

# Anchor Hanover Group

# Selkirk House

## Inspection report

Church Road  
Plymstock  
Plymouth  
Devon  
PL9 9BD

Tel: 01752492850  
Website: [www.anchor.org.uk](http://www.anchor.org.uk)

Date of inspection visit:  
16 February 2022  
17 February 2022

Date of publication:  
11 March 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Selkirk House is a residential care home providing regulated activity of accommodation for persons who require nursing or personal care to up to a maximum of 42 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 38 people using the service.

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

Prior to the inspection we received concerns related to infection control practices at the service. During the inspection we saw some staff not wearing their face masks correctly. This was immediately addressed by the registered manager who arranged for all staff to re-visit their infection prevention and control training. We found no other infection control concerns and we were satisfied that the concerns we had identified had been addressed.

People told us they felt safe living at Selkirk House. One person commented, "I love living here and I'm as safe as I can be." People were supported by staff who understood their needs and knew how to protect people from the risk of abuse.

Risks relating to each person had been identified and care plans and risk assessments were in place to guide staff how to manage and reduce risks. Care plans and risk assessments included detailed information about people's skin integrity and the support they needed to minimise the risks of developing pressure sores. Where people were unable to change their position in bed to relieve pressure on their skin, staff regularly helped them to do so. Equipment such as specialist pressure relieving mattresses were in place, and daily checks were made to ensure their effectiveness.

Effective systems were in place to ensure people received their medicines as prescribed and medicines were received, stored, administered, and disposed of safely.

We observed there were enough staff to care for people safely and meet their needs. Staff were available to respond to people's requests for assistance and the atmosphere was calm and relaxed. However, some people and staff told us that at times, people had to wait for their care needs to be met. We discussed this with the registered manager who told us they were currently recruiting more staff to ensure staffing levels responded to the identified needs of people.

Recruitment practices at the service ensured that, as far as possible, only suitable staff were employed.

A positive culture was shared to ensure good outcomes for people. Incidents were investigated and improvements were made. Managers and staff were clear about their roles and regulatory requirements.

Staff we spoke with told us communication between staff and managers was good. Staff said they were able

to share feedback during regular supervision meetings and staff meetings. Daily handover meetings took place between shifts and where possible the managers attended.

The registered manager and provider had systems in place to monitor the quality and safety of the home. This included audits, improvement plans and gaining feedback from people and staff.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and to ensure the people in their care were safe.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was good (6 November 2017).

#### Why we inspected

The inspection was prompted due to concerns received about infection control, skin care, medicines management and lack of support for staff. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Selkirk House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Selkirk House

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector

#### Service and service type

Selkirk House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Selkirk House is a care home without nursing care. 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.

Inspection activity started on 16 February 2022 and ended on 17 February 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection-

We spoke with eight people who lived at the home and two people's relatives. We spoke with eight care staff and a housekeeper. We also spoke with the registered manager, deputy manager and the provider's care quality advisor. We spoke with a visiting health professional to hear their views of the care provided.

We looked at a range of records about people's care including six care files, medicine records and people's care monitoring charts. This was to assess whether the care people needed was being provided. We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service. We also looked at personnel files for three members of staff to check that safe recruitment procedures were in operation.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed information the registered manager sent us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Prior to the inspection we received concerns related to infection control practices at the service, skin care and the management and disposal of people's medicines. During the inspection we found no evidence that people were at risk of harm from these concerns.

### Preventing and controlling infection

- We were only somewhat assured that the provider was using PPE effectively and safely. During the inspection we saw some staff were not wearing their face masks correctly. We brought this to the attention of the registered manager who immediately addressed this with staff on duty and arranged a staff meeting with all staff to discuss using PPE safely. The registered manager told us they would ensure all staff revisit PPE training and have sought support from the local authority trainers to deliver this.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

### Visiting in care homes

- The provider was facilitating safe visiting in line with government guidance. Visitor assessments were carried out including lateral flow test results and COVID-19 symptoms prior to entry to the home. PPE and sanitisers were available for visitors to use.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Selkirk House. One person commented, "I love living here and I'm as safe as I can be."
- People were supported by staff who understood their needs and knew how to protect people from the risk of abuse.
- Staff attended safeguarding training which included information on how they could raise issues with the registered manager, provider and other agencies, if they were concerned about the risk of abuse.

Assessing risk, safety monitoring and management

- Risks relating to each person who used the service had been identified and care plans and risk assessments were in place to guide staff about how to manage and reduce risks. These included falls, moving and handling, nutrition, fragile skin and the use of equipment such as bed rails.
- Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, where people needed assistance to move around, plans were in place which informed staff how the person should be assisted including the number of staff required to support the person safely and the equipment staff should use.
- Care plans and risk assessments included detailed information about people's skin integrity and the support they needed to minimise the risks of developing pressure sores. Where people were unable to change their position in bed to relieve pressure on their skin, staff regularly helped them to do so.
- Equipment such as specialist pressure relieving mattresses were in place and daily checks were made to ensure their effectiveness.
- The provider had plans for dealing with emergency situations. For example, personal emergency evacuation plans described how each person should be supported in an emergency.
- Regular checks of the building and the equipment were carried out to keep people safe. The service had safety certificates in place for the premises and the equipment they used.

Staffing and recruitment

- We observed there were enough staff to care for people effectively and safely. Staff were available to respond to people's requests for assistance and the atmosphere was calm and relaxed. However, some people and staff told us that at times, people had to wait for their care needs to be met. One person said, "Sometimes there is quite a long wait for staff to come. This is usually in the mornings when they are helping others. They are all so lovely, so you don't mind too much."
- Staff felt that they could not always spend time with people to support them socially and emotionally because they were too busy responding to their physical needs. One staff member told us, "I feel we are just doing the basics at the moment. I would like more time to spend with people."
- We spoke with the registered manager about this and asked them how they ensured there were enough staff to meet people's needs safely. The registered manager told us staffing levels were determined by the number of people at the home, their needs, and their dependency level. We saw each person had a completed dependency tool in their care records. This assessed how much care and support they required. The registered manager used this information to determine the numbers of staff that were needed to care for people on each shift. The registered manager told us they were currently recruiting more staff to ensure staffing levels responded to the identified needs of people.
- The registered manager told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.
- Recruitment practices at the service ensured that, as far as possible, only suitable staff were employed. Staff files showed the relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories, this protected people from the risks associated with employing unsuitable staff.



### Using medicines safely

- Effective systems were in place to ensure medicines were received, stored, administered, and disposed of safely.
- Medicines were audited regularly with action taken to follow up any areas for improvement.
- Medicines administration records showed people received their medicines as prescribed for them and gave an accurate record of medicines which had been administered.
- Some people required medicines to be administered on an "as required" basis. There were detailed protocols for the administration of these types of medicines to make sure they were given safely and consistently.

### Learning lessons when things go wrong

- Accidents and incidents were recorded by staff and actions were taken to reduce the risk of them happening again.
- The registered manager and provider analysed accidents and incidents every month, to try to identify any themes or trends. This information was used to help reduce the risk of further incidents.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Prior to the inspection we received concerns related to lack of staff support and communication. During the inspection we found no evidence that people were at risk of harm from these concerns.

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

- People were involved in feedback about the service. The provider held residents' meetings, and actions taken from meetings were shared with people through 'You said, we did' information board so that people could see that they were being listened to and suggestions they made were acted upon.
- The provider conducted six monthly residents' surveys, the last of which was in September 2021. The results of which reflected positive feedback about the overall care that staff provided.
- People and their relatives also received updates about the service through the service's newsletter.
- Staff we spoke with told us communication between staff and managers was good. Staff said they were able to share feedback during regular supervision meetings and staff meetings. Daily handover meetings took place between shifts and where possible the managers attended.

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

- The registered manager told us they had an open-door policy, made themselves available to people who used the service, their relatives and staff and tried to resolve issues quickly. They described an open and inclusive culture, which focused on delivering a high quality of person-centred care. They were very enthusiastic in their approach and demonstrated a good understanding of current regulations and good practice guidance.
- A relative described the service and staff as, "Very professional" and they were happy with the standard of care at Selkirk House.
- Staff told us they felt supported by the managers and team leaders, one said, "I can speak to [manager's name], she's easy to talk to and the team leaders are also good to talk to if I have a problem."

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

- There were clear lines of accountability and responsibility within the service. Staff understood their roles and responsibilities and knew who they could go to for help and advice.
- The registered manager and deputy manager understood the regulatory requirements and provided information to CQC following significant events at the service.

- The registered manager regularly completed a range of checks on the quality and safety of the service provided. This supported them to identify any areas for improvement.
- The provider maintained an overview of the service. A senior manager employed by the provider visited the service to undertake their own checks on the quality of the care provided to make sure necessary improvements were being made and to support staff.

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 provider investigated incidents and actions were identified to help improve people's experiences of care.
- The registered manager supported staff to be open and honest and share any concerns to make improvements to the home.
- The registered manager was positive about the inspection process, valued the feedback given and saw it as an opportunity to learn from the findings and further develop the service.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and to ensure the people in their care were safe. These included working collaboratively with social services and healthcare professionals including GP's and community nurses. A visiting community nurse told us they did not have any concerns about the care at the service and staff were very responsive to their guidance and suggestions.