

Endurance Care Ltd

# The Anchorage

## Inspection report

78 Wootton Road  
Gaywood  
Kings Lynn  
Norfolk  
PE30 4BS

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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 ●

# Summary of findings

## Overall summary

### About the service:

The Anchorage is a residential care home providing accommodation and personal care to people with learning disabilities. At the time of the inspection there were six people living in the home. The building design fitted into the residential area and was similar to other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service:

- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways, [promotion of choice and control, independence, inclusion] e.g. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.
- People were protected from abuse, neglect and discrimination. Staff knew how to recognise abuse and protect people from the risk of harm.
- The management of environmental risks had improved since the last inspection and risks were managed and mitigated.
- Monthly monitoring was carried out on the water system. However there had not been an annual test of the water carried out to ensure it was free from legionella bacteria.
- We made a recommendation about following the latest guidance in regard to legionella testing.
- Risks associated with people's care were identified and assessed and staff understood how to manage these.
- Procedures were in place to help protect against employing staff who were unsuitable to work in the service
- Medicines systems were organised and people were receiving their medicines when they should.
- The cleanliness of the environment had improved since the last inspection, and staff understood how to prevent and control the spread of infection.
- Systems were in place to ensure that lessons were learned when things went wrong.
- People's needs were holistically assessed and staff understand how to support people to meet their needs.
- People were supported by staff who had ongoing training to help them meet people's needs.
- People were supported to eat and drink and staff were aware of people's special dietary needs.
- The building was adapted to meet people's needs and there were plans in place to make further changes in response to people's changing needs.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were involved in their care and supported by staff who were kind and caring.
- Staff understood how to promote people's privacy and dignity and support them to be independent.
- People were supported to pursue hobbies and interests and to be involved in the local community.

- There was a positive person-centred culture promoted by the registered manager.
- There were systems in place to ensure that managers could monitor the ongoing quality of care and support.
- The managers engaged with people using the service, their relatives and staff to gather feedback on how the service could be improved.
- There were plans in place for continual improvement to the service.

Rating at last inspection: At the last inspection the service was rated requires improvement (Report published 20 March 2018). At this inspection we found improvements and rated the service good in all key questions.

Why we inspected: This was a scheduled planned inspection based on the previous rating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated good.

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

## 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 ●

# The Anchorage

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

#### Inspection team:

This inspection was carried out by one inspector.

#### Service and service type:

The Anchorage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Anchorage provides accommodation, personal care and support for up to six adults who have a learning disability, sensory impairment or mental health conditions. There were six people living at the home at the time of our 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:

The inspection was unannounced.

#### What we did:

Before the inspection we looked at all the information that we had about the service.

- This included information from statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.
- We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We also contacted professionals working with the service for their views.

During the inspection

- We spoke to the registered manager, the service manager, a team leader and four support staff.
- We spoke to four people who used the service and three relatives.
- We reviewed 4 people's care records.
- We looked at the medicine administration records (MAR) and supporting documents for 2 people.
- We looked at records relating to the governance and management of the service.
- After the inspection we asked the registered manager and service manager to send us further documents which we received and reviewed.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the harm.
- Residents had a service user guide which included information about safeguarding in easy read format that people could understand.

Assessing risk, safety monitoring and management

- We found an improvement in the management of environmental risks since our last inspection. Radiator covers were in place for example to prevent scalding from hot surfaces. There was a maintenance person on site on the day of inspection who was contracted on a regular basis to carry out repairs to maintain the environment.
- Environmental risks associated with the building were mitigated. Checks were completed of electrical equipment, there was a fire risk assessment and gas safety certificates were in place.
- There was a legionella risk assessment and monthly checks were carried out to mitigate the risk of legionella bacteria developing in the water supply. However, there was no certificate at the time of inspection to confirm that the water had been tested on an annual basis.

Monthly monitoring of the water supply can reduce the risk of legionella bacteria developing. We recommend that the service ensures that it is following the latest guidance in regard to legionella testing.

- The provider arranged for the test to be carried out and was completed two weeks after our site visit.
- Risks associated with people's care had been identified and assessed. There was guidance for staff on how to manage these risks.
- Risk assessments were in place for things such as medicines, communication, access to the community, managing behaviours and maintaining dignity.
- There were pictures where necessary to help staff to manage the risks. For example, photographs of safety belts to be used in a vehicle for people who used wheelchairs.
- People had an environmental risk assessment in their care plan highlighting areas in the home where they may require more support, for example stairs or uneven floors.

Staffing and recruitment

- People and their relatives told us that there were enough staff to meet their needs. One relative told us, "There are different girls, but there are always enough there and someone there at night."
- We could see from the records that there were procedures in place to help protect against employing staff who were unsuitable to work in the service.
- Staff confirmed that they had been interviewed and that checks with the Disclosure and Barring Service

(DBS) had been completed before they started work

#### Using medicines safely

- Medicines management systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People had medicine support plans that gave guidance for staff on how people liked to take their medicines.
- Separate protocols were in place for medicines that were taken 'as required' (PRN).

#### Preventing and controlling infection

- We found an improvement since the last inspection of the cleanliness in the environment and bathroom and shower facilities since the last inspection.
- Staff had been trained and could describe how to prevent and control the spread of infection.
- The service had a food hygiene rating of 5 stars.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored by managers.
- Action was taken and trends were identified. On the day of inspection, the service manager described how they had spoken to the occupational therapist about trends they had identified in someone's falls.

# 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

Good:  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 holistically assessed.
- The service manager was currently reviewing the format of people's files to provide better guidance for staff.
- As well as covering the areas required by best practice standards and the law, the new files were more detailed and provided more personalised information about people's needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training to help them meet people's needs.
- One member of staff told us they, "Had just done e-learning and updated their training including a workshop on basic support, food hygiene and manual handling, we get refreshers every year."
- New staff completed the Care Certificate. This is an industry recognising training programme for staff working in health and social care.
- More experienced staff described how they supported new staff through shadowing to understand people's needs. New staff described how this helped them understand their job role.

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

- Staff were aware of people's dietary needs. One member of staff who was preparing breakfast said the person they were supporting, "Is on a fortified diet so we need to give as many calories as we can."
- Where people were at risk of malnutrition their food and fluid intake was monitored daily and the service manager reviewed these records with the dietician.
- We observed people given choice at meal times for what they would like to eat. One relative told us, "They will cook what each one wants, never had any qualms about that, she is well looked after."
- Where possible people were encouraged to prepare the food themselves to promote their independence.

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

- We could see from the records that the service worked closely with other agencies to support people. This included social workers, occupational therapists, dieticians and the learning disability nurse.
- Where there were concerns for an individual's wellbeing there were documented records of conversations with the individual themselves as well as the advice and guidance from the social worker.
- People were supported to access healthcare services. Care records included a health action plan with a record of visits to healthcare professionals. One relative said, "They always let me know when there is a doctor's appointment, they do all that and take [name] to eye tests and everything."

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

- The building had been adapted to meet people's needs. Pictures and easy read guidance was used throughout the home to support people with independence.
- The registered manager told us they had plans for further adaptations and wanted to create an additional wet room downstairs to help meet the needs of residents as they got older.
- One member of staff told us that since the new provider took over, "A lot more things had got done, new TV, new washing machine and things were updated, all the rooms are getting updated too."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this.
- Staff had received training in the MCA and understood its principles. They were aware of how to support people who had been assessed as not having capacity and used prompts and pictures to help them make decisions where possible.

# 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

Good: □ 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

- Staff knew people well and people told us they were kind and caring. One person told us, "Love old [staff name], looks after us, [name] my mate, we make each other laugh."
- One relative said, "Very, very, kind and caring, you've got to have that, you've got to have trust in them"
- Staff were aware of respecting equality and diversity and meeting people's different needs. One member of staff said, "Treat everyone individually, no one has the same needs, what you do for one don't expect the others to follow, speak to everyone individually, give everyone respect for their wishes and choices."

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

- People and their relatives were involved in their care. One relative told us, "I can ask and talk to them and they ask me, they are very good at letting me know things."
- Parts of the care plans were in easy read format to help the person understand.
- People were supported with their communication needs. Staff could describe how they communicated with people who were non-verbal. One member of staff said, "[name] will take us – [they] will show us what [they] would like. You give prompts and pictures, [they] understand a lot more than people think, but not a lot of verbal communication."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote privacy and dignity, making sure that doors and curtains were closed and not speaking about individuals where other people might overhear.
- People were supported to be as independent as possible. One person, who before moving to the home had not done any daily living tasks, was now supported to do shopping and was helping with the preparation of food.
- The registered manager described how they were working with one resident to promote their independence to enable them to move into supported living.

# Is the service responsive?

## Our findings

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

Good: 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

- Care was personalised to meet people's needs. Care plans gave details of people's preferences and likes and dislikes.
- People were supported to take part in activities that they enjoyed such as going bowling or going to the coast. On the day of inspection, we saw people being taken out to places of their choice and staff spent time doing activities with those who stayed at home. One family member told us, "[staff] sit and play games, she likes playing cards and they will do things, [name] the new one, was colouring with her."
- Detailed daily notes were recorded to share information about people's day to day needs and any changes.
- The service responded as people's needs changed. One relative told us, "Yes they know, the ones that have always been with [name] they have seen the changes, [name] needs a lot more help with certain things and they can spot that."
- The service responded to people's needs in a way that supported them to become more independent. One person told us how the service was supporting their relative who had panic attacks which caused them to fall when they went out. "They use a wheelchair to get [name] out in the open so [name] feels safer, then when [name] feels safe they will go back to using the frame."
- Care plans were regularly updated and staff said that they check the handover notes to find out about any incidents or changes to people's care.
- People's rooms were being redecorated to be personalised as they wanted them to be.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- People and relatives told us that they knew who to speak to if they had any concerns.
- The Service User Guide included the complaints procedures in easy read format.
- There had not been any complaints in the past year.

End of life care and support

- People were not currently being supported at the end of their life.
- The manager had plans to develop this aspect of the service and had designed a form to capture the information about people's wishes and preference for care at the end of their life.
- The service manager planned to speak to individually to people and relatives to help them to understand people's needs.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers promoted a positive person-centred culture. The registered manager told us that their goal was, "For them [residents] to be settled and happy and reaching the best goal they can reach. I would love them all to move on and progress."
- One relative told us there was a, "Good atmosphere and the other [residents] are lovely, all lovely. [name] is very lucky they would never survive in a big home."
- Staff told us that there was good morale in the team. One member of staff said, "It's more like a family home they [residents] all get on staff get on its always a nice atmosphere."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Auditing processes within the service had been improved since the last inspection, and audits were used to identify areas for improvement in the service. This had led to an improvement in the management of environmental risks including cleanliness and property maintenance.
- The registered manager was supported by a service manager who had day to day contact with the service and was responsible for line managing the staff.
- Staff received regular supervisions and attended regular staff meetings. We could see from the records that these were used to drive service improvement. For example, we could see from meeting minutes that staff were encouraged to support people to prepare their own breakfast rather than doing it for them. At another meeting, staff were asked to provide more detail in the daily notes to monitor if needs changed.
- The registered manager valued the staff and told us, "Staff are amazing we have some really good dedicated people here and I am really proud of them."

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

- People and their relatives said they were involved in the service. One relative said, "I think they listen to me and [person's name]" and "We do talk about things a lot."
- The registered manager told us that they hold activities in the office for people and relatives and they use this as opportunity to go around to talk to people on a one to one to gain their feedback.
- Staff told us that, "They listen to our opinion and what we think, everyone has their own input and what they think."

Continuous learning and improving care

- The service manager was relatively new in post and was looking at ways to improve the service. They showed us new forms that they were introducing. One form to capture family feedback when they visited the service and another called "know your service users." This was a questionnaire style form for staff to completed to demonstrate that they understand people's needs answering question such as three things that are important to the person, what support do they need to access the community?

#### Working in partnership with others

- The service worked closely with other professionals. Feedback from professionals confirmed this, although one professional told us that sometimes the responses were slow.
- The service worked with a range of organisations in the community that could support residents such as day services.
- They had also got involved in charity appeals in the local community. One resident had been in the local newspaper for their part in an appeal by a homeless charity at Christmas.