

Anchor Trust

Selkirk House

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

This unannounced comprehensive inspection took place on 18 and 19 September 2017. The last inspection took place on 19 May 2015. Selkirk House was meeting the requirements of the legislation at this time and was given an overall rating of Good.

Selkirk House Residential Home is a care home which offers care and support for up to 42 predominantly older people. At the time of the inspection there were 39 people living at the service. Some of these people were living with dementia.

There was a registered manager in post. 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.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls. This inspection examined those risks. We found these were being managed well.

We found the risks surrounding this incident were actioned immediately to help keep people safe, this involved changing how fire doors were accessed by people using the service.

At this inspection we found the service remained Good in all areas.

Why the service is rated good.

One person said; "I feel safe and very well cared for here", "I can't complain about the care - it's exceptional" and "The staff are lovely and last week [...] (naming the registered manager) brought me flowers". Another said; "It's a very caring place, with lovely carers." One person said; "I need help only with dressing and undressing and the times this happen each day are set to suit me – it's wonderful".

People remained safe at the service because they received their medicines safely. People, relatives, professionals and staff told us there were sufficient staff to meet people's needs. Risk assessments were completed to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the spread of infections as staff were aware of infection control procedures. Safe recruitment procedures were followed before new staff began working in the service.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff were well trained and competent. People were supported to have maximum choice and control

of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored by the staff and people had access to healthcare professionals according to their individual needs.

People said the staff were kind and very caring. One person said; "I find all the staff very caring, they all seem to know me so well" and "I am very well cared for, the staff here are exceptionally kind and caring." There was a busy but calm atmosphere in the service. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received. People had their end of life wishes documented and staff had received end of life care training to support people.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. Complaints were fully investigated and responded to. A relative said; "I know any concerns I have are sorted straight away."

People were assisted to take part in a wide range of activities according to their individual interests. Entertainers visited the service and trips out were also planned for people.

The service continued to be well led. People, relatives, professionals and staff told us the registered manager and management team were very approachable. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

Further information is in the detailed findings below.

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?

The service 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?

The service remains Good

Good ●

Selkirk House

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 checked whether the provider is 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.

This was a comprehensive inspection completed by two inspectors from the adult social care directorate 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.

It took place on the 18 and 19 September 2017 and was unannounced on day one.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and Provider information return (PIR). A notification is information about specific events, which the service is required to send us by law. The PIR 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.

During the inspection we met with 15 people who lived at the service. The registered manager and a member of the senior management team were available throughout the inspection. Some people were unable to tell us about their experience of the service therefore, we observed them and how staff and people interacted. We also spoke with nine relatives and five healthcare professionals. We also spoke to eight members of staff.

We looked at a number of records relating to people's care and the running of the home. This included five care and support plans, five staff personnel files, records relating to medication administration and the quality monitoring of the service. We also toured the premises.

Is the service safe?

Our findings

The service continues to provide safe care.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls. This inspection examined those risks. We found these were being managed well.

We found the risks surrounding this incident were actioned immediately to help keep people safe; this involved changing how fire doors were accessed by people using the service.

The PIR recorded; "Keypads will be fitted to all internal doors which lead to stairwells to ensure the safety of people who have a dementia and who experience disorientation and/or walk with a purpose. The access code will be displayed for independent customers and family/visitors. We have trialled the 'magic eye' (a free standing sensor that picks up movement quickly) sensor in place of the traditional pressure mat which has proved to be a valuable investment, we will therefore be continuing to purchase." This helps to promote a safer environment for people.

People had risk assessments completed to make sure people received safe care and to promote their independence. Where people had been assessed as being at high risk of falls or at risk of skin damage, assessments documented showed staff how they could support people to help keep them safe. For example what equipment was required to promote people's independence and keep them safe when moving around the home. Systems were in place to monitor incidents, accidents and safeguarding concerns. This helped ensure any themes or patterns could be identified and necessary action taken.

People who lived in Selkirk House appeared to be very relaxed and comfortable with the staff who supported them. People and relatives told us they believed their relatives were safe living at the service. One person said; "I feel very safe here, it's a lovely place and it gives me peace of mind" and another said "I feel safe; there's no question about that." A relative said; "We have peace of mind that our relative is living here, safe and being so well cared for." A staff member said; "It is safe here."

People, relatives and staff said there were sufficient numbers of staff employed to keep people safe and make sure their needs were met. Rotas and staff confirmed the home had enough staff on duty each day. Throughout the inspection we saw staff meet people's physical needs and spent time chatting and enjoying each other's company. Some people liked to stay in their room and this was respected. One person said; "The staff are in and out all of the time, asking me if I want a cup of tea". Staff confirmed that additional staff were made available if they were needed, for example to escort people to appointments.

People's risks of abuse were reduced because there were suitable recruitment processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not

allowed to start work until satisfactory checks and employment references had been obtained. People were protected by staff who understood what to do if they suspected anyone was at risk of harm or abuse. All staff undertook training in how to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns to the registered manager and were confident that action would be taken to protect people. Policies and procedures about safeguarding and whistleblowing were available for staff. Staff said they would take things further, for example they would contact the local authority's safeguarding teams, if this was required.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. A relative said; "It's always clean and tidy when I visit. Always."

People received their medicines safely from staff who had completed medicine training. There were systems in place to audit medicines practices and clear records were kept to show when medicines had been administered. Some people were prescribed additional medicines for pain relief on an 'as required' basis. There was clear information to show when these medicines should be offered to people.

Is the service effective?

Our findings

The service continued to provide people with effective care and support from staff. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

One staff member said; "Anchor gives opportunities to progress, through study, and to gain promotion." Visiting professionals all agreed that the staff were knowledgeable about the people they cared for said of the staff team; "They go up and beyond" and "it is very person centred and focused."

People were supported by well trained staff. All the staff said the training provided was relevant to their role and regularly updated. Comments included from a member of the non-care staff team; "I go on a lot of courses that the carers go on. It is good to have some awareness of stuff, as I work with the customers." All new staff undertook a thorough induction, which included shadowing experienced staff and time to read important information about the service and people being supported. New staff are provided with a "buddy", this is an existing member of staff, for the first twelve weeks of employment. The buddy is rewarded for this role. Staff were being supported to gain the Care Certificate (A nationally recognised set of skills training). Staff received appraisals and regular supervision. Team meetings were held to provide staff with the opportunity to discuss areas where support was needed. Ideas were encouraged on how the service could improve.

People's health needs were monitored and prompt action taken to address any concerns or changes. For example, some people were currently receiving care from the district nurse team for change of dressings and a community psychiatric nurse was supporting people living with dementia. GP's visited when needed and provided support and advice to people and staff when required.

People told us, and observations showed, they were able to make choices on the food offered. Picture menus were displayed showing people what the days choices where. People were also shown the plated meals to assist them with their choices. Where there were concerns about a person's hydration or nutrition needs, people had food and fluid charts completed and meals were provided in accordance with people's needs and wishes. The staff followed advice given by health and social care professionals to make sure people received effective care and support. A person said; "The meals are wonderful. There's always plenty to eat, and although I don't have a large appetite, my portions are always just right" another said "The food quality is very good and I don't always want what's on the menu, that's never a problem though, and the chef will make you anything you ask for."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People continued to have their capacity to consent to their care and treatment assessed, in line with the

MCA and DoLS as required. Best interest decisions were clearly recorded. The provider had a policy and procedure to support people in this area. The registered manager had liaised with appropriate professionals and made DoLS applications for people who required this level of support to keep them safe. The registered manager and records confirmed the service continually reviewed whether individuals were being deprived of their liberty in order to receive care and treatment, in order to determine if a DoLS application was now required.

Staff had completed training about the MCA, understood the process and knew how to support people who lacked the capacity to make decisions for themselves. Staff said people were encouraged to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Visiting relatives told us they had been involved in a decision about their relatives care, where appropriate. A health care professional commented how the staff always involved people as much as possible in any decisions and this support was offered in a sensitive way. This showed the provider was following the legislation to make sure people's legal rights were protected.

People lived in a service that continued to be well maintained and with regular updates carried out. Staff comments included; "We're always addressing things, we put lovely things on the walls to make a homely feeling, we have a lovely home, its nice and bright and lovely things to look at and remember."

Is the service caring?

Our findings

The home continued to provide a caring service for people. People were supported by the registered manager and staff who knew them and their needs well. People said they were well cared for. We observed the staff taking time to assist people, for example with their personal care. Staff were attentive and prompt to respond to people. For example when people became confused or upset staff provided additional support. We observed people became calm and seemed to enjoy the one to one company of the staff.

People told us staff were always kind, caring and respectful. People told us; "I'm very well cared for, I can't fault anything" and "The care here is first class and the whole place is so clean. The staff are wonderful." A relative said; "I would choose to live here if I ever had to." Staff said; "I hope you see what a great team we are, what attitude we have between us and to the residents. I hope you'll see how happy residents are and the homely feeling, not an establishment. I would put my father here – though he would not like it, he's too independent!" While another said; "We make time to sit down with people, like [...], who's just settling in, they're quite anxious and needs a lot of reassurance. You have to spend time with them."

The PIR recorded; "Our service is diverse, and supports religious and cultural needs and offers communion in the home and access to the local church. We support human rights regarding faith, beliefs, cultural, ethnicity and relationships. Anchor has a lesbian, bisexual, gay and transgender forum represented by customers and staff."

People and relatives told us people's privacy and dignity were respected. Staff knocked on people's doors and respected people's need for privacy and quiet time. Staff told us how they maintained people's privacy and dignity, in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence. A healthcare professional said how they had observed care being given in a way that respected people's dignity and privacy.

People were supported to express their views whenever possible and involved in decisions about their care and support. Staff asked people for their consent before they provided any support and asked if they were comfortable with the support being offered. For example, when staff helped people moving from a bed to a wheelchair. Staff were able to communicate effectively with everyone and we observed them interacting well with people. This ensured they were involved in any discussions and decisions.

People or their representatives were involved in decisions about their care. People had signed general consent to care and treatment forms. People had their needs reviewed on an annual basis or more often if their care needs changed. Family members said they were involved with reviewing / planning their relatives care.

Staff showed concern for people's wellbeing. The care people received was clearly documented and detailed. For example, people had information in place on how to care for people's skin to prevent their skin becoming sore.

People's care files held information on people's wishes for end of life care. Files also held a "treatment escalation plan." This documented people's wishes regarding resuscitation. Though two treatment escalation plans were not completed properly, the deputy manager took immediate steps to resolve this issue. People who had been assessed as lacking capacity had the involvement of family and professionals to help ensure decisions were made in the person's best interests. This helped ensure people's wishes on their deteriorating health were made known and documented. Some staff had completed further specialised training in this area of care, and held the role of 'End of Life' champions' providing advice and guidance to staff when required. The PIR records; "Management and team leaders completed the verification of death training to enable a dignified end for families when it is an expected death and is out of normal GP surgery hours." This helped to ensure that staff had the skills required to provide appropriate and dignified end of life care.

Is the service responsive?

Our findings

The service continued to be responsive. People were supported by staff who were responsive to their needs. One person said they didn't always receive a quick response to call bells at night, however they did during the day. Other people said; "If I need to call for help I know how to, and when I do, it comes as quickly as possible." While another commented; "I have to use the alarm day and night as I can't move around without help. Staff always comes very quickly though so I have no complaints". One person said; "I can choose what time to get up and go to bed, what to wear and where to eat my meals. I feel quite independent all things considered."

People had a pre-admission assessment completed before they were admitted to the service. This helped people, their relatives and the registered manager make an informed decision about the appropriateness of the placement. The registered manager said this enabled them to determine if they were able to meet and respond to people's individual needs.

People's care records covered a range of information relating to people's health and social care needs. For example they contained information to assist staff to provide care in a manner that respected people wishes. Staff completed daily updates on people's care. This helped to ensure care records were always updated and staff were able to respond appropriately. All the staff we spoke to were familiar with people's needs and said information and guidelines were clear and easy to access. Care plans were personalised and included information about how people chose and preferred to be supported.

People's care plans included a person's lifetime history, medical history and relationships important to that person. This provided staff with information so they could understand a person's past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people's needs.

People, where possible, were involved with planning their care. When people's needs changed, care plans were reviewed and altered to reflect this change. For example, when people's health deteriorated, staff responded by contacting other professionals for advice and support. Healthcare professionals confirmed the registered manager and staff contacted them if they had any concerns about people's care and that the service responded promptly to people's changing needs. They also said the service was responsive to people's needs when they became unwell. A relative told us how their relative had been admitted to hospital and on return to the service required additional equipment. They went on to say how the registered manager had responded to this need and equipment was put in place and their relative was now well on the way to "getting back on their feet" because of their response.

People were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. We observed staff responded to people and supported them according to their needs, throughout our visit. Staff told us how they encouraged people to make everyday choices as much as possible. This helped ensure everyone's voice was heard.

People took part in a variety of activities. The company had recently introduced a new system on providing activities. The PIR recorded; "Anchor Active is a recent concept being trialled where by the activities co-ordinator has been replaced with two activity champions, one I-Pad champion and an Oomph! Exercise (an armchair dance session) champion who have been specifically trained in those areas. Activities are now completed by the involvement of the whole team." Some people commented that they were unsure about the changes from having a designated activities co-ordinator while other stated they enjoyed the new activities on offer. On the day of our visit people who wished to went out on a bus trip to visit a local area of interest. Comments included; "We had a letter telling us that activities would change, but the change is for the worse" while another said; "I enjoy the activities. The singing and card craft afternoon are my favourites." The Oomph trained staff member said; "I go to [...] and do Oomph, I think they mainly like laughing at me jiggling around in front of them!" There is also an I-Pad where one person was supported individually to Skype their relative who lives away. Another staff said; "They love it, they're so happy to be able to see and talk to them."

The provider had a complaints procedure displayed in the service for people and visitors to access. Some people said they would talk with the registered manager if they were not happy with their care or support. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. One person said; "I've never had to complain about anything, but if I thought something was wrong then I'm sure [...] (the registered manager) would sort it out for me."

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager in post. 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.

The registered manager was fully aware of their responsibilities under the legislation and ensured that all significant incidents were notified promptly to the Care Quality Commission. They were positive about the inspection process, valued the feedback given and saw it as an opportunity to further develop the service.

The provider had systems in place to make sure the building and equipment were maintained and updated when needed to a safe standard. This included placing keypad systems on fire doors after a serious incident. Regular testing of the fire detecting equipment, hot water and servicing of equipment was also carried out.

The PIR recorded; "A robust quality assurance framework is in place with regular auditing and our service improvement plan. Evidence of lessons learnt from incidents/accidents, complaints and audits with implementation of changes. The home benefits from visibility of management to inspire staff and support customers in providing a quality service and review on a daily basis the culture in the service."

The quality of the service continued to be monitored. The registered manager was visible in the service. There was a quality assurance system in place. There were regular audits of the property and care practices which enabled the provider to plan improvements. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider continued to complete audits on aspects of the service and ensure lessons were learnt. Staff knew the outcome of these and practice changed accordingly.

Professionals told us they had a good working relationship with the registered manager and staff. One staff member said; "The manager is excellent and very approachable" while another said; "The home is well-managed." Relatives also spoke highly of the management of the service. One said; "We have no concerns about how the home is run. The manager is very good, always makes themselves available to catch up." All the staff talked at length about the good, open and approachable manner that the management of the home have.

Staff were particularly complementary about the registered manager saying that she was approachable and listened to them. One said they came up with an idea that they thought would be of benefit to the home. They went on to say how they approached the registered manager and "They listened and they thought the change would be good for the business and took it on board." While another said; "The staff team are good, due to a good manager, being open and honest and offering support. ...working together as a team and across departments. We all work together, that's what makes Selkirk different." People confirmed the

management team were always approachable. A relative said; "The manager checks if I'm happy and mums happy."

People said of the registered manager; "I know [...] (naming the registered manager) and I see her quite often" and another said; "[...] (the registered manager) makes sure there's choice about everything in my day."

Staff were very clear about wanting to provide an excellent quality service that met people's needs and enhanced their well-being and independence. Staff understood their roles and responsibilities, and said they were listened to and felt valued members of a team. Tasks were delegated amongst the staff team and some individual staff members had additional duties and further specialised training in particular areas. For example, staff held the role of champions in areas such as end of life care and medicine management providing additional advice and guidance to staff when required.

The registered manager and a member of the senior management team were present in the home during the inspection. People and staff clearly knew the management team well, and were happy to chat with them as they worked and walked around the home.

The service had obtained the local authorities "Dementia Quality Mark" award. This was in recognition of a "Sound approach to person centred care and to quality assurance" and "the homes commitment to year on year improvement in the care provided to people with dementia." Other awards that the service had received since this registered manager had come into post included, the Anchor Inspired Award for inspiring personalised service for people living with Dementia, People's Choice award from the local authority for 'innovation and good practice in community links', for example the "Selkirk Social Club" and an award in "Celebrating excellence in care in Plymouth" in recognition of achieving accreditation in the leadership programme for registered managers.

The registered manager had recruited volunteers to assist with a craft/card making session. The registered manager has forged links with the local college which has seen two apprentices gain permanent employment after their time at Selkirk House as part of their training.

The registered manager continues with their own professional development and is involved in local groups as part of that development. These include attendance at the "End of Life Link" forum with the local hospice and attendance at the "Dignity in Care" forum.

Staff at all levels were approachable, knowledgeable, professional, keen to talk about their work and committed to the ongoing development of the service. The provider offers staff working in Selkirk House the "My future" programme. This supports staff working for Anchor Care as a development programme for staff to gain internal promotion. For example a recent team leader became a deputy manager.

Anchor Care website states; "At Anchor we provide personally tailored care that is tailored to the needs of our customers whilst maintaining and enhancing their quality of life. Privacy and choice are high on our priority list. We understand and respect that most older people value keeping their independence and so we encourage you to choose how your care is planned and delivered. Our carers work with customers and their loved ones to create detailed care plans that encompass every aspect of wellbeing to ensure individual health and care needs are continually met." Our observations, and from the feedback we received from people, relatives and professionals during this inspection, demonstrated this aim was being achieved. This vision was supported by the provider and registered manager and communicated to staff through day to day discussions, one to one supervisions and team meetings. Staff we spoke with were extremely positive

and very enthusiastic about their roles.

When the registered manager was not available there was an on call system available between the management team. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt well supported by the registered manager and the management team.