

Anchor Hanover Group

# Henry Court

## Inspection report

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Date of inspection visit:  
06 December 2019

Date of publication:  
24 December 2019

## 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 ●

# Summary of findings

## Overall summary

### About the service

Henry Court is a service which provides personal care support to 21 people living in an extra care scheme. These are primarily older people. Henry Court is a large modern building comprising of 40 flats.

Not everyone who used the service received personal care. 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.

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

Staff were caring in their approach and had good relationships with people. Promoting independence was encouraged, and people were supported to improve their skills.

There were enough staff to ensure people were safe and staff had some time to chat with people. Where risks associated with people's health and wellbeing had been identified, plans were in place to manage those risks while ensuring people could remain independent.

Staff understood their responsibility to safeguard people from harm and knew how to report concerns.

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; systems supported this practice.

People received care which was responsive to their individual needs. Care records provided staff with information in relation to people's backgrounds, interests and individual health needs. Staff knew people well.

The provider ensured care was based upon good practice guidance to help ensure people received an effective service.

Staff encouraged people to maintain a balanced diet. The provider and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was maintained.

A new registered manager was in post. Positive feedback was received in relation to the management of the service. People and staff had opportunities to feedback about the running of the service.

Quality checks were carried out to monitor the service, and these identified where improvements could be made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The service was rated as Good (published 1 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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

Details are in our safe findings below.

Good ●

### 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 well-led

Details are in our well-led findings below. □

Good ●

# 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 completed by one inspector and an assistant inspector.

#### 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 bought or 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.

The service had a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. They had been in post for three weeks.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the manager would be in the office to support the inspection and to arrange for some people and staff to be able to talk with us.

#### What we did before the inspection

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as safeguarding concerns. We sought feedback from the local authority who work with the service, and they had no concerns.

The provider completed a provider information return. This is information we require providers to 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 carry out our inspection.

During the inspection

We spoke with seven people who used the service. We spoke with three care assistants, a bank care assistant, an acting team leader, an activities co-ordinator, the deputy manager, the regional manager and the registered manager. We reviewed a range of records including three people's care records and three medication records. A number of other records were reviewed in relation to the management of the service, including quality checks, training records, meeting minutes and accidents and incidents. We did not look at staff files on this occasion as staff were recruited safely when we previously checked.

# 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 Good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risk's associated with people's health and wellbeing had been identified, assessed and documented. For example, risk in relation to falls, the environment, or people's skin care. One person told us they felt safe at the service as when they had had a fall before, they pressed their alarm and staff came straight away.
- Staff had been trained in fire safety and were knowledgeable of the correct steps to take in an emergency.
- An on-call system ensured people could call for staff assistance in an emergency.
- Staff could contact senior staff for advice and support 24 hours a day.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Henry Court. One person said, "I don't worry about anything at all, it is safe here."
- Staff understood the signs of abuse and how to recognise and protect people from this. One staff member told us, "We have not really had any big safeguarding issues here, but we would report anything to line managers or deputy managers."
- The provider's policies and procedures provided staff with guidance on how to keep people safe. Staff told us they felt they were able to raise concerns, understood about 'whistle blowing' and knew how to report any issues.

### Staffing and recruitment

- People were supported by enough staff to meet their care needs. One person told us, "Staff make my meals, they have got time, sometimes they are 10 minutes late, but I am satisfied." Care was provided based on people's assessed needs and people received support from one or two members of staff dependent on their needs. Staff had time to be able to chat with people without being focused on completion of care tasks only.
- Staff recruitment files were not checked on this occasion as there were no concerns found at our previous visit. However, staff told us the necessary checks had been completed before they started work.

### Using medicines safely

- Medicines systems were organised, and people received their medicines as prescribed. Some staff were not following procedures in dating medicine on opening it, and we raised this with the registered manager who confirmed staff would be reminded to do this.
- Protocols were in place for the administration of medicines taken on an 'as required' basis.
- Staff were trained to administer medication and competency checks were carried out to ensure they

remained safe to do this. Senior staff completed audit checks of medicines to ensure these were correct. Where medication errors had been identified this was raised with the staff involved and further training given if required.

Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce risks, such as wearing personal protective equipment.

Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident. These were reviewed to understand if there were any themes or trends which could be identified to help prevent recurrence.



# 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. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service. This involved training and working alongside experienced staff.
- Staff completed the necessary training to enable them to carry out their roles, for example mental capacity, safeguarding and manual handling. Training was monitored to ensure this remained current.
- Staff were supported to take further care qualifications if they chose to.
- Observations of staff practice were completed by senior staff to monitor and improve practice.
- A handover of important information took place between staff when shifts changed, so staff were up to date with any changes to people's care needs.

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 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.

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.

- Staff understood the principles of the Mental Capacity Act. One staff member told us, "People here can make their own decisions, and we can't assume that people can't." One person made some potentially 'unwise' decisions at times in relation to their health, and staff understood these had to be respected.

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

- Some people's health needs were complex, and care and support was provided in line with current guidance. Consent was obtained from people in relation to decisions made and this was documented.

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

- People were supported to eat meals in line with their needs and choices. An on - site café was available if

people preferred to access this.

Staff working with other agencies to provide consistent, effective, timely care

- Staff communicated with other agencies such as the local authority and health professionals including dieticians, speech and language therapy and occupational therapy when required. Advice given by professionals was recorded and followed. One person told us, "I am happy enough the way they look after me." They told us they had fallen a couple of times and staff had arranged for their moving equipment to be reviewed by an occupational therapist and this had helped them further.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to remain healthy, for example in relation to lifestyle choices such as smoking, and with support from hearing, sight and dental professionals.

# 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

- People were happy with the service provided, and we observed some positive interactions between people and staff, where staff were caring in their approach. One person told us about the support they received, "It's brilliant it is, they fetch me my meals and ask if I am okay. The staff are really friendly." Another person said, "It's very good, the girls are all nice, friendly and helpful."
- Compliments were recorded, and some comments from a relative included, 'Thank you for making [Person's] time at Henry Court such a very happy and special time. We knew they were cared for, felt safe and content.'
- Staff completed training in relation to equality and diversity. The registered manager told us how they supported staff with their individual needs as well as people, and how this was recently done by adapting a policy to suit the staff member's preference. They told us, "We pride ourselves that our staff group are as diverse as our customer groups."
- Staff told us why the service was caring. The activities co-ordinator told us how they tried to include everyone in events as were aware some people felt shy and not as easily able to mix. The deputy manager told us, "It's like family here, a happy place to be where everyone gets along."

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

- Staff understood the importance of people's views, wishes and choices being respected. People made decisions about their daily lives and care.
- No one was supported by an advocate currently, however staff were aware of when this might be required.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent with daily tasks such as making meals or snacks, and laundry. Staff gave an example of how one person came to the service and was withdrawn and would not accept much help with care. However now with some encouragement from staff had 'come on in leaps and bounds' and had settled well.
- Staff supported people with dignity and respect. One person described staff to us as 'very polite'.
- People were supported ensuring their privacy, and for one person who at times could struggle to manage some aspects of their personal care, staff supported them, ensuring their privacy was protected. One staff member gave us an example of how sometimes professionals tried to talk with people in communal areas and they always tried to ensure this was done in flats, so people had more privacy.

# 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 meet people's needs, preferences, interests and give them choice and control

- People, relatives and professionals had shared people's needs with staff before care started. One person explained how care was provided in the afternoon which suited them better as 'they were not a morning person.'
- People had regular staff who supported them in line with their wishes. One person told us, "Staff do all that they have to do, I've got no complaints and I am happy. All that they do I appreciate."
- Care records were person centred and contained people's histories which enabled staff to understand their likes, dislikes and preferences. Staff clearly knew people well and discussed with one person about their love of music and jigsaws.
- People's care and support plans had been reviewed and updated to reflect any changes to their needs. People and relatives where applicable, were involved in review meetings to ensure care remained suitable. For one person with a specific health condition we found there was no care plan in place for this. We raised this with the registered manager and this was put in place following our visit.

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.

- People's information and communication needs were assessed, and staff understood these alongside the AIS.
- Information was provided to people in a format they could understand for example, large print.

Improving care quality in response to complaints or concerns

- Where complaints or concerns had been received by the provider, they were followed up and information was used to make improvements if required. One person told us, "I've got no complaints at all. If there is anything I want, they get it." Another person told us they felt 'confident and comfortable' to raise concerns. One complaint had been received in relation to an appliance and had been responded to as per the providers policy. The provider displayed information for people explaining how to make a complaint.

End of life care and support

- No one at the service was receiving support with end of life care currently. An end of life care plan was in place to record people's wishes at this time if they chose to do this.

# 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 Good. At this inspection this key question has remained the same. 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

- Managers and senior staff checked the quality and safety of the care provided, for example, checks in relation to medicines, care records and staff practice. These had been successful in identifying some gaps or areas for improvement.
- The provider understood the legal requirements of their role including submitting certain notifications to us (CQC). Ratings from the last inspection were displayed at the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team consisted of the regional manager, the registered manager, a deputy manager and senior care staff. The registered manager told us they felt very supported by the provider as they were new in their role.
- The staffing group was described as 'stable' by the registered manager with a good mix of newer and more experienced long - standing staff. A new activities person had recently been employed to work with people to enhance their social opportunities.
- Staff felt managers were 'approachable and easy to talk to'. One staff member told us, "[Provider] is brilliant to work for, I am being paid to do a job I really like." Another staff member told us they felt progression when working for the service was good.
- Staff told us they felt supported. One staff member said, "The team leaders are always willing to help, the other carers are there to support as well." Another staff member told us, "We try and do everything really well. We all work together. We all get on as a team and help each other out when we get stuck."
- The provider understood their responsibilities in relation to duty of candour, that was being open and honest and accepting responsibility when things went wrong.
- The PIR stated that the management team had been working with the local authority to develop the service for people and changes included the creation of the café which could be used by people and visitors to the site.

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

- Views of people were gathered through surveys and 34 responses were received in 2019. One person told us, "I had a leaflet, my daughter filled it in, it is quite nice here, I've got no complaints." Surveys response scores for people were high in relation to areas such as standards of care, people's involvement and positive

feedback about staff.

- Staff meetings were held, and these provided an opportunity for staff to feedback their views and suggestions. A recent meeting had been held in October 2019 where training reminders had been discussed.
- Staff received support through one to one meetings and staff practice was observed by managers, and feedback given where improvements could be made.

Continuous learning and improving care

- Learning from concerns and incidents contributed to continuous improvement.

Working in partnership with others

- Staff and the management team worked with district nurses, GP's and other professionals to support people's care.
- Work was underway to ensure communication remained good between the service and the local hospital to ensure people were supported well on discharge.
- The service had been chosen as finalists at a regional care team awards ceremony which recognised the work of the staff at Henry Court.