Care Quality Commission

Authentic Care Services Limited

Anchor House - Doncaster

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

The inspection took place on 16 and 17 August 2016 and was unannounced on the first day. We last inspected the service in December 2014 to follow up on requirements made at the last comprehensive inspection in August 2014. At the December inspection we found the service was meeting the regulations we assessed.

Anchor House is a care home providing accommodation for up to 23 people. It is situated on the outskirts of Doncaster in the area of Town Moor. Accommodation is provided on both the ground and first floors. The first floor can be accessed by stairs or a stair lift. Limited parking is available to the side of the building, with further street side parking at the front. At the time of our inspection there were 16 people living at the home.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The home had a welcoming atmosphere, which people described as friendly and homely. Throughout our inspection we saw staff supported people in an inclusive, caring and responsive manner. They encouraged people to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. The people we spoke with made positive comments about how staff delivered care and said they were happy with the way the home was managed.

People told us that in their opinion the home was a safe place to live and work. We saw there were systems and processes in place to protect people from the risk of harm. Staff were knowledgeable about safeguarding people from abuse, and were able to explain the procedures to follow should there be any concerns of this kind. Assessments identified any potential risks to people, such as risk of falling, and care files contained management plans to reduce these risks.

Medicines were stored safely and procedures were in place to ensure they were administered correctly. We saw people received their medications from staff who had been trained to carry out this role.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. We found new staff had undertaken an induction when they commenced working at the home. Staff had access to a varied training programme and support to help them meet the needs of the people who used the service. However, training updates had not always been completed in a timely manner.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. We saw specialist diets were provided if needed and the people we spoke with said they were happy with the meal choices available.

People had been assessed before they moved into the home to make sure their needs could be met. Each person had a care plan which contained information about their assessed needs and preferences, but some files contained more information that others.

People told us they enjoyed the social activities provided, and could choose not to participate if they preferred. However, their participation in the activities on offer had not been consistently recorded.

The company's complaints policy was available to people using or visiting the service. People told us they had no complaints, but would feel comfortable speaking to staff if they had any concerns.

There was a system in place to enable people to share their opinion of the service provided and the general facilities available. We also saw an audit system had been used to check if company policies had been followed and the premises were safe and well maintained. These were in the process of being reorganised to ensure the areas needing improvement, found by the council and at our inspection, were identified and addressed in a more timely manner.

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.

Recruitment processes were in place to help the employer make safer recruitment decisions when employing new staff. We found there was enough staff on duty to meet the needs of people living at the home at the time of our inspection.

Staff demonstrated a satisfactory knowledge about how to recognise and respond to potential abuse concerns.

Assessments identified risks to people, and management plans were in place to reduce any potential risks.

Robust systems were in place to make sure people received their medications safely, this included key staff receiving medication training.

Is the service effective?

Good

The service was effective.

The majority of staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest. Records demonstrated the correct processes were being followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered.

Staff had access to a varied training programme to make sure they could meet the needs of the people they cared for, but training updates were occasionally not completed in a timely manner.

People received a well-balanced diet that offered choice and met their individual needs.

Is the service caring?

Good

The service was caring.

People told us they were happy with how staff delivered care. We saw staff interacted with people in a positive and caring manner, respecting their preferences and decisions.

Staff demonstrated a good awareness of how to respect people's privacy and dignity. People told us that staff respected people's dignity and encouraged them to be as independent as they were able to be.

People were supported to maintain important relationships. Relatives told us they could visit when they wanted to, and were always made to feel welcome.

Is the service responsive?

Good

The service was responsive.

People had been encouraged to be involved in planning care. On the whole care plans reflected people's needs and had been reviewed and updated in a timely manner.

People had access to social stimulation and activities which they said they enjoyed.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they had no complaints, but would feel comfortable raising any concerns with staff.

Is the service well-led?

Requires Improvement

The service was well led.

People told us the registered manager was visible around the home, approachable, and always ready to listen to their views.

There were systems in place to monitor and improve the quality of the service provided. However, this had not always highlighted all the areas needing improvement.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Anchor House - Doncaster

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 and 17 August 2016, and was unannounced on the first day. It was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We also obtained the views of professionals who had visited or worked with the home, such as service commissioners and Healthwatch [Doncaster]. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with seven people who used the service and three relatives. We spent time observing care throughout our visits and at lunchtime on the first day. We spoke with the registered manager, the deputy manager, two care staff and the cook.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing three people's care records, four staff recruitment, training and support files, medication records, audits, policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with said they felt the home provided a safe environment for people who lived and worked there. Staff comments, as well as our observations, demonstrated that they had a good understanding of people's needs and how to keep them safe. For instance, we saw staff encouraged people to stay as mobile as possible while monitoring their safety.

Care was planned and delivered in a way that promoted people's safety and welfare. Records were in place to monitor any specific areas where people were more at risk, and explained to staff what action they needed to take to protect them. We saw assessments covered topics such as risk of falls, nutrition and moving and handling people safely. There were also arrangements in place in case the building needed to be evacuated, with each person having their own evacuation plan. We saw accidents and incidents were recorded and analysed. The registered manager said this enabled them to pick up on any trends or patterns, so they could take appropriate action.

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. Staff said they would report anything straight away to the registered manager. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff were aware of these procedures and said they would not hesitate to report any safeguarding concerns outside the company. However, they all felt confident that the registered manager would take their concerns seriously and take appropriate action.

We found that overall there were enough staff available to meet the needs of people living at the home at the time of our inspection. When asked if staff met people's needs in a timely manner, people who used the service and the visitors we spoke with told us they did. However, one relative gave an example of an occasion when someone had had to wait for assistance because all the staff were busy.

Staff we spoke with agreed there was usually enough staff on duty to meet people's needs. One person told us sometimes it could be 'extra busy' but said that usually the management team would get someone in to help. However, the registered manager did not use a formal dependency tool to help them assess if the correct number of staff were on duty to meet people's assessed needs. Although people's needs were being adequately met at the time of our visit, we discussed the benefits of using a dependency tool to calculate future required staffing levels with the registered manager.

The registered manager outlined a recruitment process that included checking the suitability of potential staff through a face to face interview and completing pre-employment checks. These included obtaining two written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff told us they had also undertaken an induction when they started to work at the home. This entailed completing the company's mandatory training and shadowing an experienced staff member until they were confident and competent in their role. However, the latter was not recorded as part of the induction process. The registered manager said they would consider this in the future.

There was a medication policy which outlined how medicines should be safely managed. The registered manager told us all staff completed medication training, but some chose not to administer them. During our inspection we observed a member of staff administering medicines to people. They did this in a safe way that reflected good practice guidance, such as administering to people individually and only signing for medicines once they had been taken by the person. The medication administration records [MAR] we sampled had all been completed correctly.

We also saw protocols were in place to tell staff how and when medicines that were only to be taken as and when required [PRN] were to be administered. During our observations we heard the staff member asking people if they required pain relief and appropriately recording when the medicine had been administered.

We found there was a robust system in use for the ordering and management of medicines going in and out of the home. We checked if the system had been followed correctly and found it had.

Controlled drugs [medicines that require extra checks and special storage arrangements because of their potential for misuse] were managed in line with current legislation.

We found regular checks had been carried out to make sure that medicines were given and recorded correctly, and remaining medication tallied with the stock held. The registered manager told us the dispensing pharmacy had visited the home the previous week to check that the recommendation made at their previous visit had been addressed. Although a report of this visit had not yet been received the registered manager said verbal feedback indicated they were satisfied with the improvements made.

Good

Is the service effective?

Our findings

People we spoke with said staff supported people appropriately. One person using the service commented, "They [staff] are alright." A relative told us staff were well organised in their work adding, "Everything is as we expected it to be."

Staff had the right skills, knowledge and experience to meet people's needs. New staff were expected to complete the company mandatory training as part of their induction. This included topics such as health and safety, fire awareness, infection control, safeguarding people from abuse and the local authority's manual handling passport training. We saw that on their first day a basic induction form had been completed which was aimed at orientating new staff to the home and how it operated.

The registered manager was aware of the new care certificate introduced by Skills for Care and said any new staff, who had not already completed this training, would be expected to do so. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Following induction training staff were expected to update their knowledge and skills periodically. However, records did not demonstrate that all staff had completed refresher training in line with the company's expectations. The registered manager said some gaps were because staff had not reached the expected pass rate when completing the on-line courses, so were currently re-taking them. Staff we spoke with said they felt they had received the correct level of training to carry out their job.

The company had a system in place to provide staff with regular support sessions and an annual appraisal of their work. Although records indicated that support sessions had not been provided in line with company policy [four times a year] staff told us they felt they were well supported. The registered manager said they regularly spoke with staff informally, and were aiming to provide one to one sessions on a more regular basis. One care worker told us, "The manager is fantastic. " They went on to tell us how they had supported them on a work basis and with personal problems.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place and guidance had been followed.

We saw applications had been made to the DoLS supervisory body, but the registered manager said that in some cases they were waiting for the outcome. During the inspection we saw a DoLS meeting taking place to determine if the application should be granted or not. The registered manager had a working knowledge of the process and records demonstrated the correct process had been followed, with appropriate documentation in place.

Care staff we spoke with had a general awareness of the Mental Capacity Act 2005. We saw that the majority of staff had received training in this subject to help them understand how to protect people's rights and work in their best interest. The registered manager told us further training was planned.

On the second day of the inspection we observed lunch being served. People told us they had chosen what they wanted to eat earlier that morning, but the menu for the day was displayed on a notice board to remind people of the options available. We also saw a file was available with pictures of different meal options. Staff said this was used to help people who could not communicate their wishes verbally, to select the meal they preferred.

The dining room had a relaxed atmosphere and staff chatted with people as they seated them and served the meal. We saw they gave people a choice of drinks and offered assistance as needed. Meals were delivered to the dining room from the kitchen by a dumb waiter and served straight away, as there were no facilities to keep food hot. Each person was served individually and offered gravy or cheese sauce. We saw portion sizes were different, to meet people's individual needs and preferences.

We saw that due to there being no facilities to keep the food hot people were asked if they wanted second helpings before they had finished eating their original meal. This was because food has to be served at the correct temperature. We discussed the issue with the registered manager, which would also affect people who were late arriving for their meal. They told us they had been looking at buying suitable equipment to keep food hot in the dining room, while maintaining people's safety.

People living at the home told us they enjoyed the meals provided. One person commented, "The food is excellent," while another person said food was "Good." A relative told us, "No problems [with the meals provided] it's usually home cooking."

Care files contained details of any special diets or nutritional needs people required and the cook said this was shared with the kitchen staff. However, this was not passed on in a written format so relied on the kitchen staff to remember. The cook described how they provided meals to suit people's preferences, medical and cultural needs. For instance, they said they fortified meals for people who were losing weight with cream, to provide extra calories. They also gave an example where they had catered for someone's religious needs, with the person accompanying the cook to the shop to purchase suitable foods. The cook told us food was available 24 hours a day in case people were hungry in the night.

We saw people had accessed healthcare professionals such as GPs, chiropodists and opticians when additional support was required. A relative described how staff had always sought prompt medical attention for their family member, including when they were losing weight.

The registered manager told us the home was supporting people who were living with varying degrees of dementia. However, we did not see adaptations to create a dementia friendly environment, such as the use of appropriate colour schemes and floor covering, and pictures to signpost people to bathrooms and toilets. We discussed the need to develop a more dementia friendly environment that would help people find their way around the home with the registered manager, as outlined in the National Dementia Strategy 2009 and 'Environmental Assessment Tool' from the Kings Fund 2014. They told us they would consider good practice guidance and research the topic further.

We also noted that the outside areas of the home needed some attention. For instance, to the side of the premises was a concreted area where people sat in fine weather, we saw the roots from trees were raising the concrete. The registered manager said this had been raised by at the local authority visit the week before and they were considering how they could make the area safer. We also saw the side and rear of the home did not provide a very stimulating place for people to sit. However, the people we spoke with did not raise any concerns about the lack of flower beds or the raised floor. They said they enjoyed watching the hens which were enclosed on the back garden and were happy sat outside.

Good

Is the service caring?

Our findings

We found the home had a relaxed, friendly atmosphere. People looked cared for and well groomed. We saw staff interacted with people in a positive manner. People spoke highly of the care and support provided, and confirmed their, or their family member's, dignity and privacy was respected. They also told us staff respected people's preferences and provided an individualised, caring service.

Care staff gave us good examples of how they preserved people's privacy and dignity, such as closing doors and curtains when providing personal care. When discussing maintaining people's independence one staff member gave an example of how they had supported someone to regain their independence after an illness, by gradually encouraging them to do a little more for themselves as they improved.

Relatives we spoke with said they found staff to be friendly and welcoming, and that they could visit without any unnecessary restriction.

The registered manager told us there was a stable staff team at Anchor House who knew people well and maintained a good relationship with their families. This was confirmed by our observations and the people we spoke with. We saw staff were kind, patient and respectful to people, who seemed relaxed in their company. One relative described staff as, "Lovely."

Staff we spoke with demonstrated a good knowledge of people's individual needs and preferences. One care worker described how the staff supported people to follow their religious beliefs by arranging visits from religious bodies. In the main, care files contained clear information about people's preferences, as well as the areas they needed support with. We sat in on one of the staff handover sessions and saw changes in people's needs were shared with the staff coming on duty. The local authority had told us that when they visited the week before our inspection they found handovers were not recorded to ensure all essential information was shared. We saw this had been addressed and there was a more formal handover in place to ensure key information was provided to staff.

We saw choice was offered to each person, such as where they sat, what activities they took part in and the meals they ate. One person told us, "I've got my own room [which they liked] and I can go to bed when I want." Staff gave examples of how they offered people choice which included what the person wanted to wear and to eat and drink. One care worker told us, "They [people living at the home] can have whatever they want, such as what they eat and drink, at the end of the day it's their home."

We saw the registered manager spent time around the home interacting with people and discussing people's care with staff.

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support provided. They complimented the staff for the way care was delivered, which they said was responsive to their needs. We saw good interaction between staff and people using the service, as well as visitors. Care workers were responsive to people's individual needs and preferences, as well as any changes in their general welfare. One relative told us, "I can only say good things about the home. They [staff] smoothed the route to get [person who used the service] admitted." They spoke positively about how staff had responded to changes in their family member's health needs and praised them for the care provided.

We saw staff call bells were answered promptly and staff were available when people needed assistance. Staff we spoke with demonstrated a good knowledge of people's preferences, which were recorded in the care records to differing degrees. For instance the file for someone who had lived at the home for some time was very detailed, but the file for a newer person lacked in depth detail.

Care files demonstrated that prior to moving into the home an assessment of people's needs had been carried out by one of the management team. This information had been used to help formulate the person's initial care plan. People we spoke with confirmed they had been involved in formulating care plans and this was evidenced in the care files we sampled. A relative told us they had not been involved with planning care, but that another family member had. They added that the staff always kept the family very well informed about any changes and involved them in decision making.

People's care files contained information about their assessed needs, as well as guidance to staff about their role in supporting them. However, the depth of information differed in each file. For instance, one of the three files we looked at contained comprehensive information about the person's needs, risks associated with their care and their personal preferences, likes and dislikes. Although the second file we checked covered all the person's needs, the information about their preferences was not as in depth. The third file checked was for someone who had lived at the home for a shorter period of time. It contained good details about the person, but information had been added on to the original care plan so it was a little disjointed. We spoke with the registered manager about this. They said the information should have been evaluated and new care plans written where there had been changes or new information was available, but this had not been identified by the management team. They said they would ensure the care plans were rewritten as necessary.

We also found that decisions made in people's best interest were not always incorporated into their care plans as effectively as they could have been. The registered manager said they were already addressing this shortfall following the local council assessment of the home.

Overall we found care plans and risk assessments had been evaluated on a regular basis to see if they were being effective in meeting people's needs. Periodic reviews of care had also taken place.

The home employed an activities co-ordinator to facilitate social activities and stimulation. People told us they enjoyed the activities that took place, but we found their participation had not been consistently recorded. There were no programmes detailing what activities had taken place and the activities records had not always been completed. The registered manager said they had become aware of this shortfall during the recent audit by the local authority, and were taking action to address the issue.

During the inspection we saw people joining in games and socialising out in the courtyard. They told us they particularly enjoyed playing board games, having meals outside and the periodic barbeques held. Staff told us other activities and stimulation provided included playing skittles, film and popcorn sessions, afternoon tea with cakes, nail care and visits from outside entertainers.

The provider had a complaints procedure which was available to people who lived and visited the home. The registered manager told us no concerns had been received over the past twelve months, but we saw a system was in place to record the detail of any complaints received, what action was taken and the outcome.

People we spoke with told us they were very happy with the service provided and said they had no concerns or complaints. They said they would feel comfortable raising any concerns with the registered manager or any of the staff should it be necessary.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. We found the registered manager was supported by a deputy manager, who was responsible for certain aspects of running the home, such as the management of medication.
People told us the registered manager was approachable and visible around the home.

At the time of our inspection the registered manager's office was being relocated to a building at the back of the home. The registered manager told us they had an open door policy if someone wanted to speak to them, and they spent time around the home on a daily basis. This was confirmed by the people we spoke with. One staff member described the home as having a "Good working environment, atmosphere and staff team." While another care worker described the home as a "Family unit." Staff told us the registered manager was, "Very supportive" and "A good manager, easy to talk to."

The provider had used surveys to gain people's views, such as people using the service, relatives and visiting professionals. The registered manager told us the last survey had been undertaken in March/April 2016, but there was no date on the questionnaires we sampled to evidence this. We found people's responses to the set questions were positive. The registered manager said they had not yet summarised the outcomes and shared them with people, but they intended to do so. We saw that in the past surveys had been summarised and action taken to address any areas needing attention.

Minutes from meetings for people using the service, and their relatives showed people were involved in planned changes at the home. For instance, at the last meeting someone had said they would like a snooker table. It had been determined that there was not enough room for a full snooker table, but the provider would look at the possibility of a folder table. When we asked people if there was anything they would like to change to improve how the home operated, no-one could think of anything.

Staff told us they felt well supported by the management team and demonstrated a good awareness of their roles and responsibilities. The registered manager told us regular staff meetings did not take place due to poor attendance, but added that they were held when needed. However, they told us they saw staff on a regular basis and encouraged them to share their ideas and discuss concerns. They gave a recent example of a care worker saying that they felt there should be different sandwich fillings offered to people at teatime. The registered manager said, "I set them on talking to service users [to see if they wanted different fillings]. They came back and told me people were happy and didn't want any changes."

We found various audits and checks had been used to make sure policies and procedures were being followed and the home was well maintained. These included how the kitchen operated, cleaning, condition of mattresses, care files and medication practices. The registered manager said these had been carried out every three months, but following the assessment by the local authority they would be undertaken every month in future. There was also an annual overall audit undertaken.

We noted that some audit forms lacked sufficient space to record the detail of the shortfall found and actions plans had not always been formulated and signed off once the work had been completed. However, where shortfalls had been found action had been taken to address them and since the assessment by the local council improvements had been made to the audit system. For instance, the system had been pulled together so the registered manager had a better overview of how the home was operating, which would enable them to make timely improvements where needed.

The registered manager told us that a three monthly report was completed by the provider to check the home was operating as expected. We sampled the report from May 2016. It showed the provider had checks areas such as pressure care equipment, accidents and any complaints received. It also evidenced that they had spoken with people living at the home and visitors to gain their views. However, the shortfalls we found in the care files checked had not been identified in the care plan audit, which could mean that staff did not have comprehensive information about the people they were supporting.

The week before our inspection the local authority had identified several areas where the service could improve. We saw the management team had addressed the council's recommendations, or were working toward improvements. The registered manager also told us they would take action straight away to address the shortfalls we found, such as the policy on staff supervision not being followed, and gaps in training updates. The registered manager acknowledged that further work was required and the new systems needed to be embedded into practice.

The registered manager had notified the Commission about incidents affecting people who lived at the home or anything that affected the service provision. However, they had failed to notify us of deaths at the home, unless they were unexpected. We discussed this with the registered manager who said she had been advised that this was no longer a requirement. We explained that it was a legal requirement to report all deaths at the home. They agreed that in future they would submit these notifications.