

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Anchor House is a residential care home providing personal care for up to 23 people. At the time of our inspection there were 20 people using the service, some of whom were living with dementia.

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

The registered manager was supported by a deputy manager and an assistant deputy manager. Since our last inspection the management team had improved the systems in place to monitor the quality of the service. However, accidents, incidents and safeguarding concerns had been identified and recorded, but not reported to the appropriate bodies such as the local authority and the Care Quality Commission (CQC).

The home was predominantly clean, and people were protected from the risk and spread of infection. Some maintenance work had taken place since our last inspection which had made it easier to clean certain areas of the home.

Risks in relation to people's care had been identified and were managed safely. Systems in place to manage risks in relation to the building and maintenance had improved.

Sufficient numbers of staff were available to meet people's need in a timely way. People received their medicines as prescribed. Staff had received training in safeguarding and told us how they would recognise, report and record abuse. We recommend the provider ensures visits take place in accordance with the current government guidance.

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

Rating at last inspection and update

The last rating for this service was requires improvement (20 July 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Anchor House - Doncaster

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Anchor 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. Anchor 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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. 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 four people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, and care workers. We observed staff interacting with people.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service.

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

Systems and processes to safeguard people from the risk of abuse

- The provider had a policy in place to safeguard people from the risk of abuse. Staff received training in this subject and knew how to respond if they suspected abuse taking place. One staff member said, "We haven't had any cause to do this."
- People we spoke with told us they felt safe living at the home. One person said, "I feel very safe living here." Another said, "They [staff] keep us safe." Another said, "We all had our covid [Coronavirus] jabs and staff made sure we were kept safe during covid."
- During our inspection we found some safeguarding concerns which had not been reported appropriately. We have reported on this in the key question of well-led.

Assessing risk, safety monitoring and management

- The registered manager could evidence moving, and handling equipment had been serviced in accordance with regulations.
- The provider ensured that regular maintenance of the premises was carried out.
- Risks associated with people's care had been identified and action taken to reduce risks. For example, people had been referred to appropriate professionals following falls.

Staffing and recruitment

- We observed staff interacting with people and found there were enough staff available to meet people's needs in a timely way.
- The provider had an appropriate recruitment system in place and staff confirmed pre-employment checks had been carried out prior to them commencing their employment.

Using medicines safely

- At our last inspection the temperature of the medication room was often above the recommended temperature for storing medicines. At this inspection we saw the provider had relocated the medication room to assist with cooler storage.
- People received their medicines as prescribed. Medication administration records were completed following administration of medicines.
- Staff who were responsible for administration of medicines had received training to carry out this task safely. The management team checked staff competencies on an annual basis.

Preventing and controlling infection

- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 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.

Visiting in care homes

- The provider was facilitating visits for people living in the home. The home was facilitating visits outside the home and in the entrance area of the home.

We recommend the provider ensures visits take place in accordance with the current government guidance.

Learning lessons when things go wrong

- The registered manager kept a record of accidents and incidents. An analysis was completed to ensure any trends and patterns had been identified and addressed.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 did not always understand their legal responsibilities and regulatory requirements. Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. However, during our inspection we found accidents, incidents and safeguarding concerns which should have been reported to the CQC or the local authority. These had been overlooked, and the management team agreed to report them retrospectively. We have addressed this issue with the provider outside the inspection process.

Continuous learning and improving care

- Systems in place to monitor the service had continued to improve since our last inspection.
- Several audits were completed monthly and actions taken to address identified issues.
- Following a visit from the local authority, the management team were in the process of devising a system to ensure accidents, incidents and safeguarding concerns had been reported to the appropriate bodies.

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

- We observed staff interacting with people and found they were kind, caring and supported people in line with their preferences.
- Staff we spoke with told us they knew people well as they had worked at the home for several years. People we spoke with told us staff were, "Lovely." Relatives we spoke with told us they were happy with the care their family member received. One relative said, "[Family member] is happy and I can't ask for more than that. Staff are very helpful too."
- We observed lunch and found this could be more person centred. For example, people were asking what was for pudding and staff could not tell them as the menu had not been updated. One person said, "We don't usually get a choice but today we had a choice of pie or sausage." People commented that meals were always nice, and they looked forward to them.

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

- People and relatives, we spoke with felt comfortable talking to the management team and staff felt

supported and appreciated. One staff member said, "It's like a family here, we all work really well together."

- The provider had an activities co-ordinator who held regular meetings with people to gain their views and opinions. This included talking about meals, laundry, and forthcoming events.

Working in partnership with others

- The service worked with other professionals such as health care workers. The provider ensured that appropriate support was obtained as required.