

Anchor Trust

Canterbury House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 6 July 2017. This was the first ratings inspection since the care home was registered under the provider Anchor Trust.

This care home had 43 people resident at the time of our inspection visit. They are registered to take 63 people. Canterbury House is purpose built and offers residential care for adults, mainly older people. They have a dedicated unit named the Turner Wing for people living with dementia.

There was a registered manager in place and they were present throughout our inspection. 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.

Canterbury House offers a high standard of accommodation to people. People valued this facility and were overall positive about the care, support and services received. People were treated with respect and dignity. They had their nutrition and health needs well met. Local health care professionals have consistently praised the level of care given to people at this service. People told us that they felt safe and well cared for. We found that systems in place relating to safeguarding were not consistently followed and therefore placed people at risk.

However, the service was recovering from a set of events that meant that people had not received care and support from regular known carers. A number of staff had left at the same time and the registered manager was absent for some weeks. Measures were taken to ensure there were sufficient staff by use of agency. People were dissatisfied with the volume of agency staff and had contacted CQC about the changes and potential risks. We found that the registered manager had returned and had started a promising recruitment drive to replace staff. We concluded that at the time of our visit staffing levels were safe and relationships were set to improve as regular staff came into post. We believe that a more timely response could have been made by Anchor, the provider with regards staffing.

Senior managers with Anchor had visited and found that standards could be improved and had set about addressing matters. This included staffing and how to develop the experience for people living with dementia. Managers also need to develop the open communication with people that use the service to develop a culture that is transparent and inclusive of the running of the service. This includes demonstrating that complaints are used as an opportunity to learn and improve the service and resolve people's expectations around the catering services on offer.

Staff were positive about Anchor management and felt supported within their roles and had access to good training. Communication with the staff team was good. There were systems and audits in place that measured the quality of service on offer; therefore Anchor as an organisation had oversight of this service.

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.

We found that systems in place relating to safeguarding were not consistently followed and therefore placed people at risk.

The provider maintained safety by making sure that there were enough qualified and skilled staff on duty to meet people's needs.

Risks to individuals were assessed and safeguards were in place. Each person had an individual care plan which identified and assessed risks to their health, welfare and safety.

Medicines were stored and managed safely.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff understood how to provide appropriate support to meet people's nutritional needs.

Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager. Where people lacked capacity and their freedom of movement restricted, the correct processes were in place.

People were supported to maintain good health and had access to healthcare services.

Good ●

Is the service caring?

The service was caring.

Staff treated people well and were kind and caring in the way that they provided care and support.

People were treated with respect and their privacy and dignity

Good ●

was maintained.

People were supported to maintain relationships that were important to them and people were able to influence the running of the service.

Is the service responsive?

The service was not consistently responsive.

Most people were supported to follow a lifestyle of their choosing. Managers agree the need to develop interests for people living with dementia, but had yet to action.

There were systems in place to respond to concerns and complaints, but these needed to be further developed as an opportunity to learn and improve the service.

People's needs were assessed before coming to the service and formed the basis of care plans. Matters highlighted were responded to so people received a responsive service that met their needs.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Management needed to develop a more positive and open culture for people who used the service. Responsiveness to matters arising needed to be more timely and embedded long term with the service.

The manager had systems in place to monitor the quality of the service and actions were identified to improve the standards when necessary.

Staff told us the management were supportive and they worked well as a team.

Requires Improvement ●

Canterbury 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 inspection took place on 6 July 2017 and was unannounced.

The inspection team consisted of two inspectors. Prior to the inspection we reviewed information received and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

We spoke with nine people who used this service. We met and spoke with eight staff and the registered manager. We reviewed seven care files and associated records, four staff recruitment files and their supporting records, staff training records, audits and policies held at the service.

Is the service safe?

Our findings

Before the inspection people had contacted us with concerns they had about staffing levels at the service. People were concerned that staff were leaving and were being replaced by agency staff that were not known to them. One relative at the inspection visit said, "There have been a lot of changes to staff. A lot left at the same time, the agency staff don't know my [relative] and [they] get unsettled." The registered manager explained that recently they had been unexpectedly absent for some weeks and during that time 10 staff had resigned. We explored the reasons for staff leaving and found them to be varied. One person at the service told us how the changes of so many staff had impacted upon them; "They don't tell us when staff are leaving. I wish we were told when staff were leaving, I would have loved to have been able to have said goodbye and thank you to one in particular." This showed us that people had grown attached to their regular staff and had valued them.

To manage this drop in staffing numbers employed at the service, agency staff had been employed. The manager wanted to ensure consistency and therefore had block booked six staff that they found to be suitable from the agency. Upon our arrival at this inspection visit the registered manager was interviewing for a new assistant chef. They had already recruited a full time administration person and in the meantime had a bank staff in the role. The registered manager had 22 staff in the recruitment pipeline to fill the vacancies of care staff. Therefore we are confident this situation will improve. We asked staff about staffing levels. One person said, "Previously it really was not enough. It has got better. Now there is enough for the basics. People here are safe with the staff numbers we have now." They went on to say, "The agency staff have got better because they are the same ones, but if someone had a contract of 48 hours and left that is a lot to cover in one week." We conclude that staffing levels were safe and appropriate actions had been taken to deal with so many simultaneous staff resignations.

People told us they felt safe and secure living in Canterbury House. One relative told us, "Yes, I feel [named their relative] is safe when I leave here. Some of the staff are marvellous." Another said, "My [relative] had been neglecting themselves and had become ill; they [the staff] look after [them] now and [they] are getting better day by day."

Staff told us that they had undertaken training at induction and had updates which helped them identify how to safeguard people. Safeguarding training was being delivered whilst we were inspecting by a trainer employed by Anchor, the provider of the service. Staff told us that they were aware of how to report any incidents of potential or actual abuse. One care worker told us, "We had the training and I have done an update. I know what to report and know that it will be investigated." The services safeguarding 'whistle-blowing' policy was displayed. Despite staff being aware of the whistleblowing process and who to contact if needed and the manager being aware of the local procedures in place. We found systems in place were not as effective as they should be. After our inspection visit we were made aware of a potentially serious allegation that was not dealt with appropriately. Detailed records were not kept. This made it difficult to follow matters up thoroughly and appropriate people were not informed in a timely way. At the inspection visit we followed up concerns from a recent event when a person had left the building unsupported. We found that actions had been taken to keep the person safe and others who may be subject to a similar

event. However, during our inspection we found a door had an exit system in place, but it was broken and therefore would not have alerted anyone to its usage. This was brought to the attention of the registered manager who ensured it was repaired that evening to make sure people at the service were safe. They went on to assess all external doors and have made the decision to upgrade systems so that all external doors if opened will alert staff with an alarm. This will enable staff to know if a person has left the building without support to keep them safe if needed. We concluded that more could be done to keep people safe and lessons need to be learnt by staff and managers within the service.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment was robust with checks carried out by the Disclosure and Barring service (DBS) and two references sought by the registered provider. The DBS checks assist employers in making safer recruitment decisions by ensuring that prospective staff members are not barred from working with people who require support. Prospective employees had completed application forms, attended interviews with appropriate records kept. We spoke to staff and they told us of the process of recruitment that mirrored what we saw in staff files.

When we looked at people's care and support plans, we could see that the risks to them and others had been identified, and risk management plans with clear guidance for staff were in place. One relative told us, "My [relative] hadn't been too steady on their feet before they came here, but now I know [the staff] watch out for [them]." Risks such as moving and handling were assessed in detail and clear guidance was in place that was regularly reviewed. We observed staff and overheard them reassure a person being hoisted, "What we are going to do is transfer you safely." On this occasion the person asked staff not to hoist them. The person was living with dementia and staff took the decision to try a little later and not continue without consent. Staff made the person comfortable where they were. This showed us that staff were acting appropriately and assessing and deciding on best courses of action dependent upon people's ability at the given time.

No one at the service had a pressure sore or sore skin. Care plans showed that people's skin was monitored and actions taken. Risk assessment tools such as Waterlow were in place and regularly reviewed. People were supplied with equipment to meet their needs. One person returning from hospital that day had a mattress and seat topper delivered to protect them from developing sore skin whilst they recuperated from an operation. The deputy manager regularly completed a review of mattress settings to make sure these matched the person's weight to make them effective. These actions showed us that risks were evaluated and mitigated to keep people safe where possible.

There were also policies and procedures in place to manage risks to the service and untoward events or emergencies. For example fire drills were carried out so that staff understood how to respond in the event of a fire. Training records showed and staff we spoke with confirmed they had completed fire safety training and knew what to do in an emergency. Each person had an individual personal emergency evacuation plan (PEEP) in place so that staff and emergency workers knew what support they needed in times of emergency.

Medicines were managed safely and service policies and procedures followed. We observed staff administering medicines and found that staff routinely told people what their medicines were for and asked if they needed medicine to help with pain. We met a person who self medicated and they told us that their medicine arrived on time and there were no issues with their medicines.

Staff told us that they had appropriate training that was refreshed and had regular observations of their competence. One staff member said, "I've had extra medicines training from Anchor and that has made me

feel confident." We found that records were well kept. We sample audited some higher risk medicines such as Warfarin and found that systems used ensured that varying doses were clearly recorded to minimise risks. One person required their medicine to be crushed to administer. Appropriate consent from professionals and the person had been obtained to make sure this process was safe. Storage was appropriate for the types of medicines held. Medicines were regularly audited by the deputy manager. The supplying pharmacist had also audited and actions had been taken where improvements had been suggested. This meant that people received their medicines as intended.

Is the service effective?

Our findings

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. Staff were knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. We saw that where people were not able to eat their meal unaided they were offered support to eat. This helped to ensure that people got the food they needed to stay well. We saw that the folder detailing people's dietary needs was updated on the day we were there as two people had come to the home on respite care. Staff said the folder was updated weekly for staff to know if needs relating to food and drink had changed, or more frequently in relation to new admissions.

People told us that they enjoyed their meals; they had two choices for dinner and were able to ask for an alternative if they did not want what was on the menu. One person told us, "I enjoy my dinners, I get as much as I need." Another person said, "The food is mainly okay, but I have been here long enough to be able to say, 'it's Wednesday so it must be...'. It would be nice if the menus were a little more varied." A member of staff said, "The food here is good but a little predictable." We at CQC had received feedback from our on line 'Tell us your experience'. This too raised concerns about the catering choices. On the day a person told us they believed it depended as to who was in the kitchen that day as to the quality of the food. We saw that in May 2017 the resident's minutes contained feedback from people not satisfied with the meals. In June 2017 we saw that the service had conducted a dining audit and had not found concerns. We conclude that people were supported to eat and drink according to their dietary needs, However, people's wishes and preferences were not consistently met.

People received effective care and support because care staff were trained in areas which were relevant to people's day to day care and support. For example 85% of staff were trained in moving and handling. Managers were aware that four staff had yet to complete this training that was booked for them. These staff did not perform these duties until they were trained. 84% of staff had completed dementia awareness training with 62% having achieved a level two in dementia awareness. Staff told us that they had the training and support they needed to carry out their role effectively, including induction training and shadow shifts for new staff. One staff member said, "In the past supervision was not effective. But now it is. I'm due one shortly and it is a two way process now." Records demonstrated that staff received appropriate supervision and support. One staff member said, "There is no formal process of observation, but we get good feedback from the deputy manager on how we are performing our duties." Managers had a flexible approach and staff that needed additional supervision and guidance were provided with this. The home also had two training laptops that staff could access to complete on line training. 84% of staff had completed their equity and diversity training in this way. Managers monitored training completed and knew who needed refresher training. There was an on going training plan in place with training in end of life, and staff supervision planned. This meant that people could be assured that staff were competent and confident in the tasks they were required to perform.

Staff had a good understanding of consent and the principles of the Mental Capacity Act 2005. We observed

staff behaving appropriately ensuring people were given choices and control of their lives. People's care records showed that consent had been sought by the service to take photographs and to support the people they worked with, where able people had signed their care plan to evidence that they had seen their care plan and agreed with its content.

Where assessment had shown that people lacked capacity to make particular decisions best interest meetings had been sought with appropriate people consulted and records kept. An example of this was the involvement of family who had been involved with making the decision for their relative to move to a more secure area of the home where people living with dementia were supported. Records showed that where relatives had lasting power of attorney, this was recorded and they were afforded the appropriate consultations in people's care and support. Day to day staff offered choices and in one case, we observed staff were maintaining independence as the person managed their own medicines. We observed that staff knew people well, and this allowed them to support people to make decisions regardless of their method of communication. This meant people's rights were upheld.

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

People were supported with their healthcare needs. People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. An example of this was one person's care planning relating to having Parkinson's. Staff had good access to information about the condition and what to be aware of in relation to medicine timeliness, falls prevention and swallowing. These issues had the relevant healthcare professionals involved to advise. The home had regular contact with a GP surgery that provided support and assisted staff in the delivery of people's healthcare. People were supported to attend hospital and other healthcare professionals. One person told us that, "I see the doctor if I need to, they [the staff] make sure of that." Care files showed that people were registered with relevant health professionals. A visiting healthcare professional told us, "They are very good here. I've got my name down when the time comes." Relatives said they were kept informed of any changes to their relative's health. This meant that people were appropriately supported to maintain good health.

Is the service caring?

Our findings

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. People felt that staff treated them well and that they were kind and caring. People told us of genuine relationships that had developed with regular staff. One relative said, "My [relative] gets good care from staff that care about them." One person said, "The girls [staff] treat us well, it's a shame there have been so many leave. They [staff] come and go." Staff took their time to talk with people and showed patience when supporting them demonstrating that they were important. Staff had good observation skills and were able to understand people's communication and respected their choices. Staff were respectful in the way they spoke and responded to people's requests. When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative told us, "My [relative] prefers to stay in [their] bedroom, the staff check on [them] and try to encourage them to take part in things." Another said, "My [relative] likes to have things done in a certain way, they [the staff] knows [them] well enough to keep [them] happy."

We saw that staff made daily notes about support given that showed privacy and dignity was maintained by their actions and how they referred to people. Staff worked in ways that maintained people's privacy and dignity. One person told us, "They [the staff] are good to me, they [staff] are so kind." Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed all of the time. We observed staff listening and responding to people, giving them time and returning again if required.

People were routinely involved with their own care planning and in decision making. Where relevant people had their relatives represent them and they were involved in their planning and decision making. We saw evidence that meaningful discussions had taken place in relation to 'Do not attempt resuscitate' decisions. This had been with the person themselves, relatives and a consultant. This was clearly documented for staff to be aware.

We saw that people were consulted through the regular resident and relative meetings. People were asked their views on the running of the home in relation to matters such as catering and activities. Minutes of meetings were kept to ensure continuity of information and actions agreed.

Is the service responsive?

Our findings

The service planned to routinely listen to people to improve the service on offer. One relative told us, "There are resident and relative meetings, but there have only been two since my [relative] has been here, nearly a year ago." The registered manager had a complaints process in place and confirmed that all complaints were responded to. The complaints folder provided was not well organised with set audit trails for each concern raised. Complaints were not systematically used to drive improvement with all staff being made aware of learning. This along with the on going low level concerns about catering indicated to us that more needed to be done to use complaints as an improvement tool. People needed to have more confidence that complaints would result in lasting change. However, we would like to balance this with the view from other people who told us they had no complaints to make. One person said, "I have no complaints; they are good people and treat me well."

Most people were supported to follow their own interests and hobbies. There were activities staff working in the service, this provided people with the opportunity of participating in activities to reduce the risks of boredom. During our inspection we saw people participating in arts and crafts session and it had been planned to have a special 'Afternoon Tea' in one of the lounges with people from other areas being invited to attend if they wanted to. There was a planned programme of activities displayed around the service. However, we saw little creative involvement of people within the specialist dementia care unit. Whilst staff were caring and attentive there was little stimulation and interest on an on going basis. The television played without people watching it for long periods of time. Managers within the organisation had recognised this and were in the process of developing resources. A person designated as the dementia lead within Anchor had visited and produced a report as a starting point in July 2017. They had identified that people were left alone too long and that the general atmosphere needed improving. We found that the overall environment within the dementia unit was acceptable but quite bland and lacked normal stimulation. Additionally staff leaving from this unit and high agency use, had not helped the general atmosphere and culture of this specialist unit. Relatives told us they were happy with the standard of care overall but told us there had been fluctuations in the quality of service recently. A relative of a person who used the service said, "It was wonderful until about six or seven months ago. Then things started to change." We conclude that whilst matters had not been stable, plans in place show that the service was moving in a positive direction.

People were assessed comprehensively before they started to use the service. Information was gathered from other professionals and relatives if appropriate. Relatives told us that they had been provided with the information they needed during the assessment process before their family member moved in. Care plans were developed from the assessments and recorded information about the person's likes, dislikes and their care needs. Care plans were detailed enough for the staff to understand fully how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence in areas that they were able to be independent as in choosing their own clothes and spending their day.

Care plans were clearly written and had been reviewed and updated to reflect people's changing needs and preferences. One relative said, "I am asked my opinion about the care and support my relative receives and

there are reviews of their care plan." We did however find one care plan that had been reviewed in relation to falls prevention but did not contain up to date information. The registered manager took this information and immediately updated it to ensure it was correct. People before returning after a hospital stay had their needs reassessed to ensure the service was able to meet them. We saw that equipment and plans were in place to ensure people were appropriately supported whilst recuperating.

Is the service well-led?

Our findings

The service had a registered manager who was present during the inspection visit. Statutory notifications and other information received showed us that the manager understood their registration requirements.

The registered manager promoted a positive culture within the service. Staff were aware of who the management team were and said that they were approachable. One staff member said, "I have faith in Anchor. I have no qualms about what they are achieving. I enjoy working here." Another staff member was clear on the management structure and who they would go to with any issues. Everyone we spoke with was aware of who the manager was. People using the service felt that management could be more accessible and open. One person said, "The manager is sometimes seen at the other end of the corridor on her way somewhere." Another said, "She doesn't come to chat, we are like ships that pass in the night; we wave as we pass each other by." Two relatives we spoke with felt the manager was a bit distant and didn't make themselves obvious and kept to their office most of the time. A different relative told us, "Overall this place is alright, but not as much as I would have said a few months back." Therefore, with these experiences of people and the conclusion drawn about people needing to have more confidence that complaints would result in lasting change, Anchor needed to support cultural developments within the management of the service relating to inclusiveness and empowering people. We at CQC had forwarded a complaint to a senior manager within Anchor during the manager's absence. This had been responded to, but the manager was not aware of the learning that needed to be in place. We supplied this information. People's expectations of mealtimes and choices available have yet to be addressed to the satisfaction of people living here.

Other managers within Anchor had visited the service, therefore could know and take responsibility for what happens in the service. Board members had visited the week before our inspection visit. No feedback was available from their visit at the time. We did see comprehensive reports from Regional support managers and District managers and a care and dementia adviser who had visited the home in recent months. These reports had evaluated the care and support given to people. A report completed in June 2017 identified the potential risks related to the high usage of agency. It acknowledged that the registered manager had not been at the service for some weeks. This left the deputy manager working alongside staff and stretched in their ability to fulfil their designated role. We were also told that the Regional support manager had been unavailable due to injury for some time. These sets of circumstances had left the service vulnerable to incident and this was acknowledged. Whilst these events were not predictable the provider was reacting rather than proactive and had not considered drawing upon other local Anchor resources to support this service. A six page action plan was being worked through to address findings identified as being needed to improve. The actions identified showed us that Anchor as an organisation had oversight of this service and were working towards making this provision a good service quality for everyone involved.

There were systems in place to monitor the effectiveness of the service. Staff had regularly access to supervision and team meetings with managers and received regular feedback on their performance and the service as a whole. Staff training was monitored to ensure staff did not get behind on updating their skills. Each day key staff from each department within the service attended a short meeting called 10/10. We attended and found the meeting was well led and a lot of areas were covered. Examples were a room had

just been redecorated and the person was going to move back into it that day. The person had chosen the colour painted on the walls. A person was being discharged from hospital that day and their changing needs were discussed. The domestic staff were going to make sure the room was clean and tidy. A call bell wasn't working and the maintenance person was asked to look at it that day. We saw effective communication within the departments of the service for the benefit of people living at the service.

There were regular audits in place of health and safety to ensure people lived in a safe and secure environment free from hazards. We saw examples of hand hygiene audits and infection control relating to waste disposal and laundry. Regular medicines audits were in place to ensure medicines were managed safely. The deputy manager had completed a night visit to ensure staff and people working at night were safe. Measures and systems in place were varied and related to the areas of care and support to people at the service. This gave us confidence that the service was measuring and evaluating their activities to ensure it was as safe as it could be.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not protected. Systems and processes must be operated effectively and immediately any allegation of abuse is made.