

Anchor Carehomes Limited

Savile Park

Inspection report

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Date of inspection visit:
26 September 2018

Date of publication:
09 November 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 26 September 2018 and was unannounced.

Savile Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides personal care for up to 55 older people, some of whom may be living with dementia. Accommodation is provided on three floors with passenger lift access between floors. There are communal areas on each floor, including a lounge and dining room. There were 55 people in the home when we inspected.

The home has a registered manager. 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.

At our last inspection on 3 October 2017 we rated the service as 'Requires Improvement'. We identified two regulatory breaches (Regulations 11 and 17) which related to consent and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all the key questions to at least good.

At this inspection we saw there had been improvements made in both areas and the service was compliant with all relevant health and social care regulations. The breaches we identified in October 2017 had been addressed and the rating for all key questions is now good.

Medicine management had improved which ensured people received their medicines when they needed them. People told us they felt safe in the home and praised the support they received from staff who they described as kind and caring. Staff knew how to recognise signs that people may be being abused and the procedures for reporting any concerns they had. Risks to people were well managed and care records guided staff in how to keep people safe. Accidents and incidents were monitored by the provider and lessons learned were shared with staff.

People told us the home was kept clean and we saw this was the case. Staff followed good infection control practices. Safety checks were in place to make sure the premises and equipment was properly maintained and safe.

Robust recruitment processes ensured staff were safe to work in the home. New staff completed a thorough induction process. Staff received the training and support they needed to carry out their roles and this was kept up to date. There were enough staff to meet people's needs.

People received personalised care which was reflected in their care records which were reviewed regularly.

Staff were kept informed of any changes in people's needs through good communication such as detailed handovers at staff shift changes. People's healthcare needs were met. People enjoyed the food and were provided with a choice of meals and drinks to meet their needs and preferences.

Staff treated people with respect and maintained their privacy and dignity. Staff promoted people's independence encouraging them to do as much as they could themselves. People had opportunities to take part in a range of different activities in the home and out in the community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives knew how to make a complaint and were confident it would be dealt with appropriately.

People, relatives and staff were unanimous in the praise about the management and leadership of the home. Effective quality audit systems were in place which helped the provider identify and address any issues in a timely way. Our discussions with the district manager and staff demonstrated the provider was committed to ongoing improvements and continually looking at ways in which they could improve the service for people coming in to Savile Park.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Medicines management was safe and effective.

Staffing levels were sufficient to meet people's needs in a timely manner. Staff recruitment checks were thorough.

Risks to people's health, safety and welfare were assessed and mitigated. Safeguarding incidents were recognised, dealt with and reported appropriately.

Is the service effective?

Good ●

The service was effective.

Staff received the induction, training and support they required for their roles.

The service met the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met. People had access to healthcare professionals. The environment was designed to meet people's needs.

Is the service caring?

Good ●

The service was caring.

People told us the staff were kind and caring and this was confirmed in our observations.

People were treated with respect and their privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

Personalised care was delivered and this was reflected in the care records.

Activities were provided and also opportunities for people to go out.

People knew how to raise any concerns and a complaints procedure was in place.

Is the service well-led?

Good ●

The service was well-led.

Effective systems were in place to assess, monitor and improve the quality of the service.

People, relatives and staff provided positive feedback about the way the home was run and praised the leadership and management.

Savile Park

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 26 September 2018 and was unannounced. The inspection team consisted of a lead inspector, a bank inspector, a pharmacist specialist professional advisor and an expert by experience with experience of services for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. An inspection manager also attended the inspection to observe the lead inspector; an observation CQC carries out annually with all inspectors as part of its quality assurance processes.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We observed how care and support was provided to people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 11 people who were using the service, five relatives, three care staff, the cook, the activity organiser, both deputy managers and the district manager.

We looked at six people's care records, three staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Is the service safe?

Our findings

At our previous inspection we identified a breach with regard to safe care and treatment. This related to medicines management. At this inspection we found improvements had been made.

We found medicines were managed safely. People told us they received their medicines when they needed them. Protocols were in place for medicines prescribed on an 'as required' (PRN) basis; these were of good quality and outcomes for the use of these medicines were recorded.

Medicines were mostly supplied in boxes and bottles. Medication administration records (MARs) showed medicines received into the home were counted and the amount recorded. We checked a sample of boxed medicines against the amounts recorded and found these concurred. MARs contained a photograph of the person to aid recognition and ensure medicines were given to the correct person. Any allergies were also noted on the MAR.

Medicine trolleys and stocks of medicines were kept in two separate clinic rooms. We saw the trolleys, fridges and controlled drugs cupboards were locked. Both clinic rooms were locked however the stock cupboards inside the rooms were not locked and waste medicines were stored in open boxes for return to the pharmacy rather than appropriate waste containers. Temperatures of storage of medicines were taken daily and were within the required limits.

Some medicines require additional secure storage and management because of the nature of the drugs they contain. These are known as 'controlled drugs'. These medicines were managed safely.

We also identified the following examples of good practice. Every month there was an audit review of the use of antipsychotic medicines prescribed for people living with dementia. The training package and competency assessments for staff administering medicines was excellent as it was detailed and comprehensive. There was a robust process for learning from medicines related incidents that included learning from incidents in other homes within the same organisation.

There were sufficient staff to meet people's needs. Care staff were supported by ancillary staff such as chefs, laundry and housekeeping staff. We saw staff were available and responsive to people and worked well together as a team. For example, communicating with one another to make sure people were not left unattended in communal areas and making sure people who chose to stay in their rooms were checked regularly by staff. People and relatives we spoke with felt there were enough staff. Comments included; "There are always staff around"; "(Staff) come quickly providing there's no emergencies" and "If I need staff they come straightaway." One relative said, "There seems to be plenty of staff around."

Staffing levels had been increased since the last inspection. A staffing tool, which took into consideration people's dependencies and the layout of the building, was used to help determine safe staffing levels. This was reviewed monthly by the registered manager and records showed staffing exceeded the recommended hours. Most staff we spoke with felt there were enough staff to meet people's needs, though two staff said they felt more staff were needed as there were times when they were busy and people had to wait for

assistance.

New staff were recruited safely with all required checks completed before they started in post. This included application forms with full employment history, proof of identity, three references and a criminal record check.

People told us they felt safe in the home. Comments included; "I am safe, no worries" and "I feel very safe here." A relative said, "[Family member] is much safer here as was forgetful at home."

Safeguarding procedures were in place and displayed in the home so people could access them. Staff had received safeguarding training and understood how to identify possible abuse and the reporting procedures. They had confidence that any issues raised with the registered manager would be dealt with appropriately but also knew who to contact if this did not happen. Safeguarding records showed action had been taken to keep people safe and referrals had been made to the local authority safeguarding team.

Risks were well managed. Staff understood the risks to people and knew the actions to take to keep people safe. People's care records included risk assessments for areas such as falls, nutrition, mobility and skin integrity with clear guidance for staff on how to manage the risks. We saw where risks had increased specialist advice had been obtained and technology was used to help reduce the risk. For example, the number of falls for one person had increased. They had been referred to the falls team and had sensor equipment in place to alert staff when they moved from the bed or chair.

Accidents and incidents were well recorded and included the action taken in response to keep people safe. A monthly analysis was carried out by the registered manager which considered any themes or trends. Any lessons learnt were shared with staff.

People and relatives told us the home was always kept clean and fresh and we found this was the case when we visited. One person told us, "If it wasn't kept clean I wouldn't be here." We saw staff followed good infection control practices; washing their hands and wearing personal protective equipment (PPE) such as gloves and aprons appropriately. Hand sanitisers were available throughout the home for visitors.

We saw regular and up to date checks were carried out on the premises and equipment to help keep people safe. These included checks on the fire, electrical, gas and water systems and equipment such as hoists.

Staff had received fire training and taken part in fire drills which were held regularly. They knew the procedures to follow in the event of a fire. Fire safety checks were carried out regularly and were up to date. Personal emergency evacuation plans (PEEPS) were in place which outlined the support each person would need from staff if they needed to be moved in an emergency situation.

Is the service effective?

Our findings

At our previous inspection we identified a breach with regard to consent as we found mental capacity and deprivation of liberty safeguards (DoLS) was not always fully understood or appropriately documented. At this inspection we found improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the service was working within the principles of the MCA. The registered manager had an effective system in place to track DoLS applications and authorisations. Staff had a good understanding of the MCA and were aware of who had a DoLS authorisation. We checked four DoLS authorisations that had conditions in place and found these were being met. Where people lacked capacity to make a particular decision we saw mental capacity assessments and best interest decisions were well recorded and involved relevant people. We heard and saw staff ask for people's consent before delivering any care or support.

People's needs were assessed before they moved into the home. The assessments we reviewed considered the individual's needs and choices and the support they required from staff, as well as any equipment which might be needed.

People and relatives told us they felt the staff were well trained and knew what they were doing. The provider ensured staff received the training required to care for people effectively. Training was provided in different ways; some courses were held inhouse with accredited trainers, others were classroom based in offices in Bradford or Manchester and elearning was also used. A computerised system enabled the provider to monitor and track staff compliance with training. Our review of this system showed the home had a compliance rate of 95% for training the provider deemed to be statutory and 95% for mandatory training. Alerts were triggered a month or two before any training updates were due to enable courses to be booked in good time. Staff were also able to complete any additional training if they wished to develop their skills further and progress their career. Staff told us the training was good and kept up to date. One staff member said, "The face to face training is best as you can ask questions about things that happen here. I learn more when I can relate it to what I'm doing in real life."

The district manager told us new staff completed an induction and the Care Certificate. The Care Certificate

provides care workers with standardised training which meets national standards. All new staff were 'buddied' with a more experienced colleague who worked alongside them helping them get to know people and providing a point of contact for advice. A competency framework was signed off by the buddy and reviewed with the new staff member at supervision. One staff member confirmed this induction process and said, "It [the induction] was very thorough. I was really happy with it."

Staff told us they received regular supervision and an annual appraisal of their performance and this was confirmed in the records we reviewed. One staff member said, "I get my supervision every month. It's really helpful. We all know what to do."

People nutritional needs were met. The cook told us communication with the care staff was very good in making sure the catering staff were aware of people's dietary needs and wishes. The cook said, "The diet sheets are brilliant. They are always up to date and have information about likes and preferences as well as any allergies or cultural requirements. We have a copy in the kitchen. There is a copy on each floor as well as on each trolley. Some people are on soft or pureed diets, others need their food fortifying – it's all on the sheets. I fortify the food with butter or cream and label it so staff know what is what." We saw menus were displayed in dining rooms showing the meals on offer in pictures and words.

People told us they enjoyed the food. Comments included: "Good food but not always what I want, I am a bit picky, but there are snacks available"; "Food is good and plenty of it"; "I like the food" and "If the food was rubbish I would throw it out of the window." A relative told us, "I have visited at meal times and the food looked lovely."

We saw breakfasts were served individually to people as they got up throughout the morning. People were offered a choice of foods including a cooked option and we saw individual tastes and preferences were accommodated. For example, one person was clear they did not want a runny egg and wanted their toast to be dark brown and their request was met. Another person had a fried egg sandwich which they ate part of before it went cold. A fresh one was made for them so they could continue to enjoy it hot.

We saw people having lunch in the dining rooms on all three floors and it was a pleasant, relaxed and sociable occasion. Tables were laid with cloths, cutlery, napkins, glasses and condiments and each had a small floral display. People were asked where they would like to sit and if they would like to wear a clothes protector. Staff showed plates of the different meals on offer to help people choose what they wanted. The food looked and smelt appetising and we heard people saying there were enjoying it. Tables were served one at a time so people seated together could eat at the same time. Staff encouraged people and provided assistance where it was needed. A choice of cold drinks were offered. Those who chose to eat in their rooms had their meals taken to them on a tray. We saw drinks and snacks, including fruit, biscuits and high calorie options, were available and offered throughout the day.

People's healthcare needs were met. Care records we reviewed showed staff had developed effective working relationships with health and social care professionals whose advice was sought and acted upon appropriately. This included visits from the person's GP, district nurses, speech and language therapists (SALT), physiotherapists and chiropodists. People were happy with the arrangements in place for healthcare visits. Comments included: "They would call a doctor straightaway if I needed one" and "The district nurse comes to me regularly, she's very good."

The environment was light and spacious and designed to enable people to mobilise easily on and between the different floors. There was a lift access between floors and corridors were wide enough to allow people and equipment to move past one another easily without obstruction. One relative told us, "A really nice

thing is my [relative] has an electric chair here and it is nice and level so he can get around." Each floor had a spacious lounge and dining area as well as quiet areas with easy chairs and small tables for people to use. Pictures and signs on doors to communal areas and bedrooms helped people find their way around. Noticeboards displayed information about activities and other events. The corridors on each floor were decorated and furnished to promote interest and discussion. For example, the second floor was music themed with records, musical instruments and other music memorabilia displayed and a juke box.

Is the service caring?

Our findings

At our previous inspection we identified a breach with regard to safe care and treatment as we found care plans did not contain sufficient detail about people's needs and preferences. At this inspection we found improvements had been made.

We witnessed kind, caring and compassionate interactions between staff and people who lived in the home. There was a happy, friendly and relaxed atmosphere and we saw people chatting, smiling and laughing with staff. Staff clearly knew people well and were receptive and responsive to people's feelings. For example, staff asked one person if they would like to leave the dining room and go through to the lounge. The person was adamant they did not want to leave the table. Staff respected the person's choice and left them, coming back in to chat with them frequently and check they were all right. Some time later the person decided they would like to leave the dining room and staff assisted them to do so. Staff noticed another person becoming withdrawn and put more upbeat music on to encourage dancing, which the person enjoyed.

Staff promoted people's independence, encouraging and supporting them to do as much as possible for themselves. For example, we saw staff gave verbal instructions to a person who was blind helping them to navigating the room. When this person's lunch was served staff showed, them hand over hand, where the plate was and the items on the plate, asking whether they wanted cutlery or preferred to use their fingers. Another person had been seated for some time and staff encouraged them to walk to the furthest seat at lunchtime to gain exercise and promote movement.

People praised the kindness and compassion of the staff. Comments included; "The staff are wonderful"; "We are well looked after and the staff are fantastic" and "The staff are very caring."

Relatives also spoke highly of the staff and the standards of care provided. One relative said, "[My relative] came from another home and has flourished here. He's been happy here since day one. The staff are always pleasant and caring." Another relative said, "The staff are the best thing here, they are brilliant and caring. All [relative's] needs are met. We are always made to feel welcome."

Staff we spoke with told us they loved their jobs and were proud of the care and support they provided. One staff member said, "Residents are the best thing about the job. I know that as long as they are smiling, I am doing my job right. When you work here you become part of people's family. We all look after each other, care for each other and keep each other safe."

Staff treated people with respect and maintained their privacy and dignity. People looked well groomed and were dressed in clean and comfortable clothing. Staff were discreet when asking people about their personal care needs and ensured any support required was carried out in private. People's bedrooms were personalised with photographs and items they had brought from their own homes. One person's care plan showed they wore hearing aids in both ears and liked staff to stand in front of them when speaking as the person was then able to lip read. We saw the person had their hearing aids in and staff faced them when speaking so they could lip read. Another person was profoundly deaf and we saw staff communicated well

with this person using a combination of sign language, written prompts, lip reading and pictures as detailed in the person's care plans.

We looked at whether the home complied with the Equality Act 2010, and in particular how the home ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussions with staff, people and relatives showed that people's rights were protected and discrimination was not a feature of the service. The district manager told us Anchor were promoting awareness of the LGBT community among staff and people who used their services. We saw posters displayed in the home about a group Anchor had set up in support of the LGBT community which offered guidance and support to people living in the home and staff from this community.

People and relatives told us they had been involved in the care planning process and reviews. We found care records were detailed and clearly identified people's care needs and their individual preferences and wishes.

Is the service responsive?

Our findings

At our previous inspection we identified a breach with regard to safe care and treatment as we found care plans did not always contain sufficient or up to date information about people's needs. At this inspection we found improvements had been made.

We saw staff delivered personalised care that was responsive to people's needs. Care records we reviewed clearly identified the person's needs and the support they required from staff. Care plan reviews were carried out monthly or more frequently if required. Daily records evidenced care and support was being provided in accordance with people's care plans. Charts in place for areas such as food and fluid monitoring and repositioning checks were well completed. Staff confirmed communication between staff was good and any changes to people's care was discussed in the handover at each shift change so staff working the next shift were prepared.

We saw people's care plans included discussions around end of life care. The district manager told us this was an area they were looking to develop further and had already had discussions with district nurses and the palliative care team to learn more about end of life care. We saw from cards the service had received from families of people who had died that staff provided compassionate care to people at the end of their lives and their relatives. Comments included; "You not only cared for mum but also supported us greatly during this time" and " She was cared for and loved by all the carers as though she was their own mum."

People told us there were lots of different activities and events taking place in the home as well as opportunities for them to go out. Some people had recently started attending a local community club where there was a licensed bar and they could join in with a quiz. Another person spoke of trips they had been on to the local garden centre. Other people spoke of time spent in the garden and trips to local shops. Outings were organised for October 2018 to St Anne's for fish and chips and then on to see Blackpool Illuminations and on a different date a theatre trip to see My Fair Lady.

Links had been made with the local community. Several people spoke about the children who visited weekly from a local nursery school and said how much they enjoyed their visits. We saw photographs of the children and people laughing and smiling as they did activities together. A dementia tree was displayed which had the painted handprints of some of the nursery children and people who lived in the home. Some people attended services at different local churches and a multi-denominational service was also held in the home.

The home had its own cinema with films showing at different times and popcorn and drinks available. There was also a shop and coffee shop on the ground floor. Some people living with dementia enjoyed listening to music using an iPad and headphones, others sang along to music playing in communal areas. There had been a recent coffee morning and an event with an Elvis entertainer. Once a week instruments displayed on the walls on the second floor were taken down so people could play them together. A large bookcase held a range of books available for people to read.

The home employed an activity organiser who spent time with people on an individual basis as well as organising group activities. People were given copies of the 'daily chat' a reminiscence leaflet which included news and quizzes. We saw several different activities taking place during the inspection which people looked to be enjoying. This included a brain teaser quiz and an exercise class. Records were kept of each activity which included photographs and showed who took part, how the activity was received. We saw minutes from residents' meetings which showed people's views and suggestions for activities and outings were sought and actioned.

People and relatives we spoke with knew how to make a complaint and felt any issues they raised would be dealt with appropriately. The complaints procedure was displayed in the home. We reviewed complaint records and found all had been dealt with satisfactorily with a response sent to the complainant.

The provider understood the requirements of the Accessible Information Standard (AIS) and had systems in place to facilitate this. The AIS requires publicly-funded bodies to ensure their information is provided in accessible formats for people who may require this. We saw people had communication care plans in place, which staff were aware of and followed.

Is the service well-led?

Our findings

At our last inspection we rated this key question as 'requires improvement'. We recommended more effective governance to ensure required improvements were made. At this inspection we found this had been achieved.

The home had a registered manager who was on holiday when we carried out this inspection. People, relatives and staff all spoke highly of the registered manager and other members of the management team and praised their leadership of the home. Comments included; "The manager is approachable" and "The manager's good, this is the best home around here." One staff member said, "Chris is great as a manager. She's firm but fair. If you do something wrong she's down on top of you, she'll tell you. And that is in the best interest of everyone in the home. [Deputy manager] is great she does some care too, so knows what it is like." Another staff member told us, "I've worked in [several] homes before and this is the best by far. It is the best because of the approach of all of the managers, they always have time for you and that means that we can check things out and get our care right."

Although the registered manager was on leave we found the home ran smoothly. The deputy managers were efficient and effective in running the home while also dealing with the inspection team with support from the district manager.

A range of quality audits were in place which covered all aspects of service delivery. We reviewed recent audits relating to care plans, infection control, dining experience and catering. We saw where issues had been identified action plans were in place to address them. We saw any actions required were followed up in the district manager's audit to make sure these had been completed. The registered manager also completed regular 'walk around' audits to ensure standards were being maintained and these records also showed if any issues had been identified and how these were addressed.

The district manager told us about an internal accreditation process the provider was planning to implement at Savile Park called 'Anchor Inspires'. This holistic tool focussed on person centred care promoting continuous improvement in people's quality of life.

Staff told us meetings were held regularly where they could raise any issues and put forward suggestions. Meeting minutes we reviewed showed a wide range of topics were discussed with the emphasis on continuous improvement for people living in the home. All the staff we spoke with said they would recommend the home as a place to work and would also recommend the service to people who needed care.

The views of people who used the service and their relatives and friends were sought through annual surveys. The results were collated and displayed in the home. We saw the registered manager had taken action in response to any issues raised.

The previous inspection ratings were on display in the home and on the provider's website as required

under legislation.