

# Review of compliance

Mrs Eve Went  
Anchor House

<b>Region:</b>	South West
<b>Location address:</b>	1 Evering Avenue, Poole, Dorset, BH12 4JF
<b>Type of service:</b>	Care home service without nursing
<b>Date of site visit(s) (where applicable)</b>	1 February 2011
<b>Date the review was completed:</b>	15 March 2011
<b>Overview of the service:</b>	Anchor House is a care home without nursing that is registered to accommodate up to seven people. It provides care and support to adults with learning disabilities. It is situated in a quiet street close to public transport routes into both Poole and neighbouring Bournemouth. It is a detached chalet style two story building which has been refurbished and converted for its current use. The bedroom accommodation is arranged over two floors and a passenger lift provides access to the first floor. There are seven single bedrooms and of those four are on the ground floor. Three are on the first floor and

	<p>they all have en-suite facilities which include showers. The occupants of the four ground floor bedrooms have access to a bathroom and a wet room with a shower. The communal rooms comprise a large lounge and a kitchen with a dining area. There is level access to a garden and patio area at the rear of the building through the kitchen diner and also from two ground floor bedrooms. There are tracking systems and ceiling hoists in a number of rooms on the ground floor. There is a car parking area at the front of the building. The aim of the home is to provide a safe and supportive environment for the people living there. Also helping to meet their emotional and social needs and promoting their independence and assisting them to develop life skills. It aims to do this by working in partnership with relatives of the people living in the home and other relevant agencies.</p>
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# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that Anchor House was meeting all the essential standards of quality and safety we reviewed.**

The summary below describes why we carried out the review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 1 February 2011, observed how people were being cared for, talked to people who use services, talked to staff, talked to relatives, checked the provider's records, and looked at records of people who use services.

### What people told us

We found it difficult getting the views of people living at Anchor House. The people living there had very complex needs and required a high level of support and care. At the time of our visit there were six individuals being accommodated all of whom had physical disabilities and learning disabilities. Only one of the people living at the home was able to communicate verbally and they were at a local hospital at the time of our visit. We were however able to contact the person by telephone the following day and speak to them. The conversation we had with the person was limited because their responses to our questions were confined to a few words but the views expressed were all very positive.

Consequently the experiences of people living at Anchor House that we refer to in our report are mainly based on our observations of the support that we saw the home's staff providing for individuals living there. They also based on the views of

some relatives who we spoke to on the telephone and the written views of other relatives and some social and health care professionals about the service provided at Anchor House.

We saw staff explaining to and showing to people how they could do things and watching them to make sure that they did not injure themselves. We saw them helping individuals' at meal times and supporting them to take medicines that they required. We also saw them encouraging and supporting individuals to pursue activities that they found stimulating and enjoyable such listening to music, watching DVDs, or using items that stimulated the senses such as special lighting. We saw one individual helping prepare a meal and getting obvious pleasure from copying and writing in a book.

We noted that the home's staff were always polite, sensitive, and when supporting people doing it in ways that promoted respected their choices and promoted their dignity, privacy and independence.

Views about the service expressed by people that we spoke to or we obtained in writing included the following comments:-

"It is good ... they are good ...".

"As a team you were continually committed and showed such dedication and kindness towards her. I believe that X received outstanding care from you all".

"We were very impressed by the dedication of the staff. They go beyond the call of duty".

"I think it is amazing ...it is marvellous".

"We consider ourselves very lucky that our daughter is in such a marvellous place".

## **What we found about the standards we reviewed and how well Anchor House was meeting them**

### **Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People living at Anchor House could be sure that they or their relatives were involved in decisions about the care and support they received. Also that they were able to exercise choices about day to day life, participate in stimulating activities or pursue individual interests and their dignity, privacy, independence and human rights was promoted by the home.

- Overall, we found that Anchor House was meeting this essential standard.

### **Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

People living at Anchor House could be sure that if they were unable to consent themselves to any care and treatment that they received that any decision about care and treatment would be made in their best interests and in accordance with relevant legal requirements.

- Overall, we found that Anchor House was meeting this essential standard.

### **Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

People living at Anchor House could be sure that their individual needs were met and that they received effective, safe and appropriate, care treatment and support.

- Overall, we found that Anchor House was meeting this essential standard.

#### **Outcome 5: Food and drink should meet people's individual dietary needs**

People living at Anchor House could be sure they were supported to have adequate nutrition and hydration and also that their dietary needs and choices about what food they wanted were met.

- Overall, we found that Anchor House was meeting this essential standard.

#### **Outcome 6: People should get safe and coordinated care when they move between different services**

People living at Anchor House could be sure that the home liaised with other providers or healthcare professionals so that their care, support and treatment was coordinated properly and safely.

- Overall, we found that Anchor House was meeting this essential standard.

#### **Outcome 7: People should be protected from abuse and staff should respect their human rights**

People living at Anchor House could be sure that as far as reasonably possible they were protected from abuse or the risk of abuse.

- Overall, we found that Anchor House was meeting this essential standard.

#### **Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

People living in Anchor House could be sure that the home was hygienic and clean and they were protected as far as was reasonably possible from the risk of harm from infections.

- Overall, we found that Anchor House was meeting this essential standard.

#### **Outcome 9: People should be given the medicines they need when they need them, and in a safe way**

People living at Anchor House could be sure that they were given their medication safely and when they needed it.

- Overall, we found that Anchor House was meeting this essential standard.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

People living at Anchor House could be sure that the home was a safe and comfortable environment for all who lived, worked or visited there.

- Overall, we found that Anchor House was meeting this essential standard.

**Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

People living at Anchor House could be sure that in order to promote their safety any specialist equipment they needed was looked after properly and that staff working in the home were trained to operate such equipment.

- Overall, we found that Anchor House was meeting this essential standard.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

People living at Anchor House could be sure that they were protected from harm because there were robust systems and procedures in place to prevent people working at the home who would be unsuitable to have contact with vulnerable adults.

- Overall, we found that Anchor House was meeting this essential standard.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

People living at Anchor House could be sure that at all times there were enough staff on duty to meet their needs.

- Overall, we found that Anchor House was meeting this essential standard.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People living at Anchor House could be sure that the staff working in the home were properly supported to develop the skills and knowledge necessary to meet their specific needs.

- Overall, we found that Anchor House was meeting this essential standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

People living at Anchor House could be sure that the quality of service that they received was monitored and checked so that improvements would be made when the need to do so had been identified

- Overall, we found that Anchor House was meeting this essential standard.

**Outcome 17: People should have their complaints listened to and acted on properly**

People living at Anchor House could be sure that they could complain if they were not happy about anything at the home and that their complaints would be looked into.

- Overall, we found that Anchor House was meeting this essential standard.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

People living at Anchor House could be sure that confidential information held about them was kept securely and was up to date, relevant and accurate.

- Overall, we found that Anchor House was meeting this essential standard.

**What we found**  
for each essential standard of quality  
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

# Outcome 1: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

**The provider is compliant** with outcome 1: Respecting and involving people who use services

### Our findings

**What people who use the service experienced and told us**  
One person living at Anchor House who was able to express a view and visiting relatives told us that the staff working in the home were polite and respected peoples privacy. They also told us that individuals living in the home could get up and go to bed when they liked and were able to choose what they wanted to do and what they wanted to eat. They told us that people went out to the cinema, to local shops, on holidays and “to the beach if it is nice”. Relatives told us that they were involved in planning the support as well major decisions about the healthcare care that their relatives living at the home received.  
One relative said, “the staff are very careful and always take a person to their own bedroom if they have to be attended to”.

**Other evidence**  
We looked in detail at the care and support that two of the people living at Anchor House received. This is called “pathway tracking”. This helped us to understand how

the needs of these two individuals were identified and how the care and support they wanted and required was planned and provided.

The care plans for the two people concerned as well as others that we looked at set out in detail among other things, what individuals liked and disliked and how they communicated their needs and wishes.

It was clear from the plans and records that we saw that what was important and personal to the individuals concerned was set out clearly in the plans. For example one plan stated among other things:-

“X likes to sleep with her duvet up high and touching her chin and her dog snuggled in beside her cheek”

Staff we spoke to were able to tell us how the people we were “pathway tracking” and other people living in the home were able to indicate what they wanted and able to exercise choices. They also told us that some of the staff group had learned or were learning MAKATON. This is a sign language that some of the people living in the home may understand. We saw staff training records that confirmed this.

We saw a lot of information displayed in the home in formats or styles that people living at the home may understand, such as symbols and pictures. These were used to try and explain and provide details about a range of things and could help people living in the home to make informed choices. They included:-

- The home’s complaints procedure
- Fire procedures
- Information about the staff on duty on each shift
- Types of food that could be chosen
- Advocacy services

Relatives of people living at Anchor House told us that they were involved in the decisions about the care and support that their relatives living in the home received. They said that they attended regular meetings with the home that were held to review the care and support provided for their relatives. They also told us that the home had a keyworker scheme and that they knew who their relatives key workers were. They said that these keyworkers kept them informed of any matters of importance concerning their relatives. One person told us that the keyworker for his relative, regularly used a vehicle owned by the home to take his relative to visit him at his house for afternoon tea. He also told us that he was involved in making a best interest decision for his relative in accordance with procedures under the Mental Capacity Act 2005. This was about surgery that was essential to maintain his relative’s health. The procedures were followed to ensure that his relative’s rights were properly protected.

We saw pictures on display, on a DVDs and in photograph albums of people living at Anchor House. These showed them participating in social events such as Halloween parties, on holidays, and also doing everyday things such as preparing food.

The care plans of the people that we were “pathway tracking” and others that we looked at included details of the interests of the person concerned and how they were supported by staff to pursue them.

Relatives and other people told us that there was a range of equipment in the home and individuals bedrooms that were designed to provide stimulation for people

senses, such as sight and sound. These included "light ropes", "light balls", "lava lamps", "bubble machines" and audio systems.

One relative speaking about his daughter said. "They try and give her as many experiences as possible of anything that she might benefit from. They take her out into the community, if they think she will enjoy something and benefit from it, they make it happen. She has been on cruises, all sorts of things".

Another person who visited the home said. "There are lots of things for the residents to do and see".

We saw that among other things people living in the home had access to a lot of DVDs, televisions, soft toys, and an interactive games console (Wii).

During the time of our visit one of the people living at Anchor House went out to a local day service and another went out for a trampolining session. Staff told us that the day service helped and supported individuals to develop life skills and experience new activities.

### **Our judgement**

People living at Anchor House could be sure that they or their relatives were involved in decisions about the care and support they received. Also that they were able to exercise choices about day to day life, participate in stimulating activities or pursue individual interests and their dignity, privacy, independence and human rights was promoted by the home.

# Outcome 2: Consent to care and treatment

## What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

## What we found

### Our judgement

**The provider is compliant** with outcome 2: Consent to care and treatment

### Our findings

**What people who use the service experienced and told us**  
People living at the home were unable to express any views about this outcome. One relative told us that he had been involved in an important decision about the healthcare of his daughter

**Other evidence**  
We saw evidence in the records that we examined of the people that we were “pathway tracking” that consent to treatment and care for people who lacked the capacity to provide consent to this themselves was obtained appropriately and in accordance with legal requirements.  
The legislation and an accompanying code of practice to ensure that peoples’ rights are protected when they lack capacity to make certain decisions is the Mental Capacity Act 2005. It requires that specific steps are taken to ensure that the “best interests” of the individual concerned are properly considered. We saw that such “best interest” decisions had been taken on behalf of some people living at Anchor House. For example essential surgery and influenza inoculations that were important for saving the life or promoting and maintaining the health of the individuals concerned.

We saw information about Mental Capacity Act 2005 on display and readily accessible to staff so that they could easily refer to it for advice. Staff told us that they had received training about the Mental Capacity Act and we saw records that confirmed this.

**Our judgement**

People living at Anchor House could be sure that if they were unable to consent themselves to any care and treatment that they received that any decision about care and treatment would be made in their best interests and in accordance with relevant legal requirements.

# Outcome 4: Care and welfare of people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

## What we found

### Our judgement

**The provider is compliant** with outcome 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**  
One person living at Anchor House who was able to express some views told us that staff working at the home were able provide them with the help and support that they required.  
Relatives of other people living in the home told us that their relatives were “looked after very well”. One relative told us that he had “total confidence” in the ability of the home and its staff to look after their daughter’s “many needs”.

**Other evidence**  
We looked at the care plans of the two people living at Anchor House who we were “pathway tracking” and those of some other people living in the home. They were clearly based on assessments of the individuals needs and choices and also relevant risk assessments.  
The plans set out in detail what a person wanted, the help they needed and the actions staff had to take in to provide this. The detail included where relevant, what special equipment was needed for an individual such as a specialist wheelchair, or a hoist, to ensure that the help a person needed could be provided safely. Also if a particular intervention by staff was necessary such as feeding a person at meal times or ensuring that they took medication.  
We saw that where care plans stated that special equipment was required that it

was in place or available. We also saw staff providing support or carrying out actions in accordance with plans of care and also records that confirmed staff had taken such action.

We saw that care plans and risk assessments were reviewed at least monthly or more frequently if a person's needs changed.

All staff that we spoke to demonstrated a good understanding of the specific needs of the two people we were "pathway tracking" as well as all of the other people living at Anchor House.

The home's manager told us that in the event that a person living in the home required "end of life" care, that with the support of the district nursing service they followed a recognised approach called "The Liverpool Care Pathway".

We saw correspondence from a social care professional thanking the staff team at Anchor House for the support that they had given to someone who had required "end of life" care. It said among other things:-

"You made sure that she had access to the health support that she needed as she started to deteriorate ... at no point was there any question X should be moved anywhere else ... as a team you were continually committed and showed such dedication and kindness towards her. I believe that X received outstanding care from you and I also want to thank you for the the support you gave to X's family...".

### **Our judgement**

People living at Anchor House could be sure that their individual needs were met and that they received effective, safe and appropriate, care treatment and support.

# Outcome 5: Meeting nutritional needs

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

## What we found

### Our judgement

**The provider is compliant** with outcome 5: Meeting nutritional needs

### Our findings

**What people who use the service experienced and told us**  
One person living at Anchor House who was able to express some views told us that the food that they had at the home was “good”.

**Other evidence**  
The home’s manager told us that the food provided for people living at Anchor House was based on information obtained from relatives about individuals’ likes and dislikes and also by “trial and error”. She showed us pictures of different types of food and told us that these were shown to people to help them decide on what they wanted to eat and in order to prepare menus. She also said that that they tried to achieve a balance between a healthy diet and the likes and preferences of people. We saw that details were kept of the food that people ate and for some individuals this included the actual amount of the food that they consumed and their fluid intake. We also saw records that indicated that individuals’ weights were recorded regularly as a means of monitored their health.  
We noted that some people living in the home had been prescribed food supplements and where this was required we saw very detailed care plans about how this was to be given to the individual.  
We saw one of the people living in the home helping to prepare a meal under the supervision and with the encouragement and support of staff.  
The manager told us that at the time of our visit to the home no person living there

had any known food allergies or serious food intolerances. She told us that speech and language therapists (SALT) and dieticians had given advice when required to ensure that staff could help and support people some particular individuals to eat safely and properly.

Staff told us that they had received training in food hygiene and we saw staff training records that confirmed this.

We saw that staff followed procedures and kept relevant records to ensure that food was received into the home, stored, prepared and served safely. We also saw that a report of the last visit to Anchor House by the local environmental health officer on 18 November 2009 indicated that food safety in the home was being managed satisfactorily.

### **Our judgement**

People living at Anchor House could be sure they were supported to have adequate nutrition and hydration and also that their dietary needs and choices about what food they wanted were met.

# Outcome 6: Cooperating with other providers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

## What we found

### Our judgement

**The provider is compliant** with outcome 6: Cooperating with other providers

### Our findings

**What people who use the service experienced and told us**  
No one living at Anchor House was able to express any views about this outcome. Relatives of people living at the home told us that they attended meetings about the care and support that people living there received and that these meetings had included health care professionals such as an epilepsy nurse. One relative said, "Hospital staff commented on ... the exceptionally high quality of the information which accompanied X. The nurses that looked after X were extremely impressed with her care plans as they are often given very little background information about patients from care homes".

**Other evidence**  
We saw documents in the home that demonstrated how essential information about people at Anchor House was shared with or passed on to other providers who were involved in supporting the people who lived at Anchor House. One of these was a communication sheet developed with a day service attended by people living at the home. It set in some detail among other things what the person had eaten for breakfast before they left for the day service and what their demeanour had been. The day service reciprocated by provided similar information about what had occurred at the day service before the person returned to the home. The home's manager told us that a protocol had been agreed with the local hospital.

In essence a member of staff would always accompany a person living at Anchor House when they went to hospital. If the individual was to stay in hospital for any length of time it arranged agency cover for staff at the home. This enabled staff from Anchor House who would know the specific needs of a person concerned to support that person all the time that they stayed in the hospital.

We saw records that indicated that among others the following health and social care professionals worked with and supported people living at Anchor House.

- General Practitioners
- Dentists
- Peg feed nurse
- Epilepsy nurse
- District nurse
- Podiatrist
- Dietician
- Mental health team

We also saw copies of “Yellow Books” in the records of people who we were “pathway tracking”. The home’s manager told us that the local Primary Care Trust had replaced individuals’ Health Actions Plans with these. They contained essential information about how the specific health needs of the person concerned would be met.

### **Our judgement**

People living at Anchor House could be sure that the home liaised with other providers or healthcare professionals so that their care, support and treatment was coordinated properly and safely.

# Outcome 7: Safeguarding people who use services from abuse

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

## What we found

### Our judgement

**The provider is compliant** with outcome 7: Safeguarding people who use services from abuse

### Our findings

**What people who use the service experienced and told us**  
No one living at Anchor House was able to express any views about this outcome. Relatives of people living at the home told us that they thought that their relatives were looked after properly and were kept safe from harm.

**Other evidence**  
Staff told us that that they had received training in safeguarding vulnerable adults and we saw staff training records that confirmed this. They were able to demonstrate an understanding of what constituted abuse and knew what the correct action was if they suspected or knew that an individual living in the home was being harmed.

We saw that the home had a number of written policies and procedures concerned with promoting the safeguarding of people living in Anchor House. These Included “whistle blowing”, “gifts and gratuities”, “managing service user money” and “restraint”.

Staff told us that they received training in “non aggressive psychological physical intervention” and we saw records that confirmed this.

We saw a care plan that referred to the use of restraint for a person in very specific and limited circumstances e.g. being transported in a vehicle. This was in order to

prevent harm being suffered by others or the individual themselves arising from involuntary limb movements. We saw that this plan was reviewed regularly and noted that the restraint used was removed as soon as the circumstances did not apply.

We knew from notifications that we had received from Anchor House that the home had made appropriate referrals to the local authority safeguarding team in accordance with agreed procedures.

The home's manager told us that all the people living at Anchor House had any benefits they were entitled to receive paid into their own bank or post office accounts. She said that individuals' had "bank" cards in order to draw cash from their accounts and that these and any money that they withdrew or had withdrawn for their use was held securely in the home's safe. She told us that some individuals were supported by staff to look after and manage their accounts, others were supported by relatives. She also said that all money held on behalf of individuals was accounted for and agreed each day between the different shifts of staff.

We saw that records of money held and spent with or on behalf of people living in the home were regularly audited by an external senior manager working for the owner of Anchor House.

### **Our judgement**

People living at Anchor House could be sure that as far as reasonably possible they were protected from abuse or the risk of abuse.

# Outcome 8: Cleanliness and infection control

## What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

## What we found

### Our judgement

**The provider is compliant** with outcome 8: Cleanliness and infection control

### Our findings

**What people who use the service experienced and told us**  
One person living at Anchor House was able to express some views and told us that the home was kept clean.  
Relatives and other visitors to the home told us it that Anchor House was “well presented and clean” and “spotless”.

**Other evidence**  
We saw a notice in the entrance hall to Anchor House requesting visitors to clean their hands in order to reduce the risk of infections being spread in the home. We noted that there was a sanitising hand gel available for that purpose.  
We saw instructions about hand washing on display in the communal toilet on the ground floor of the building. We saw that liquid soap and paper towels were available in accordance with good practice. We also saw that a cloth hand towel was made available. We discussed with the home’s manger the potential for a cloth towel to spread infection and she arranged for it to be removed immediately.  
We saw written policies and procedures about how infection was controlled and prevented in the home. We saw that they had been signed by staff to indicate that they had read and understood them. We also saw that risk assessments had been completed about activities that could result in cross infection and plans had been put in place to eliminate or reduce the risk of this happening.  
We saw detailed cleaning schedules that set out; the area or item to be cleaned; the cleaning product to be used and type of cloth or tool; a colour code to indicate the

time of day and shift responsible; and date and time the cleaning task was completed. We saw that these schedules were regularly checked and audited.

We noted staff using protective clothing appropriately and that stocks of these items were readily accessible. They told that they had received training about infection control and we saw staff training records that confirmed this.

The home's manager told us that she had recently completed a course about infection control arranged by the local Primary Health care Trust and that her deputy would be the lead for the control and prevention of infection at Anchor House. She showed us a copy of the "Code of Practice for health and adult social care on the prevention and control of infections and related guidance". She also told us that infection control measures included arranging for a specialist contract cleaner to clean all the mattresses in the home and individual slings for that people who had to be transferred in hoists.

Staff told us that the home had appropriate procedures in place for managing soiled laundry items and that they had received training about infection control. We saw the laundry system and staff training records that confirmed this.

### **Our judgement**

People living in Anchor House could be sure that the home was hygienic and clean and they were protected as far as was reasonably possible from the risk of harm from infections.

# Outcome 9: Management of medicines

## What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

## What we found

### Our judgement

**The provider is compliant** with outcome 9: Management of medicines

### Our findings

**What people who use the service experienced and told us**  
One person living at Anchor House who was able to express some views told us that the home looked after medicines for them and ensured that they received them when they needed them.

**Other evidence**  
We saw that the care plans of the people who we were “pathway tracking” included specific plans about medicines that they were taking. This set out, the amount or dosage, times it was to be taken and how it was to be given. We saw information sheets were kept about the medicines that people living in the home had been prescribed that included details of possible side effects.  
Some medicines prescribed for individuals were taken everyday but some were to be taken only in certain situations or circumstances and these were referred to as PRN. We saw that there were very clear instructions about why, when and how these medicines were to be given. Such as medicines to be given when someone had an epileptic seizure.  
We observed people being given medication in accordance with very some very specific instruction set out in care plans. The staff doing this explained what they were doing and why. We saw that when they were sure that the person concerned

had taken the medication they completed a record.

We saw that there were procedures in place for the safe receipt, storage, giving out, and disposal of medicines. For example medicines were secured in a locked trolley that was kept in a locked room. We looked at a sample of medication administration records and they were accurate and up to date. We saw that there was suitable secure storage for controlled drugs and there was a suitable system in place should any medication need refrigeration. We saw that records were kept of medication to be returned to the pharmacist if they were not used.

The home's manager told us that they had very recently changed the pharmacy that supplied the medication prescribed to individuals living at Anchor House. During our visit a person from the pharmacist visited the home to provide training for the staff about how to complete their medication records.

Staff told us that only people that had been trained and assessed as competent could give out medication. The home's manager told us that later in the week of our visit two staff were attending medication training. Following that all of the home's staff team would be able give out medicines. We saw staff training records that confirmed this.

### **Our judgement**

People living at Anchor House could be sure that they were given their medication safely and when they needed it.

# Outcome 10: Safety and suitability of premises

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

## What we found

### Our judgement

**The provider is compliant** with outcome 10: Safety and suitability of premises

### Our findings

**What people who use the service experienced and told us**  
One person living at Anchor House who was able to express some views told us that they liked their accommodation because their bedroom was big and they had their own toilet.  
Relatives and other visitors to the home told us that that the staff at Anchor House went “beyond the call of duty to make the home a pleasant environment for the residents and welcoming for visitors”.  
One said, “It is nice to see so much effort put into decorating the residents’ rooms it makes the place more homely”.  
Another described the environment as “fantastic”.  
Another referred to “lovely accommodation and facilities”.

**Other evidence**  
We toured Anchor House during our visit and we saw that it was a detached chalet style property. The building was in good repair and the furnishings and décor were in good condition.  
We saw that bedroom accommodation was arranged over two floors and we noted that there were seven single bedrooms. The first floor rooms could be accessed by a passenger lift.  
We saw that bedrooms on the ground floor were all provided with hand basins and

they had access to either a wet room with a shower or a bathroom. The home's manager told us that the existing bath was going to be replaced with a specialist assisted bath that could be raised and lowered i.e. hi-lo bath. This would promote the safety and welfare of people living in the home and the staff.

We noted that the communal lounge, three bedrooms, the bathrooms and the wet room on the ground floor were fitted with ceiling tracks and hoists. These could enable people who were unable to mobilise to be moved and transferred safely.

We saw that the three bedrooms on the first floor all had en-suite facilities that included showers.

The communal space comprised a toilet on the ground floor, a large lounge, and a kitchen diner. At the rear and side of the building and accessed through the kitchen or lounge was a patio and garden area.

We saw that all bedrooms had been personalised with items and furniture belonging to their occupants some of which included sensory equipment. Each bedroom was decorated differently with its own colour scheme.

We saw an award on display that had been given to Anchor House by the provider who also owned a number of other care homes. It was for having the best individualised rooms.

We noted that precautions had been taken to ensure that people living in the home were protected from harm by fitting restrictors to windows above the ground floor and either by covering radiators or installing a low surface temperature models.

We saw that there was no alarm call system with a call point in every room. The home's manager explained that because of their complex needs most of the people living at Anchor House would not understand what such a system was for, or be able to operate it. The home had however arranged a system using a monitor to enable one person who had a good understanding of its purpose to call for assistance if required.

During our visit to Anchor House a maintenance person who is employed by the registered provider called at the home to carry out some minor repairs. The home's manager told us that the maintenance person was notified if any repairs were needed and that he also arranged for the gas, electricity and fire safety systems in the building to be checked.

We saw records that indicated that the home's plant, equipment and systems were regularly tested and serviced to ensure that they were operating properly and safely. These included fire safety systems and equipment, passenger lift, gas central heating system, portable electrical equipment, water supply, and hot water mixer valves.

Staff told us that they had received training in fire safety and that regular fire drills were carried out in the home. We saw staff training and other relevant records that confirmed this.

### **Our judgement**

People living at Anchor House could be sure that the home was a safe and comfortable environment for all who lived, worked or visited there.

# Outcome 11: Safety, availability and suitability of equipment

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

## What we found

### Our judgement

**The provider is compliant** with outcome 11: Safety, availability and suitability of equipment

### Our findings

**What people who use the service experienced and told us**  
No one living at Anchor House was able to express any views about this outcome.

**Other evidence**  
Staff told us that they had received relevant health and safety training to ensure among other things that they were able to operate hoists and transfer individuals safely.  
We noted that in accordance with the care plans we examined of people we were pathway tracking that specialist equipment was available and in place for the people who required it.  
We saw records of the routine testing and/or servicing of specialist equipment such as hoists, wheelchairs, air-mattresses.  
We also saw the current MOT and insurance certificates for a specialist motor vehicle that was used as transport for people living at Anchor House.

**Our judgement**  
People living at Anchor House could be sure that in order to promote their safety any specialist equipment they needed was looked after properly and that staff working in the home were trained to operate such equipment.

# Outcome 12: Requirements relating to workers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

## What we found

### Our judgement

**The provider is compliant** with outcome 12: Requirements relating to workers

### Our findings

**What people who use the service experienced and told us**  
One person living at Anchor House who was able to express their views told us that staff working at the home were “good”.  
Relatives and other visitors to the home all expressed positive views about staff working at the home describing them as “committed”, “dedicated”, “professional”, “friendly”, and “excellent”.

**Other evidence**  
We looked at the recruitment files for the three newest members of the home’s staff team. We saw that the home had followed proper recruitment procedures. As a result all the information required to be obtained about them to ensure they were suitable to work with vulnerable people was in place. We also saw that this information had been obtained before they started working in the home.  
We spoke to staff who confirmed that they did not start work in the home until checks into their background had been completed

**Our judgement**  
People living at Anchor House could be sure that they were protected from harm because there were robust systems and procedures in place to prevent people working at the home who would be unsuitable to have contact with vulnerable adults.

# Outcome 13: Staffing

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

## What we found

### Our judgement

**The provider is compliant** with outcome 13: Staffing

### Our findings

**What people who use the service experienced and told us**  
No one living at Anchor House was able to express any views about this outcome.

**Other evidence**  
At the time of our visit to Anchor House there were 4 staff on duty as well as the home's manager. For most of the time that we were in the home there were only three of the people who were living at Anchor House in the building. This was because two people were attending activities outside the home. Another person was in hospital and returned to the home later that day.

We saw that people living in the home received a lot of individual attention from the staff on duty. Before we finished our visit there were six people being supported by four staff and no individual was left alone and unsupervised for an unnecessary any length of time.

The home's manager explained that staffing levels were based around the needs of the people living in the home. She illustrated this with the staff rota for the week during which our visit took place i.e.

Monday to Friday four staff on duty from 07:00 to 19:00 hours and two staff from 19:00 to 07:00 (one wakeful and one sleeping).

She said that because another person was moving in to the home for respite care at the weekend and the total number being accommodated would be seven with

differing needs and interests. The staffing level would be six staff on duty from 07:00 to 19:00 and three until 22:00, then two from 22:00 to 07:00.

Staff told us that staffing levels at Anchor House were usually enough but there might be the “odd occasion” when they were “stretched” because of the needs of people living there, “as some people need two staff to move or transfer them”.

**Our judgement**

People living at Anchor House could be sure that at all times there were enough staff on duty to meet their needs.

# Outcome 14: Supporting workers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

## What we found

### Our judgement

**The provider is compliant** with outcome 14: Supporting workers

### Our findings

**What people who use the service experienced and told us**  
No one living at Anchor House was able to express any views about this outcome. Relatives and other visitors to the home told us that they thought that the staff working in the home were well trained and able to deal with the needs of people with epilepsy particularly well. One relative said “I am confident that our daughter is in safe hands”.

**Other evidence**  
Staff told us that they were given comprehensive induction and on going training that included developing knowledge and skills about the specific needs of people living in the home. This was confirmed from training records that we examined. One member of staff said. “I have NVQ (national vocational qualification) level 3 ... I have done moving and handling, medication, first aid, safeguarding and epilepsy ... I have also done the Mental Capacity Act which is basically about needs and choices ... I have worked in a lot of places and this place is very professional ... we have fire safety about three times a year ... I am learning Makaton”. Another said, “We had induction packs and we shadowed experienced staff until we were considered competent ... we sign policies and procedures ... we had fire safety training recently and we also have fire drills and practice evacuating the building ... I have done all the usual stuff, first aid, moving and handling, infection control, food safety .. I have done the Mental Capacity Act”.

From the staff training records that we looked at we noted that out of a staff group of fourteen, seven had obtained a relevant qualification i.e. NVQ and another four were working towards the qualification.

Staff also told that they met each month with their manager for a supervision meeting at which they were able to discuss their concerns and their personal and professional development. They also told us that monthly staff meetings were held in the home. We saw relevant records that confirmed what they told us.

The home's manager told us that on occasions the home had used agency staff because of absences, but had not had to do so for some considerable time. She said that the agencies always gave them information about the individual they were providing. She said this confirmed that all necessary checks into the person's suitability had been carried out and also stated what training the person had completed and experience they had. She also said that they arranged induction training for agency staff.

We saw a detailed document that the home used for recording the induction of agency staff it covered matters ranging from a tour of the premises and fire procedures to a reading and understanding a confidentiality agreement. The document was to be signed and dated by the inductee and inductor.

### **Our judgement**

People living at Anchor House could be sure that the staff working in the home were properly supported to develop the skills and knowledge necessary to meet their specific needs.

# Outcome 16: Assessing and monitoring the quality of service provision

## What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

## What we found

### Our judgement

**The provider is compliant** with outcome 16: Assessing and monitoring the quality of service provision

### Our findings

**What people who use the service experienced and told us**  
No one living at Anchor House was able to express any views about this outcome. Relatives told us that they were asked for their views about the quality of the service provided at the home and how it could be improved.

**Other evidence**  
The home's manager told us that managers of other care homes owned by the provider who owned Anchor House visited the home. She said that these managers looked at records and observed staff working practice and completed an action sheet if anything needed to be improved.  
We saw documentary evidence that these checks and audits were carried out regularly. We saw that care plans medication records, records of money held on behalf of people living at Anchor House, had been looked at.  
The home's manager also told us that the provider/owner of Anchor House arranged for the relatives of people living at Anchor House, and social and health care professionals, to be sent questionnaires in order to obtain their views about the

service provided.

We saw evidence that following a survey conducted in 2010 that an annual improvement plan had been developed and was being implemented. One of the outcomes arising from the plan was that several people living in the home went on a cruise.

**Our judgement**

People living at Anchor House could be sure that the quality of service that they received was monitored and checked so that improvements would be made when the need to do so had been identified.

# Outcome 17: Complaints

## What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

## What we found

### Our judgement

**The provider is compliant** with outcome 17: Complaints

### Our findings

**What people who use the service experienced and told us**  
No one living at Anchor House was able to express any views about this outcome. Relatives told us that they would be happy to raise any concerns that they had with any of the staff at Anchor House or its owner and that they were aware of the home's complaints procedure

**Other evidence**  
The home's manager told us that people living in the home had the complaints procedure displayed in their rooms in different formats e.g. symbols and pictures. She said that relatives were made aware of the home's complaints procedures and that it was also available on DVD and CD. She also told us that information was made available about how local advocacy services could be accessed. She said that Anchor House had in the past actively supported people living in the home to use these services.

We saw copies of the home's complaints procedures on display throughout the home and in different formats that people living at Anchor House may be able to understand.

The home's manager told us that Anchor house had not received a complaint within the previous 12 months other than a comment made about the driveway being slippery during the recent extreme weather. She said that they took immediate

action to provide warning signs and put grit onto the driveway. She also told us that In the event of a complaint being received, the details about it would be recorded and also of any action taken to resolve the matter and a copy would be held at the head office of Harbour Care (the trading name used by the provider/owner of Anchor House). She said that staff had received training to enable them to be able to support anyone living in the home or a relative or any other person who wished to make a complaint about Anchor House.

**Our judgement**

People living at Anchor House could be sure that they could complain if they were not happy about anything at the home and that their complaints would be looked into.

# Outcome 21: Records

## What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

## What we found

### Our judgement

**The provider is compliant** with outcome 21: Records

### Our findings

**What people who use the service experienced and told us**  
One person living at Anchor House who was able to express some views told us that that they knew the home kept records about them and that they had seen their records

**Other evidence**  
We saw that all documents with sensitive information in them about people living at Anchor House were kept securely in a locked room or a locked cupboard. The records that we looked at were up to date and we also saw that they had been regularly reviewed.

The home’s manager told us that records were stored correctly in accordance with confidentiality and data protection policies and procedures as well as relevant legislation. She said that people living in the home could see their individual files upon request. She stressed that all individuals records were, accurate relevant and updated as when required and reviewed every month. She also told us that the home had clear policies and procedures for sharing of information with partner agencies and that all documentation was retained for an appropriate and limited length of time.

**Our judgement**

People living at Anchor House could be sure that confidential information held about them was kept securely and was up to date, relevant and accurate.

## What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor

the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

### Information for the reader

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