

## Anchor Hanover Group

# Eaves 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service:

Eaves Court is a domiciliary care service which provides support to people living in their own home. The office is located within the assisted living building. The complex has 69 one and two bed roomed apartments. At the time of our inspection 25 apartments were occupied and four people were supported with the regulated activity of personal care.

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

People and their relatives gave us positive feedback about their experience. Comments included "I cannot speak highly of them [Staff]," "We would be lost without them" and "Excellent, very comforting and reassuring."

The provider had not always followed its own policies on ensuring all pre-employment checks were completed. We have made a recommendation about this in the report.

Quality assurance systems did not always drive improvement. Records relating to changes in people's care needs were not routinely kept. Actions required as a result of feedback from people was not recorded as completed. Incident and accident records were not completed to show how the service could prevent a future occurrence. We have made a recommendation about this in the report.

People told us they had developed good working relationships with staff. Staff demonstrated a commitment to deliver a high-quality service. People were treated with dignity and respect.

People were supported by staff who received initial training and on-going support to ensure they held the right skills and attributes.

People were safeguarded from abuse. Staff were knowledgeable about how to recognise signs of abuse and had confidence to report any concerns.

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.

### Rating at last inspection:

This is the first inspection since the service was registered with the Care Quality Commission in June 2018.

### Why we inspected:

The inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

### Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Inspections will be carried out to enable us to have an overview of the service, we will use information we receive to inform future inspections.

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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

# Eaves 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. 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:

The inspection was carried out by two inspectors.

#### Service and service type:

Eaves Court is a domiciliary care agency. It provides personal care to people living in their own houses and flats. 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:

We gave the service 2 days' notice of the inspection site visit because we needed to be sure that the registered manager would be available to support the inspection.

Inspection site visit activity started on 30 May 2019 and ended on 3 June 2019. We visited the office location on 30 May 2019 to see the manager and office staff; and to review care records and policies and procedures. On the 3 June 2019 we reviewed evidence sent to us from the service.

#### What we did:

Prior to the inspection we requested and received a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. Throughout the inspection we gave the provider and registered manager opportunities to tell us what improvements they had planned.

We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

# 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.

Staffing and recruitment.

- Records related to the recruitment of staff did not always contain all the required checks. We found the service routinely carried out Disclosure and Barring Service checks (DBS). A DBS is a criminal record check and sought references from previous employment. However, the service did not always explore gaps in employment histories or obtain a reason why the staff had left a previous role. Following the site visit we received confirmation from the service this information had been obtained.
- We recommend the service seeks support from a reputable source to ensure it routinely carries out all the required pre-employment checks.
- People told us they knew who was going to be visiting them. One person told us, "I like the variety in who comes, they [Staff] all have something different to say."

Using medicines safely.

- Where people required support with administration and management of their prescribed medicine this was detailed in their care plan.
- People were supported with their medicine by staff who had received training were deemed competent to provide safe care to people.
- Medicine which was required to be administered by staff were recorded on a medicine administration record (MAR) completed by a local pharmacist. We saw records were routinely completed. Where medicine had not been administered a reason was recorded, for instance, family provided support.
- People told us they were happy with how the care workers supported them with their prescribed medicines. One person told us "I have total confidence in them."

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

- People we spoke with told us they felt safe from abuse. Comments from people included, "I would speak with [Name of registered manager] if I had any concerns."
- People we spoke with knew who to speak with if they had a concern about potential abuse.
- Staff had received training on how to recognise abuse and what to do in the event of a concern being raised.
- Staff told us "We have a number to ring if needed, it is on a poster in the staff room."
- The registered manager was aware of the need to alert the local authority when they had identified potential abusive situations.

Assessing risk, safety monitoring and management.

- Risks associated with people's medical conditions were assessed. For instance, people who were at risk of falling had a risk assessment in place. Where people had fallen the registered manager ensured the risk

assessment was reviewed in a timely manner.

- Potential environmental risks had been considered. The safety of equipment used by staff had been assessed. For instance, vacuum cleaners were checked to ensure they were safe to use.

Preventing and controlling infection.

- Staff received training on how to minimise the risk of infections.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons.
- The provider had an infection control policy which followed best practice guidelines.

Learning lessons when things go wrong.

- Incidents and accidents were recorded.
- Staff were aware of what needed to be reported.
- The registered manager and provider had systems in place to monitor and analyse trends in accidents and incidents. However, incidents and accidents were not always completed on the provider's online reporting system as per the provider's policy. We found accidents and incidents which had been recorded in January 2019, still open on the system and had not recorded the action taken to prevent a re-occurrence.
- When care was not delivered as planned, lessons were learnt. A newsletter was used to cascade information to staff. Senior staff had access to the provider online intranet pages, which held important information.

# 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.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (COP). We checked whether the service was working within the principles of the MCA. At the time of the inspection no applications had been made to the COP.

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

- The provider and registered manager were aware of the need to act within the code of practice for the MCA.
- Staff had received training on MCA and were able to demonstrate how they involved people in decision making.
- We found records demonstrated people had consented to their support plan and were involved in discussion about their care.

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

- Prior to a person being supported by the service a full care needs assessment was carried out. This included gathering important information about the person's health, physical, mobility and social needs.
- Assessments identified any individual needs which related to protected characteristic identified in the Equality Act 2010. For instance, preferred language, faith, religion, and cultural considerations.
- People had provided information about their life histories which included past occupation, hobbies and people who were important to them. This helped staff to get to know them.

Staff support: induction, training, skills and experience.

- All new staff were supported with an induction. New staff worked alongside existing staff prior to working alone. One member of staff told us "I had to shadow when I first started."
- All new staff were expected to complete the Care Certificate. The Care Certificate is a set of nationally recognised standards all care staff need to meet. The standards include communication, privacy and dignity, equality and diversity and working in a person-centred way, as examples.
- Staff told us they felt the training supported them to increase their knowledge and skills. One member of



staff told us "Anchors training is very good. I enjoyed the training, I recently went on training ... the trainer explained everything so well."

- People told us they felt the staff were trained to a high standard.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support.

- Where people required support to maintain their nutrition and hydration levels, this was detailed in their care plan.
- People were encouraged to live a healthy lifestyle.
- People had access to a wellbeing suite within the housing complex. This was an area where external healthcare professionals could provide treatments. For instance, podiatry.
- We noted referrals were made to external healthcare professionals when needed. People had been referred to physiotherapist to improve mobility and district nursing services for wound care.
- The service provided information to people about local support groups and information on how they could keep healthy. We noted some people were supported with exercising.
- Where people had specific health concerns care records showed how they should be supported. For instance, one person's mobility had become impaired due to their health. A mobility care plan was developed which detailed the actions staff should take, as well as the equipment and techniques that were required to support the person.

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

- People were supported by staff who had good communication skills and worked as a team.
- The service used a communication book for staff to pass on basic information about people's care issues at the end of their shifts. We found this was not effective as it only captured what the issues were but did not record outcomes or actions taken. We noted the service had a handover policy which detailed what staff should use to identify any action required as a result of changes in people's care. We brought this to the attention of the registered manager who told us they would develop a handover system as outlined in the policy.

## 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.

- People told us they were happy with the care and support they received from staff comments included "I would be lost without them," "I cannot fault them," "I have great support from them" and "They [Staff] are very re-assuring, comforting and respectful."
- People told us the staff respected their home and they were supported as planned. One person told us "They are friends really, the other day after the cleaning was done there was some spare time, so we sat down and had a cup of tea together. I liked to think of them as friends."
- Staff we spoke with were enthusiastic to provide a high-quality service. One member of staff told us, "I am really happy here."
- People were asked for their chosen gender preference of a care worker. This was highlighted in care plans. People told us their choices were respected.

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

- People felt involved in decisions about their care. One person told us "They [Staff] always ask 'Do you need anything else?' before they leave."
- People had opportunities to discuss their care needs. One person told us "[Name of registered manager] is very good, she comes to see us." Another person told us "The carers are a great comfort to us."

Respecting and promoting people's privacy, dignity and independence.

- People told us staff supported them to be as independent as they could be, one person told us "If it wasn't for them I would not bother, I never expected to be in this state, but they have been very respectful and put you at ease."
- Staff received training on how to provide a dignified service. Staff demonstrated they knew how to support people to ensure their privacy was protected.
- The service had developed a birthday book which prompted staff to send people a birthday card. The service told us "We want to show them we care, and we think of them as more than just a number."
- Records relating to the support people received were stored securely and only staff who required access had this available to them.

## 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.

- Pre-assessments were carried out prior to a person receiving care and support. These were used to develop personalised plans of care. For instance, 'My Life Story' gave information about people's fond memories; family childhood; working life; life events and significant people. This meant people received personalised care and support from staff who knew them well.
- People were involved in developing and reviewing their care plans. We observed the service's recent customer feedback survey and care records confirmed this.
- People's needs on the grounds of their protected equality characteristics (Equality Act 2010) had been considered in respect to plans and delivery of care. For instance, specific plans of care were developed in regard to people's, beliefs, religions and cultural needs as examples.
- Care records expressed the views of people and how they wanted to be supported. Daily records confirmed staff worked in line with what people said they wanted.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate for them. Eaves Court had an on-site café; cinema and beauty salon. There was also a wide range of activities on offer. Care records detailed people's preferred activities and how they wished to be supported. Review of care meetings showed people were happy with how they were supported in this area. This meant people's social well-being was maintained and regularly reviewed.

Improving care quality in response to complaints or concerns.

- A system to record complaints was in place however, the registered manager informed us they had not received any complaints.
- Signage on how to complain and the procedure to follow was displayed for people and their relatives. It documented the names and contact details for relevant staff, if people wanted to escalate their concerns to higher within the organisation and externally.
- People told us they knew who to contact if they would have any concerns. Comments included, "I have not had a concern, I cannot imagine I would, however, I would speak with [Name of registered manager] and "I would call [Name of registered manager], I know she would respond."

End of life care and support.

- Care records gave people the opportunity to express their preferences and choices for their end of life care.
- Staff clearly recorded where people chose not to discuss end of life care preferences with them.
- At the time of our visit there was no one receiving end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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.

- Systems and processes in place to monitor the quality of the service provided, were not always fit for purpose. An internal inspection undertaken by the service on 15 February 2019 highlighted what the service was doing well and areas for further improvements. This related to care records and staff training. During this visit we found further improvements were required in relation to records. The registered manager told us no plan of action was devised in response to this audit. This meant the service had not taken appropriate action without delay.
- Information gathered by the service was not effectively analysed and used to drive improvements to the quality and safety of the service and the experience of people who engaged with the service. There were no documents to show regular audits of staff files and care records. This meant the systems in place did not help the service to identify where quality and safety was being compromised.
- Customer surveys were used to gain feedback from people about service provision. We noted there was no analysis undertaken and feedback received was not used to demonstrate how they made improvements.
- There were no records to show outcomes of feedback provided to the service.
- Clear records were not routinely maintained of all communication made about people and any changes in their care needs. For instance, when a GP had been called, or when staff had spoken with people's relatives.
- The provider's policies were not routinely followed or understood by staff. The provider had not satisfied themselves the registered manager was working towards Anchor Hanover Group's policies.
- The provider had not prompted the registered manager to close accident and incident reports on the providers online reporting tool. Visits made by the district manager did not ensure the registered manager was supported to drive improvement and support them in the development of a new service.
- We recommend the provider seeks support from a reputable source regarding quality monitoring and record management.
- There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. At the time of the inspection, the service had an appropriate duty of candour policy in place. We sought clarification from the registered manager about their understanding.
- The provider had a clear, person centred vision and values which staff were aware of. A staff member confirmed they were given information at the start of their employment. Signage of all of the provider's values was visibly displayed in the staff room. This acted as a reminder for staff of the core purpose of people's care.

- Audits were undertaken of medicine administration records (MAR); an electronic system captured incidents and spot checks were completed to ensure staff supported people as they had requested.
- The service invited local groups such as churches, walking and local residents to use its facilities. This enabled people who used the service to develop links with the local community.

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

- There was a registered manager in post.
- The provider had policies and procedures in place which reflected best practice or national guidance. Policies had review dates and a version number on them. However, we noted these were not always read and followed.
- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when there has been an allegation of abuse. The registered manager was able to confirm with us what events they needed to notify us about.
- People's records were securely maintained, and office staff used passwords to access computer records. This showed the service worked in line with current legislation. This made sure people's confidentiality was protected.
- Minutes of staff meetings showed staff were reminded of their roles and responsibilities to ensure people received safe, effective and good quality care.
- The registered manager told us in the Provider Information Return (PIR) "Management attend regular training and development workshops provided by Anchor to keep up to date with relevant issues to the care sector and maintain professional development" and "All staff are encouraged to join Anchors internal social media page which will improve communication across the whole organization to share ideas and best practice and also staff recognition."

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

- Staff spoke positively about the managerial support they received and felt comfortable to share their views. A staff member confidently demonstrated the process they would follow if they had any concerns. They commented, "If I felt a colleague had done something wrong which put people at risk, I would report it to my manager. However, if my manager did not listen to me I would go above them. There's even a whistleblowing number I can call." The staff member's understanding of the process to follow was in line with the provider's whistleblowing policy.
- The provider took a pro-active stance to equality, diversity and human rights (EDHR). For instance, an advisory and support group which consisted of people from the Lesbian, Gay, Bisexual and Trans (LGBT+) community was formed. Its aim was to provide a safe and welcoming place and provide support and guidance. We saw posters displayed inviting people to be a part of this group.
- People gave positive feedback about care and support received. For instance, when referring to a care worker a person commented, "She (care worker) is always smiling and happy and does a great job." We saw a number of compliments sent by people about the staff who provided care and support to them.
- The registered manager had daily contact with the housing manager for Anchor Housing Group, they worked together to maintain people's safety.