was happening so they can make arrangements for another staff member to support the next person.” This meant that staff were ensuring people’s welfare were at the focus of what they do.

People told us that they were mostly responsible for their medications, but that care workers would sometimes support them to take their medication at a regular time. We saw staff clearly understood the importance of medication routines, confirming that sometimes people needed to be supported to take their tablets, and they felt confident in their communication skills to achieve this. Staff told us why people took their prescribed medications and the importance of taking medication at the right time.

Staff were able to tell us about people’s medication and any side effects which could occur. Staff said that they would not support people with their medication unless this was recorded on the medication administration record (MAR) sheet. We looked at three people’s medication records and these were completed and signed by staff and we were told these were stored in the person’s own room in a locked cabinet.

We saw risk assessments were completed to assess any risks to a person using the service and for staff who were supporting them. Risk assessments were in place around personal care in their home and the support needed for the person. Moving and handling training and also the use of any equipment including hoists were completed by all staff. All staff had completed an induction period before working alone. This was evidenced through staff files and also through staff discussion on the day of inspection.

We saw accidents and incidents were appropriately recorded. These were reported straight to the registered manager so that appropriate action would be taken.

There were sufficient staff to keep people safe. Staffing levels were determined through the needs of the people. If people’s needs changed the registered manager said they would hold a review in order to change support according to need. Some staff said, “When people are on holiday it can be hard and we work extra shifts or use agency to make sure all the people receive their care.” The Laureates had one staff member available through the night. There was a system in place that the staff could call the head office for online support through the night if needed in an emergency. Most of the staff we spoke to stated that they felt that another member of staff would be beneficial at night for support. The registered manager said that if extra support was identified regarding the care and safety of the people then they would look into providing additional support on a night.

Recruitment procedures were in place and the required checks were undertaken before staff could commence work. All staff had been checked with the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. The registered manager said that applicants attended an interview to assess their suitability for the role and we saw this evidenced through staff interview questions and answers in a file locked in the cupboard in the office. All staff contracts were in place and signed by staff before starting their role. Staff undertook an induction programme and shadowed senior staff and attended all mandatory training before commencing work.

Is the service effective?

Our findings

People we spoke with felt that their care workers were well trained, competent and behaved in a professional manner. One person told us that “all the staff were lovely and they all know what they are doing.” One person said “The staff know how best to support me and they ensure that I do as much for myself as possible.”

Staff received 1-1 discussions and spot checks monthly in line with the policy. This was evidenced within the staff files and also in discussion with staff. Staff said that they felt 1-1 discussions were effective and supported them to do their role well.

People were supported in their home and in the community by staff that had the knowledge and skills to meet their needs. Training was completed for all staff both face to face on induction then most training was then completed online through e-learning. Staff who spoke with us confirmed that all training had been completed and that on-going training was available. Staff did however state that most of the training was completed online. This was reported to the registered manager and district manager by staff who were in the process of looking at more face to face training. This was evidenced through looking through the staff training records.

The majority of people who received care from The Laureates had the capacity to make their own decisions at the time of our inspection. For the people who did not have capacity to make decisions, family and health professionals involved in their care made the decisions in their “best

interest,” in line with the Mental Capacity Act (2005). The Mental Capacity Act (MCA) is legislation designed to protect people who are unable to make decisions for them and to ensure that any decisions are made in people's best interests. Families were involved in developing the support plan with their relative to identify any needs that were required from the service and how this would be carried out. The registered manager explained that if they had any concerns about a person's ability to make a decision that they would address this with the local authority and make sure that an assessment of capacity would be completed. Staff were aware and had received training in the Mental Capacity Act.

People were supported where needed at mealtimes to make their own choices of food and drinks. People we spoke with told us they were happy with the levels of support given to them in regard to preparation of food and drink. One person we spoke with prepared their own meals as they did not require any support with this. Staff had received training in food and safety which was evidenced in their staff file and also in discussion with staff they confirmed they had completed this training.

We were told by people using the service that most healthcare appointments were made by themselves or their relatives.

People's care records included all details of their GP, chiropodist and their dentist. The care plan also included any issues around the person's health so that the staff could support them if the person required this.

Is the service caring?

Our findings

People who use the service often spoke glowingly about their care workers especially the care workers who they have built up a good rapport with. One person told us, “They’re more like friends now than carers – they treat us so well.” Another person said, “They give me good and considerate care always – they make sure I’m comfortable. They’re cheerful and chatty which I very much appreciate.” Another person told us, “I’m very satisfied with everything they do for me. It is all done with great care.” Although people were very complimentary about their regular care workers, we were also repeatedly told that if their care worker was on holiday, or off sick, they were still happy with the service they received.

People were complimentary about the levels of involvement they had with their care and told us staff always asked for their permission before care was provided. One person told us, “They’ll always ask if I need anything else done before they leave. Nothing’s ever too much trouble for them.”

We observed interactions between staff and people who were supported in extra-care housing. We found staff showed affection while communicating with the people they supported. The staff we spoke with demonstrated to us that they considered maintaining the dignity and respect of people to be important and were able to describe ways in which they ensured this happened. One person said “I treat people I support like a member of my family.” Another person said “I always knock on the door before support a person in their home.”

Staff spoke about the people, who they support with affection, telling us often that they get real job satisfaction when they know they have made a difference to someone’s health, or left someone feeling happier than when they arrived. One staff member told us, “We all treat people as individuals, and put ourselves in their shoes.” Another staff member told us about their colleagues, “They’re a good group of girls – they do really care about the people we support.” Another staff member said that they treat people with the same respect and dignity as they would do if it was their own relative.

Is the service responsive?

Our findings

Staff were knowledgeable about the preferences and interests of the people they supported.

The staff were also aware of any health and support needs people needed to provide them with a professional and personalised service. One person who used the service told us that they were grateful that their care workers know their health needs so well, which they said made them feel very safe with them.

Another person told us how grateful they were for the proactive care that they received, telling us, “I came to The Laureates to keep my independence I just needed a little support at times, and they have done this they are here to support me if and when needed.” People told us that care needs were regularly reviewed, as their condition changed. Other people who used the service also told us that their care package had decreased or increased as they became more or less dependent. This meant the person received the up to date care that was needed.

Staff supported people to access local communities, shops and outings to minimise the risk of people becoming socially isolated. The Laureates had a large kitchen area and living room so people could interact and socialise together. The rooms were also used to hold activities which were arranged by the people who lived there. There were a hairdressers and a small library that people could use.

People received care which was personalised and responsive to their needs. People were allocated staff who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required. We looked at the care plans for three people who currently used the service. The care plans were written in an individual way, which included people’s preferences, likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care. Staff showed an in-depth knowledge and understanding of people’s care, support needs and routines and could describe care needs provided for each person.

People were encouraged to maintain their independence and undertake their own personal care where possible. One staff member said “I always encourage people to do as much of their own personal care as they can. “ We looked at care plans and these reflected the changes throughout the people’s independence over the last year.

People who use the service were aware of the complaints policy. We saw a complaints procedure in place with any actions needed by the registered manager. The registered manager said that she would deal with complaints by contacting the people themselves if necessary or would write a letter to the person involved. There had been no complaints in the last 12 months.

Is the service well-led?

Our findings

Staff told us that the registered manager and district manager were very supportive and that they would be listened to if they raised any serious concerns. People also said that they could approach staff or the registered manager with any concerns.

The registered manager produced a yearly report which was then sent to the provider and identified key events such as admissions and discharges, staff issues and complaints.

We spoke with the registered manager about the governance of the service and it was apparent by the system that the registered manager had in place of weekly and monthly monitoring of staff training and care plans, also through feedback by people that they were committed to having a robust quality assurance monitoring system. The registered manager also completed a yearly “quality excellence audit tool” looking at the five key areas safe, effective, caring, responsive and well-led. This was then sent to the district manager to analyse alongside the registered manager to look at ways to improve the service.

We saw the registered manager audited people's care plans and risk assessments. All safeguarding referrals had been reported to CQC and there had been no whistle blowing concerns.

The registered manager told us senior staff carried out random spot checks on staff as they supported people in their homes to make sure care and support was being delivered in line with their agreed support plan. The registered manager confirmed the frequency of the spot checks were every month. On the day of the inspection this was evidenced through the monthly spot check file located in the office.

A number of people told us about surveys that had been sent to them this year asking for their views about the service. In the surveys people said that they were always happy with the service that the staff provides to them around their care needs.

Staff had completed a survey “your say colleague survey” in April 2015. In the survey staff had said that they had the skills and knowledge to complete their job. Staff stated that they felt they were listened to and could speak to the registered manager or team leaders for support.