Anchor Trust

Anchor Trust (The Laureates)

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

We carried out the inspection of Anchor Trust (The Laureates) on 6 October 2017. At the time of our inspection there were 21 people using the service. This was an unannounced inspection.

Anchor Trust (The Laureates) provides a personal care service to people living at The Laureates retirement property located in Guiseley on the outskirts of Leeds. The retirement property consists of apartments which people had purchased. A range of facilities were provided as part of this package. The domiciliary care office was located in the same building as the apartments. Apartments were located at a ground, first and second floor level with a lift for access.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were complimentary about the service they received. They said they had developed a good relationship with staff and felt safe, as staff knew them well. They said staff arrived on time or rang them if they were running late.

People told us they never felt rushed and enjoyed their time with staff. They said staff promoted their privacy and dignity and supported them in a caring manner.

People were aware of how to make a complaint and would confidently raise any issues of concern or abuse, if required.

Staff supported or prompted people with their medicines in a safe way and documented all administration in line with the provider's policy.

The staff and registered manager regularly asked people for their opinion of the service and we found that people were fully involved in the development of their care plan. People told us the service was responsive to their needs and their visit took place at a time which was convenient to them. They said the office staff were flexible and able to change their visit at short notice if needed.

Peoples care records were person centred and created around their needs. Regular reviews were completed to reflect people's current support needs. People told us they received their care in line with their requirements.

Any risks had been identified and risk assessments formulated when working with people. These records made it clear to staff how risks should be minimised. Environmental assessments were completed before people came to use the service.

Staff told us the consistency of visits enabled them to develop relationships and know people's likes and dislikes. They said they were given sufficient time to travel from one person to another and had adequate time within each visit to support people effectively. They said this meant they were rarely rushing or running late for visits.

Staff told us they had the required training to do their job effectively but could ask for additional support if they were not sure about a particular topic. Staff told us they were very well supported and received regular informal and formal support from the management team.

The service was well managed with clear leadership. The registered manager was committed to improving the service further.

There were enough staff to support people effectively with focused recruitment taking place to accommodate new care packages. People were given consistency through the allocation of their visits. Regular audits, telephone interviews or visits to people were effectively monitoring service provision.

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 remains 'Good'.	**Good**
Is the service effective? We found this domain remains 'Good'.	**Good**
Is the service caring? The service remains 'Good'.	**Good**
Is the service responsive? The service remains 'Good'.	**Good**
Is the service well-led? This service remains 'Good'.	**Good**

Anchor Trust (The Laureates)

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 6 October 2017 and the inspection was unannounced. At the last inspection at Anchor Trust (The Laureates) in September 2015, we rated the service 'Good' in all domains. As the service remained 'Good' in all domains, we have completed a shorter version of the report.

The inspection team consisted of one inspector and one 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.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at four care records for people that used the service and three staff files. We spoke with five people and five relatives. We also spoke with one healthcare professional, three support workers, the registered manager and the operations manager. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them and in the way in which care was delivered. A person told us, "I sold my home in Keighley. I feel safer here." Another person told us, "I do find it safe here."

There was sufficient staff available to offer people the support they required and to meet their needs. People told us they knew the member of care staff who supported them and this tended to be the same person. Care staff arrived on time. On the day of inspection we found sufficient staff to meet people's needs. The manager was often supernumerary so they were additional to the staffing numbers and could support if required.

The registered provider had systems in place that safeguarded people from abuse. Staff we spoke with had a good understanding of what safeguarding meant and the processes to follow to report concerns. Staff received training in safeguarding and from speaking with staff it was clear they also received regular updates to ensure they were up to date with the latest guidance. A member of staff told us, "If we saw poor practice we would report it to the manager immediately" and "It is our job to protect people against abuse and anything that goes against their wishes and human rights."

We reviewed the personnel records for four members of care staff. There were recruitment procedures in place to help ensure that staff were suitable for their role. This included gathering information through references and a Disclosure and Barring Service check (DBS). The DBS provides information about any criminal convictions a person may have and whether they have been barred from working with vulnerable adults.

People told us they were happy with the way they were supported with their medicines and found staff to be skilled in this area. Staff had received training in the administration of medicines and regular assessments were carried out to ensure staff remained competent to administer medicines. Medicines Administration Records (MARs) were completed by staff when people took their medicines. We saw the vast majority of records indicated the safe administration of medicines in the service. Stock levels were checked when new supplies were delivered from the pharmacy. Between these times, staff checked the stock levels to ensure people received their medicines in line with the GP instructions. Some people received 'as and when required' medicines (PRN). These documents were supported by a protocol sheet indicating to staff when they should be administered. We found one person was missing their protocol sheet. The registered manager told us it must have been removed and not placed back in the person's file, but agreed to place a new copy there immediately.

Staff were knowledgeable about people's needs and the actions they needed to take to keep people safe. Care records demonstrated that staff involved people when delivering personal care, which reduced the potential of harm. For example, in one person's records it stated that when supporting them to shower, staff should take time for the person to go at their own pace and be led by this.

Risk assessments and subsequent management plans were in place to support people to be as independent

as possible and achieved a balance between protecting people and supporting them to maintain their freedom. For example, risk assessments on the environment, bed rails, slings, profiling bed, skin integrity and people's mobility ensured people could maintain independence while mitigating any risks. Risk assessments were reviewed alongside care plans to make sure they were still required and if so continued to consider all aspects of potential harm and risk.

Processes were in place to review risks following incidents and make changes to the way staff worked where necessary. Staff adhered to these processes. We saw the registered manager was looking to learn from past events in order to keep people safe.

Good

Is the service effective?

Our findings

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 legally authorised under the MCA.

Staff had undertaken specific training in the Mental Capacity Act 2005 (MCA). Staff we spoke with demonstrated their understanding of the MCA and its principles. One person told us "They always tell me what they are doing and they listen to my request," and a relative said "They listen to [person's name] and do things their way." The care records demonstrated that people were involved in decision making and the guidance for staff reflected this. Care records reflected that people had signed to consent to their care and treatment, the use of different equipment and the sharing of information with other agencies. This showed us that staff were working in line with the principles of the MCA.

Staff received regular supervision and an annual appraisal from their line manager and records evidenced this. This was a way of monitoring staff delivering support to people in their homes. At these meetings, areas where personal or professional development was required were identified to maintain good practice. Team meetings were held where various topics were discussed around the delivery of care, rotas and any new learning and development.

People and families told us the staff were well trained and knew how to do their job to a high standard. Staff completed mandatory training as set by the provider such as, fire safety, health and safety, infection control, first aid, living the values, manual handling, safeguarding, MCA and equality and diversity.

An induction process of three months was available for new staff which included shadowing an experienced member of staff, reading people's care plans and completing the mandatory training for the first time. All new staff followed the Care Certificate training when starting their role. The care certificate is a nationally recognised set of standards for the health and social care workforce.

Some people required support with meal preparation and with eating and drinking. Information was available to staff about people's food likes and dislikes and if any special diets were required. Where people may be at risk of malnutrition or dehydration then monitoring charts were put in place. The registered manager told us some people preferred to cook for themselves with staff support. Other people were on meal replacement drinks as prescribed by their GP.

People and their relatives told us they were confident in the staff in managing their health needs. People's care records and staff shift handover documents evidenced when contact was made with their GP and a district nurse. Guidance was given to staff by health professionals as to how people's care should be given following any treatment. In addition, the care records highlighted how the staff and registered manager tracked people's wellbeing for potential risks, and gained consent to refer them to the relevant professional, such as where a urinary tract infection was suspected.

Good

Is the service caring?

Our findings

The registered manager told us they promoted a happy environment. We asked people to tell us about the attitude and approach of the staff who supported them. One person told us, "They are caring and they do respect my independence. If I need anything, I can ask'", and another said, "Very much so. Staff are caring they go shopping for me." One relative told us, "They [staff] are caring towards my husband, meet his needs and his health has improved since we came here."

The registered manager told us they always told staff to treat people with dignity and care. Staff confirmed this. One member of staff said, "I always treat people how I would want people to treat members of my family." Another member of staff told us, "We base everything around what they want." Staff were confident when asked about promoting people's rights. We observed staffs approach was person centred and dignified. Staff had formed lasting relationships with the people they supported. They said "We care about the people we support. They all deserve to live a happy life and we try to help them do that." People confirmed staff promoted their privacy and dignity. One person told us, "They respect me and my home. They are always very polite and treat me with dignity." Another person told us, "Without question they respect me."

People told us and we saw they and their families had been involved in their care planning. This was important to ensure staff knew how to support people in a way that reflected their needs. We saw documentation had been signed by people to say they were involved in the process. One family member told us they had regular reviews at which their relative was at the centre of. This showed us people were involved in the planning of their care.

We spoke with staff and questioned them about people's routines, likes and dislikes. Staff were able to explain in detail how they supported people and what to consider when supporting certain people. Staff were specific in telling us how different people like different things done. For example, when one person was supported with personal care, they liked staff to support only with some aspects of care so they could complete the rest for themselves. Staff were aware of this. This showed us that staff had a very good understanding of people.

People told us some of the staff would 'pop in' for a cup of tea even if they were not due to visit. Staff told us, "We give a high level of care. Nine and a half out of ten I would say." Staff told us they felt it was important for people to see a familiar face. They said they never rushed people and always encouraged individuals to take their time. Staff told us they had time to talk to people and never felt the need to rush to the next person. One member of staff told us this and said the consistency of visits made them successful. They told us they had built good relationships with people and often used humour when supporting them with personal or other care needs.

Good

Is the service responsive?

Our findings

At The Laureates there was a residents' committee consisting of people who used the domiciliary service and those who did not. The committee sought ideas from its members on activities they would like to participate in. Some of these activities were day trips out, coffee mornings, speakers, parties, bingo sessions and an art and crafts class. The apartments which people lived in were enclosed within the main building. In the main thoroughfare there were seats and tables where people could sit and chat. We observed people met in this area, wearing their coats as if going outside.

People told us they were very happy with the care and support they received from staff with comments such as, "They all are great. They always do as much as they can for you," and "I had an emergency once and the staff were here in two minutes." People's support needs were assessed before they started to use the service. The registered manager undertook an initial needs assessment to ensure the service could offer the care the person required. From this, a more comprehensive care plan was devised along with risk assessments for any potential risks and management plans to mitigate such risks. The registered manager and the person agreed the number of hours per day they required from the service. This was regularly reviewed to ensure the support level was appropriate, particularly if needs changed.

Staff understood people as individuals with their own preferences, likes and dislikes. Staff we spoke with demonstrated their understanding and this was in line with the documentation that we viewed. A member of staff commented "People tell us how they would like their care to be given and at what time. We always inform them (people) what we are doing when we give care and wait for their permission. We ask people if they would like anything done differently and we always treat people as individuals."

Staff told us there was enough information and guidance in the care plans to inform them of people's wishes around their delivery of care. We spoke with a staff member who was covering a day shift. They told us "This is a great service; the handovers are useful as they give lots of information about people and their changing needs. The care plans are detailed and person centred, it's really easy to pick one up and instantly you know about the person and the way they prefer their care to be given."

Care plans were person centred because they demonstrated that people had been involved in their care planning. For example, people expressed their preferences such as 'Please ring the door bell and call out 'hello' to me. Please close the curtains and put the light on' and 'I will walk into the shower and make sure I am sat down safely'. We looked at three care records which evidenced that each person had discussed their preferred routines and the care plans had been written to the person's instructions and considered what tasks the person could do for themselves.

The care plans were comprehensive and gave clear guidance to staff on the way people wanted their care to be given. Information included, personal background information, likes and dislikes and individual support plans for all activities of their daily living needs. Care plans were reflective of people's current level of need and were regularly reviewed. There was guidance in place for staff to follow which included, moving and handling, skin integrity, health, nutrition, night and day routines. Management plans were in place where

risks had been identified such as, with falls or dehydration and care plans had been written around minimising these risks.

Staff completed daily records of the care they had given including any recommended treatment as advised by health professionals. These records described all of the tasks undertaken. A separate record was kept for each person of visits from health and social care professionals with follow up review dates where required.

There were arrangements in place to respond to complaints. A complaints policy and procedure was in place and this identified other organisations and agencies that concerns could be reported to if necessary, this included the contact details of the Care Quality Commission. Records of compliments and complaints were kept and this helped the registered manager know what was going well in the service and any areas that required improvement.

There had been no complaints made in 2017. One person told us, "Staff are great, I can't fault them and have no complaints" and another person said, "I mention things to them and they fix it well before a complaint is needed." A relative told us they had no complaints but would know how to raise one and commented "They know what they are doing and liaise well with us [family]."

Good

Is the service well-led?

Our findings

People we spoke with told us the service was well managed and they could see the registered manager when they wished. On the day of the inspection, some people dropped into the office, either for a chat to say hello or to enquire about something. We observed there was a positive atmosphere in the office and there was a 'can do' culture evidenced through our discussions with staff and people who used the service.

People told us the office door was always open to them. The registered manager told us they were proud of the service they delivered and of their team. They encouraged a positive culture and had an open door policy. They commented, "I think we are very positive here and have good communication." Staff were positive about the registered manager and the level of support which was offered to them, both in and out of the workplace.

The service received feedback from people who used the service and their families. The annual survey had been collated and areas for improvement had been identified. However the overall theme of the surveys was a positive reflection of the service and people had only identified minor issues that had a small impact on their experience. People told us they felt involved in the service and were free to mention any comments on how to improve things.

There were systems in place to monitor the quality and safety of the service provided. There was a regular programme of audits in place. Checks included: medication, staffing, care planning, environment and concerns/compliments. These checks were undertaken by both the registered manager and through the provider's quality assurance team. If actions were identified a plan was put in place to address the shortfalls and this would be monitored by the quality assurance team. Completed audits fed information into an ongoing action plan that had been created. This showed us the service had an effective system for monitoring the quality of care and support provided and driving improvements.

The registered manager told us they regularly met with other managers from other services run by the provider to discuss the service and agree the best way forward. They were required to provide a report to senior managers to show an updated portrayal of the service. In addition, the report was used as a monitoring tool to identify potential challenges or areas for further development.

The registered manager told us they wanted staff to contribute to new ideas and develop their work. They said staff were currently being asked their views on developing different parts of the service through supervisions, team meetings and surveys. They said each staff member's contribution was seen as important since they would be providing the service. One staff member told us management were supportive of their needs. They also told us they could ask for support or an item to help carry out their role (e.g. personal protective equipment or a uniform).