

Rhymecare Ltd

The Anchorage Residential Care Home

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?	Good ●

Summary of findings

Overall summary

About the service

The Anchorage Residential Care Home is a residential care home providing personal care for up to 36 older people with various support needs, including physical and sensory impairment. At the time of our inspection, 31 people were in residence. The care home is set in well-maintained, easily accessible grounds. It consists of one adapted building with a modern, purpose-built wing. All bedrooms have en-suite facilities and there are a range of communal areas for people to enjoy.

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

People felt safe and told us they enjoyed living at the service. One person said, "The atmosphere hits you at the front door. It's a calm, happy place". Risks to people had been assessed and staff followed guidance to keep people safe. Staffing levels were enough to meet people's needs. Medicines were managed safely. The home was clean and staff had been trained in infection prevention and control. Lessons were learned if things went wrong.

People spoke positively about the staff who supported them and had confidence in their skills and experience. Staff had regular supervisions and an annual appraisal. People enjoyed the food and were able to make suggestions for changes to the menu. Snacks and drinks were readily available throughout the day. People had access to a range of healthcare professionals and support. Premises were suitable and comfortable and met people's needs. People spoke enthusiastically about the gardens and we saw people enjoying the outdoor space.

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

People were looked after by kind and caring staff who knew them well. People were encouraged to be involved in decisions relating to their care and were treated with dignity and respect. In a card of thanks, one relative had written, 'She was beautifully looked after by kind and caring people'.

People received personalised care that was responsive to their needs. Activities were organised according to people's preferences, interests and suggestions. Several activities involved people from the local community.

People could spend the rest of their lives at the home, if their needs could be met and this was their wish.

People considered the home was well-organised. The registered manager provided a visible presence at the home. People were encouraged in their involvement and development of the home and their feedback was encouraged. A podiatrist who regularly visited the home told us, 'The Anchorage Care Home has always struck me as a friendly and caring home, relaxed and yet efficient'.

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. There were links with the community, for example, children and young people visited the home. The home worked proactively with healthcare professionals. The senior team had taken a lead role in sharing their experience of developing staff champions for areas of care such as continence and diabetes with other providers in the local area.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 Residential Care Home

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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Anchorage Residential Care Home 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 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, administrator, IT manager, a senior care worker, care workers, the activity manager, training manager and the chef. We also spoke with an external trainer who was delivering training on the day of our visit.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three 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 reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We spoke with two relatives of people living at the service and received feedback from four professionals who have involvement with the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff had a good awareness of safeguarding and knew what to do if they had any concerns about people's safety. One staff member explained, "I look for changes in the person's behaviour or signs, for example if the person had bruising, cuts, didn't want to be touched or was keeping themselves to themselves".
- Information on the steps staff or people should take if they witnessed or suspected abuse was displayed around the service.
- Staff had used prompt cards to stimulate discussion with people about whether they felt safe living in the service and to better understand their thoughts and feelings.
- People told us they felt safe and that staff were watchful. One person commented, 'I feel safe, oh gosh I really do. Safe as houses. Another said, 'I feel safe and comfortable, nothing frightens me at all'.

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified, assessed and minimised. Clear guidance was in place for staff to support people in a safe way and to minimise limitations on their freedom. One person shared with us how staff had supported them following a fall. They said, "We agreed a plan to reduce the risk of me falling again. I had to be escorted downstairs in the lift and they were always there when I wanted to go up or downstairs. Since then they have accepted I am more able again and that I can use the stairs, although I know they would prefer I used the lift".
- Accidents and incidents were reviewed to establish any patterns and to help keep people safe. Systems were in place to evacuate the premises in case of emergency. People who could not mobilise easily had evacuation mattress sheets to assist staff in moving them to safety.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately.

Staffing and recruitment

- Staffing levels were assessed daily, or when the needs of people changed. The registered manager had increased the evening staffing following feedback from staff.
- The service had recently experienced staffing pressure due to staff leaving, holiday and sickness. This had put the staff team under strain and we received feedback from people that staff were rushed and lacked time to sit and chat. One person said, "I think there are enough staff but they moan about being rushed. Things that need doing get done". Following a recruitment drive, the registered manager advised that the staff team would be complete, once all new employees had completed their induction.
- Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector, such as with the disclosure and barring service (DBS).

Using medicines safely

- Medicines were handled by trained staff and managed safely.
- People received their medicines as prescribed. There was detailed guidance in place for medicines prescribed 'as required' (PRN). Some people managed their own medicines, this had been risk assessed and monitored appropriately.
- Staff completed three daily checks on Medication Administration Records (MAR) to ensure any omissions or errors were quickly identified. Regular audits of the medicine procedures had been used to make improvements.
- We observed a member of staff giving medicines. We saw they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.

Preventing and controlling infection

- The service and its equipment were clean and well maintained.
- Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. We observed staff using gloves and aprons when appropriate.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- Incidents were discussed to see where improvements could be made. Regular checks for medicines had been introduced following a medication error. The registered manager told us, "The peer checking has made a massive improvement".

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.

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

- Staff undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were used to develop a detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.
- The service used electronic care plans which could be updated by staff in real-time using hand-held computers.
- People's needs were continually assessed in line with best practice. Advice had been sought from a range of professionals. One person told us, "Medical issues get sorted out promptly".
- Staff had been appointed as champions in specific areas. We read on the certificate for the continence champion how they had, 'Created important working relationships with multidisciplinary teams to ensure the residents have the correct continence care'.

Staff support: induction, training, skills and experience

- Staff had received training to support people, including safeguarding, moving and handling, fire evacuation and health and safety. Additional training to help staff meet individual needs in areas such as Parkinson's and Diabetes had also been provided to staff. Staff were knowledgeable of relevant best practice and regulations. We observed staff supporting people with confidence and professionalism.
- People had confidence in the staff team. One person told us, "Staff know what they are doing and how to deal with anything arising". Another said, "All the staff are good at their job, I see them as well trained".
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place. A staff member said, "If I request training they are very accommodating. It feels like a good service for training".
- Staff were encouraged to become 'champions' in areas that interested them. Their role was to keep abreast of best practice and to share their knowledge. Champions had been appointed in areas including Diabetes, Parkinson's, End of Life Care and Hydration.
- Staff had a good understanding of equality and diversity, which was reinforced through training. The service also had a champion for LGBTQ+ who had worked to improve the home's pre-admission assessment and to promote understanding amongst staff and people. They told us, "By getting people use to the topic of LGBT relationships and identities, with subtle signs and conversations it helps to change attitudes and

gives more exposure to this area".

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

- People were offered nutritious food and drink which met their nutrition and hydration needs.
- There was a varied menu, specialist diets were catered for and people were complimentary about the meals served. One person told us, "The chef knows exactly what I like and don't like". Another said, "The food is excellent, there's a very good chef and he shows an interest, he wants to know people are satisfied".
- People were involved in choosing their meals and had a say in how their needs were best met. One person who usually required pureed food was able to manage a regular diet on certain days and this was catered for. Another person who needed to lose weight decided with the chef to use semi-skimmed milk and to forgo cream and ice-cream with their desserts. A third person had been given big handled cutlery which they reported was, 'much easier' to use.
- Staff monitored people's weight and took action where concerns were identified. One person who needed to gain weight said they were put off by the amount of food served. The chef found that serving the same food on a larger plate made it appear less and therefore more appetising to the person. A fruit bowl was available in the dining room with paper bags for people to take fruit away with them.
- Staff actively promoted good hydration. The average fluid intake for each person had been established through monitoring and staff worked to ensure it was maintained. Information on hydration was displayed in the service and a 'hydration station' was available for people and visitors to help themselves to hot and cold drinks.

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

- People's individual needs around their mobility were met by the adaptation of the premises.
- People's bedrooms were personalised and enjoyed en-suite facilities. There was a variety of communal areas for people to use. One person told us, "I think it's a very safe place. It's well designed, easy to get around".
- The in-house maintenance team were on hand to support people. When one person was struggling to see their television, this was quickly mounted on a wall bracket.
- There was a large front garden with access for wheelchairs. Outdoor seating and tables were available. People told us how much they enjoyed the garden. One person said, "I like using the garden, it's good that we can easily go out into the grounds".

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

- People told us they received effective care and their individual needs were met. One person said, "If you aren't well, you get immediate attention. They get the doctor, nurse or whoever you need".
- Access was also provided to services, such as opticians, dentists and podiatrists. One person told us, "I have a good dentist, who has been to the home".
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- People told us that staff respected their views. One person said, "The staff are all really good, they explain things and make sure you are in agreement". A staff member explained, "I may ask the person the question a few times and simplify the questions".
- The provider used CCTV on the entrances to the home. This had been discussed with people or their representatives and their consent given.

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.

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 adapted their approach to meet peoples' individualised needs and preferences.
- People were asked about their lives, interests and preferences at pre-admission. Staff had worked to improve the pre-admission questions to better understand people's needs and to determine how they wished to be supported. The registered manager and activities manager had also spoken with existing residents to confirm their preferences.
- Staff had created an environment where people were encouraged to be themselves. The staff champion for LGBTQ+ told us, "We want to educate staff and residents alongside to realise it's OK to be different and be accepted".
- Staff had taken time to get to know people as individuals. We read some 'life history' stories that people had been happy to print and share. One staff member told us, "I consider this to be my family and I know what people's likes and dislikes are. The longer they are here the more you get to know people". A relative said, "They look after her amazingly. I just turn up whenever and it is always the same".
- There was a wish tree in the home where people could share an experience they would like to have. One person wanted a cat to visit her, another for someone to play the piano for them. There was a photo of a third person enjoying a meal of fish and chips in pub that they had specifically wanted to go to again.

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

- Staff provided people with choice and control in the way their care was delivered. One person told us, "I'm here because of risk of falling. I feel safe because we've discussed that".
- We saw staff checking with people what they wanted to do throughout the day and how they wished to be supported. One person said, "I can organise my day as I want. I make choices from the activities programme, but I like spending time on my own and it's a lovely environment".
- People had been involved in a recent fire training exercise. One person said, "My room was used for a fire practice, with smoke, so that was reassuring, we know what would happen in an emergency".

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible.
- One person told us, "Staff know where and how you are at any time, without intruding in your life".
- We observed staff treated people in a friendly and patient manner. A podiatrist who visited the home said, 'I think the staff try hard to listen and respond to residents needs and concerns and make it a happy, safe and caring environment'.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People received personalised care in line with their preferences, interests and needs.
- From our conversations with staff, it was clear they knew people well. People were cared for according to the information recorded in their care plans. One person said, "The staff seem to know well enough the help I need, even new ones, so they must have good information". Another said, "Staff know me well; they understand what I need and how I like things done".
- Changes in people's health or care needs were quickly communicated and updated in their care plans. During handover we heard the registered manager updating staff about a change in one person's medication.

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.

- Care plans contained information about people's communication needs.
- One person received a large print version of the monthly activity programme. For another person, the registered manager printed off any email received from family members in large print. This helped people to access the information independently. Although staff were aware of both these examples, they were not recorded in people's individual care plans. The registered manager said they would update the information to ensure that the records were complete.

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

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the home at any time.
- The activity manager ensured all people received one to one time with her each month.
- Care plans recorded information about people's interests and hobbies. People confirmed they were happy with the activities on offer at the home. One person explained, "We have a list of events taking place every day of the month. I like the talks about local places, also any opportunity to see children playing, we have some children that come in".
- People had expressed an interest in hand and foot massage. The activity manager had recently completed a course at a local hospice and was now able to offer these services. Seated exercise was offered weekly rather than fortnightly in response to feedback from people.

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy.
- People knew how to raise a concern. One person said, "It's clear who to complain to, and how to go higher if you needed to".
- People felt able to raise any concerns during residents' meetings. One person told us, "Residents' meetings are sensible meetings. We get updates about what's happening, such as staffing changes. We discuss activities".

End of life care and support

- People could live out their lives at the home, if this was their wish and their needs could be met.
- People's end of life care was discussed and planned, and their wishes were respected.
- There was an end of life care champion in the staff team. The registered manager said, "She gives up time and sits with them overnight. She is so passionate about it". In staff meeting minutes we saw that staff had been thanked for their dedication in caring for people at the end of their lives. We read, 'Without the staff's excellent care skills and reporting, these residents would not be able to receive their preferred choice of end of life care at The Anchorage'.
- Staff used a discreet butterfly sign to signify that a person was at end of life. They worked closely with local professionals to ensure the best level of support to the person.
- Relatives had expressed thanks to staff for the care their loved ones received. In one card a relative spoke of, 'All the devoted care and kindness' and thanked staff for their professionalism and dedication. There was a memory book in reception for people, staff and visitors to share their memories of friends who had passed away. For one person, special plants had been planted in the garden in their memory.

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.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received a good standard of care from staff who understood how they wished to be supported.
- In response to the provider's survey, one person had written, 'I feel I can talk to you all'. Staff also spoke of the ease with which they could speak to management. One said, "Managers have an open door and I can talk about anything". Another told us, 'It's not clinical here and it feels like home. It's warm, it's welcoming, the management team are so supportive and the team across all levels really do pull together'.
- The registered manager spoke about the importance of getting to know each person as an individual to ensure that their needs are met. She said, "We try and make it as person centred as we possibly can".

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

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

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

- 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.
- People spoke highly of the registered manager. One person said, "The manager is around the home all the time. She looks in and asks how I am, shows a real interest. She is always available, I'd go and see her if I had any complaint".
- We received positive feedback in relation to how the service was run, and our own observation supported this.
- The registered manager and her team undertook quality assurance audits to ensure a good level of quality was maintained. These had been effective in identifying and resolving issues. A podiatrist who regularly visited the home told us, 'At most of my visits I notice small changes, little tweaks constantly being made to improve the quality of the lives of the residents at the home'.

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

characteristics

- People and staff were actively involved in developing the service.
- The provider regularly sought feedback from people and staff via meetings and surveys. Surveys were also sent to people following short-stay respite visits. We saw that suggestions were quickly shared with relevant staff, so changes could be made. One person said, "We have residents' meetings, where we can vote on some things. I am satisfied the meetings affect things that get done, and how they are done".
- The provider involved people in interviewing potential new staff members. One person who volunteered for this told us, "I like to feel able to help. I felt included, I'm sure it helped".
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination.
- Staff felt valued. One staff member said, "The leadership team say thank you on a daily basis; through the staff recognition awards, I have received some flowers. I nearly started crying when I got an award". Voting was taking place for the next staff awards where the winners were to be determined exclusively by the votes of people who live at the service.

Continuous learning and improving care

- The training manager regularly shared updates from other organisations with staff through a resource folder. This was followed up with questions to ensure understanding and to spark discussion.
- Handover between shifts was thorough. Staff had time to discuss the needs of individuals and matters relating to the previous shift.
- Relatives spoke highly of the care provided. One relative told us, "Nothing is too much trouble. If there is any problem they let me know immediately".

Working in partnership with others

- The registered manager was active in local networks and groups. This helped the service to keep abreast of best practice and to share their ideas.
- The local authority Care and Business Support Team shared with us how staff at the service had shared their experience of developing champions for dedicated areas of care and support. They wrote, 'They kindly agreed to share this with other providers in support of the project, they were particularly responsive when we approached them and have attended all meetings and have had a great deal of input'.
- The registered manager spoke of the support they received from healthcare professionals. In relation to end of life care she said, "The nurses are fantastic, they come out within the hour".
- Through the care planning system, staff were able to print hospital packs for paramedics. This meant staff in the new setting had the person's most up to date care information, medication details and recent observations to hand.
- The hydration station was equipped with take away cups for visiting professionals to take a drink as they continued their working day.
- The service was part of the local community and enjoyed visits from children, young people and local groups, including churches.