

## Anchor Hanover Group

# Bishopstoke Park

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

# Summary of findings

## Overall summary

### About the service

Bishopstoke Park is a retirement village consisting of privately owned apartments and a registered residential care home. The retirement village includes a wellness centre and spa, restaurant, café a general store and a library. The provider (Anchor Hanover Group) is registered with CQC to provide a personal care service to people living in their own apartments in the retirement village. The residential care service is registered separately with CQC. This inspection relates only to the personal care service provided for people in the retirement village.

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

At our last inspection, whilst we found most people received a service which met their needs, two people who had more complex care needs, particularly as they needed help to be assisted to move, had received an inadequate service. At this inspection there were no people who currently required this level of support and staff were providing a good service to people in line with their assessed needs.

At our last inspection we found the service was not well managed and people and staff raising concerns were not taken seriously. At this inspection a new registered manager had been appointed who had improved the culture of the service. They were clear about their role and responsibilities and had acted to address quality issues within the organisation.

At this inspection we found people received care which was provided in a safe way. They were protected from abuse and avoidable harm as the service listened to people's concerns and followed agreed safeguarding procedures. There were enough numbers of appropriately trained staff employed to keep people safe. Where necessary staff managed people's medicines safely. They followed appropriate infection control procedures.

People received care and support which enhanced the quality of their lives. Staff knew people's needs and provided effective care, working as necessary with other health and social care professionals to achieve this. Some people had requested additional support at weekends and the service was actively recruiting to provide this. People were informed about progress in this respect.

The service provided was caring. There was a small staff team who knew people they supported well. People were supported to express their views and to be involved in making decisions about their care. Privacy, dignity and independence was respected and promoted.

People's needs were met in the way the service was organised and delivered. The service needed to review the way they dealt with complaints to ensure people were properly informed about how to complain and to ensure they addressed them in a timely way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Rating at last inspection and update

The last rating for this service was Inadequate (published 03 June 2019) and there were five breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when, to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations although we did recommend they reviewed their complaints process to help to ensure it was accessible to all and to review the way they managed complaints made to respond to people's needs when concerns arose.

This service has been in Special Measures since June 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring  
Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was responsive  
Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well led  
Details are in our well led findings below

# Bishopstoke Park

## 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 carried out by an inspector and an inspection manager over one day. One inspector returned for one other day to complete the inspection

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 25 November and ended on 11 December. We visited the office location on 26 November and 11 December.

#### What we did before the inspection

We reviewed all the information we had received since the last inspection. This included information from the service, from relatives, from staff and from the local authority.

#### During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff (including managers and senior managers) to help us understand the experience of people they were providing care for

We reviewed a range of records. This included four people's care records. We looked at two staff files in

relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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 Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection there were not effective systems in place for dealing with allegations and so the service was not safeguarding service users from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- At our last inspection some people using the service, their relatives and some staff said they were fearful about raising concerns.
- Since the last inspection a new registered manager had been appointed who made it a priority to change the culture of the service.
- At this inspection people said they received safe care. They said they felt comfortable to raise concerns with the registered manager and said the registered manager would listen to them.
- There were effective safeguarding policies and procedures in place. The registered manager had followed safeguarding procedures to maintain people's safety.

Assessing risk, safety monitoring and management

At our last inspection care was not always being provided in a safe way. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014 as providers must do all that is reasonably practical to mitigate risk.

Improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- We had been particularly concerned that staff were not assisting people who needed help to move in a safe way. No one using the service currently needed help to move. Staff had however been trained in moving and assisting people. The registered manager said they would take specialist advice where required, for example from occupational therapists to help to ensure people were being assisted to move safely if this need arose in the future.
- Risk within people's environment was assessed as part of an assessment of their care needs. Any risk to people's health was monitored, for example where necessary people's skin integrity charts were completed and records showed staff were taking action to mitigate this identified risk by ensuring emollient creams were applied as prescribed.
- The registered manager had plans in place to manage foreseeable emergencies. This helped to ensure, for

example, sufficient staff could be in attendance in severe weather conditions. There was an on call system at the weekend so people could contact a senior member of staff in the event of an emergency.

## Staffing and recruitment

At our last inspection there were not always sufficient staff deployed. This was a breach of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff deployed to meet the current needs of the people they supported.
- The service was not currently supporting any person who needed two staff to assist them at the same time. There were two staff deployed in the morning and one or two staff on duty in the evening.
- At the time of this inspection staff were able to provide 144 hours of support a week and they were currently delivering 92 hours of care. This meant flexible care could be delivered, for example one person had more visits for a short time as they had been unwell.
- The registered manager was actively recruiting and had three potential new staff who were undergoing employment checks. She said this was to allow the service to grow and to provide more care at weekends which had been requested by some.
- Employment checks were in place to help to ensure only staff suitable for the role were recruited.

## Using medicines safely

- People using the service stored their own medicines.
- Staff assisted some people to take their prescribed medicines.
- Records checked showed staff had been trained in the safe handling of medicines and staff confirmed they were confident they could administer people's prescribed medicines safely. This included the application of pain relief patches which were applied to a person every few days. Two staff signed to confirm these had been changed in the way prescribed. There was a body map to guide staff where to apply topical emollients. There were guidelines in place to ensure staff administered any as required (PRN) medicines consistently.
- Medicine records detailed what medicines were for and staff signed medicine administration charts to confirm they had administered medicines as prescribed.

## Preventing and controlling infection

- There were appropriate policies and procedures in place to control the spread of infection.
- Staff received training in infection control.
- Staff were given personal protective equipment such as gloves and aprons and confirmed they used these when providing personal care.

## Learning lessons when things go wrong

- The registered manager was open and transparent when things went wrong. For example, she had found recording systems for the administration of medicines needed to be improved and had acted to ensure medicines were accurately recorded.
- There was a record kept of accidents and incidents and action was taken when needed to reduce the risk of reoccurrence.



# 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 requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection staff were not provided with support and training to carry out their duties effectively. This was a breach of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) 2014. This particularly related to concerns that staff had not received timely and appropriate training in helping people to move safely and in managing medicines. At the time of this inspection all staff had received this training.

Improvement had been made and the provider was no longer in breach of regulation 18.

- New staff had an induction and completed the Care Certificate. This provided training in an agreed set of standards and helped staff to provide compassionate, safe and high quality care and support.
- New staff shadowed more experienced staff and had regular appraisals during their induction to ensure they could carry out their role effectively.
- There was a range of training appropriate to staff roles and responsibilities. This included training in key health and safety areas as well as training in specific areas such as caring for a person who was living with dementia.
- Staff confirmed they had received all training necessary. They said they could request training to enhance their skills and knowledge. For example, one staff member said they wanted training in diabetes and this was being arranged.
- Staff said they were well supported. They had regular supervision and had an annual appraisal

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

- People received care in line with their assessed needs.
- People's needs were assessed before they received a service. Information gathered included medical history, medicines prescribed and people's personal care needs.
- Care plans were devised from the initial assessment to provide guidance to staff about how to provide support and assistance when needed, as well as the timing and length of visits required. Records showed care needs were reviewed and discussed with the person concerned.

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

- People had access to a restaurant on site where they could purchase meals and drinks. Some had an assisted living package which entitled them to one meal a day from the restaurant. It was one of the care staff responsibilities to escort people to and from the restaurant if they needed support to do this.

- Most people managed their own nutritional needs but there was a nutritional care plan in place where staff needed to provide some support. This contained information about dietary requirements and wishes.

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

- The registered manager had liaised with a different care agency to provide one person with a live in care worker as the service could not provide regular overnight cover. Staff employed by Bishopstoke Park provided supporting care and this enabled the person to remain in their own home with the support they needed.
- The registered manager recognised the importance of building relationships with other agencies and had developed good links with local health care professionals, for example they had liaised with occupational therapists to help to ensure people's homes were adapted to meet their 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 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff always asked for people's consent before they provided any assistance or personal care.
- Most people had capacity to consent to their agreed care plan and had done so.
- When people lacked mental capacity to consent to aspects of their care the registered manager had followed the principles of the MCA to ensure people were properly protected.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- At our last inspection we said people's dignity had been compromised at times by staff shortages. The service had improved as they now had enough staff to meet people's individual needs at the times agreed. The service was also actively recruiting to improve staffing levels at weekends as some people had asked for more support on a Saturday or a Sunday.
- People praised the staff team. Representative comments were "The carers are friendly and caring. Award 10 out of 10 for each and every one". "They are always so jolly and careful" and "All carers are very caring and helpful and kind, and I don't feel alone"
- People said they knew all the staff supporting them and any new staff were introduced to them before they provided support. Staff demonstrated a good knowledge of people's needs and interests and knew family members. This helped them to have a good conversation with them.
- Staff demonstrated empathy with the people they supported. For example, one person was upset because they were having greater difficulty than usual having a shower. Staff spent extra time with the person and they worked out together how this could be achieved.

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

- Staff involved families where appropriate when making decisions about people's care and support.
- Staff helped people to contact potential sources of support and advice, for example they had put one person in touch with a live in care agency to help to ensure they received the support they needed whilst remaining in their own home.
- Staff were provided with the time they needed to provide care and support in a compassionate and person centred way. The registered manager had instilled the importance of being a "good neighbour" and encouraged staff to do extra things which were not part of a care plan when their rota allowed it. For example, one staff member had mopped up a leak from a broken washing machine, another made a cup of tea for a person who was distressed. The registered manager had delivered a Christmas tree to a person who had not been able to arrange this for themselves.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect without discrimination. One person said for example "They help me to maintain some independence" and "The carers have made life smoother."
- Staff were observed to respect people's privacy and waited for people's permission to enter their

apartments.

- Staff were discrete and had a clear understanding of boundaries of confidentiality and worked within these.

# 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 Requires Improvement. At this inspection this key question remains Requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

At our last inspection when people raised concerns or complaints the provider had not investigated or taken action in response to any failure identified. This was a breach of regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 16

- There was a longstanding complaint regarding the provision of service which the organisation had been slow to resolve. This was being responded to, but the organisation needs to demonstrate how they consistently explore thoroughly and respond in good time to concerns raised with no repercussions.

We recommend the service reviews the management of their complaints.

- Since the appointment of the new registered manager, people said they were comfortable to complain and felt they would be listened to. No new complaints had been made to the service or to CQC since the last inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in developing their care and support plans and staff had a good understanding of their choices and preferences. One staff member said for example, "I know how they like their drinks"
- Staff enabled people to have as much independence as possible. For example, staff ensured one person, who had a visual impairment, had their possessions where they expected them to be.
- The service was able to provide flexible care. For example when people needed care at a different time to attend a hospital appointment.

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 using the service were provided information in the way they could understand.
- People's communication needs were considered as part of the assessment of their care needs.
- Staff understood how people communicated and used appropriate methods when communicating with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although not part of the registered service, people had access to good communal facilities, such as a restaurant, community shop and spa and wellness centre. Staff supported them to access these facilities where this was necessary.

End of life care and support

- The service was not currently supporting anyone receiving end of life care and support.
- The registered manager had completed an end of life discussion with people where they were happy to do this so their preferences about how they received their treatment, care and support were documented.

# 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 Inadequate. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found there were not effective governance systems in place to continually improve and drive improvement. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made and the provider was no longer in breach of Regulation 17.

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

- Since our last inspection the quality of service provision had improved. The registered manager promoted a positive and inclusive culture and led by example. They welcomed feedback and acted to improve the service where needed.
- In response to concerns raised record keeping had improved, with clear documentation showing which staff provided support to individuals and how long they had been present during visits. This helped to ensure people were being provided with the care they had agreed to.
- People were consulted. In a recent questionnaire people said they received a reliable service and there were sufficient numbers of suitably trained staff to meet their assessed needs. Some said they would prefer slightly different timing of visits or wanted additional weekend care but were happy to wait until more staff were available.
- Staff said they were treated fairly. They said they received good support from the management team and felt their ideas and opinions were listened to. One staff for example described the registered manager as "inspiring". They said staff morale was good and that the atmosphere was "really lovely".

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

- The service was well managed. Since our last inspection there had been a new registered manager appointed who had significant experience in managing services providing personal care.
- One relative said, (The registered manager) is a breath of fresh air." They said "The team is a team" and they praised the registered manager for making it so.
- The registered manager had also been registered as manager for another local Anchor service. They said this did not impinge on their managerial responsibilities at Bishopstoke Park. They were supported by a deputy who assisted in some of the managerial responsibilities.
- The quality of the service was monitored by internal audits and actions were taken to address any

identified shortfalls.

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

- People were asked for their feedback about the quality of the service during visits from the registered manager and by completing quality assurance questionnaires if they wanted to. There were also residents' meetings which the registered manager attended to answer any questions people might have.
- Staff said their voices were heard and they had regular opportunities to contribute to service development.

Working in partnership with others

- Since the last inspection the service has worked collaboratively with Hampshire County Council to improve the quality of service provision.
- They have worked with CQC to provide an action plan to detail how they were going to implement and sustain the improvements needed.
- The registered manager has also worked well with specialist health care professionals and other agencies to help to ensure people received the care they want.