

## Anchor Carehomes Limited

# Beech Hall

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service in September and October 2017. Three breaches of legal requirements were found. These were regulation 12, safe care and treatment, regulation 18, staffing and regulation 17, good governance. We issued a notice of decision to impose conditions on the providers registration, but specific to this location.

We undertook this focused inspection to check the required improvements had been made and to confirm that the location now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beech Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Beech Hall is registered to provide accommodation for up to 64 people requiring nursing or personal care. Beech Hall is purpose built and is located in the Armley area of Leeds. At the time of our inspection there were 58 people living at the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had made improvements to ensure safety checks of the environment and equipment were completed in a timely manner. Also they had ensured that where actions were identified these were carried out. However, we found that further improvements were required in relation to record keeping.

People told us they felt safe and staff were clear about their responsibilities in relation to protecting people from avoidable harm or abuse. Records showed that risks were identified and managed safely. Accidents and incidents were dealt with appropriately and monitored by the provider.

There were safe medicine management systems in place.

The provider carried out appropriate background checks before employing staff, and we found they were deployed in sufficient numbers to provide care and support safely.

The majority of people and staff we spoke with were complimentary about the registered manager and management team. However, we did receive some feedback about areas that could improve.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not continuously safe.

We could not improve the rating for safe from 'requires improvement', because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Improvements relating to fire safety and safety of equipment used in the home were observed. However, further improvements were required in relation to record keeping.

Some records were detailed and up to date although more information was required in others.

Management of medicines remained safe.

**Requires Improvement** ●

### Is the service well-led?

The service was not continuously well led.

We could not improve the rating for well led from 'requires improvement', because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The provider had improved their quality monitoring processes to further promote the safety and quality of the service in areas including fire safety and safety of equipment. However, further improvements were still required.

Staff were mostly positive about the management of the home. However, we did receive some negative comments.

**Requires Improvement** ●

# Beech Hall

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Beech Hall on 20 November 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our October 2017 inspection had been made. We inspected the service against two of the five questions we ask about services: is the service well led and is the service safe? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in 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.

The service was inspected by one inspection manager and two adult social care inspectors.

We reviewed other information we held about the service, including the notifications we had received from the provider, including those in connection with deaths, safeguarding concerns and serious injuries. We also contacted the local authority commissioners and safeguarding teams for the service.

We spoke with two people living at the home, the registered manager, the district manager and five other members of care staff. We also spoke with the health and safety lead who visited the service during our inspection. We observed how staff interacted with people and looked at a range of records which included the care records for 21 of the 58 people who lived at the home, health and safety information and other documents related to the management of the service.

# Is the service safe?

## Our findings

At our last inspection, we found the provider was in breach of regulation 12, safe care and treatment and regulation 18, staffing. There were a number of issues relating to fire safety and safety of equipment used in the home which had not been identified by the registered manager or the provider. Staffing levels were not sufficient at all times and there was a risk that people's needs would not be met and their safety compromised. We issued a notice of decision to impose conditions on the provider's registration specific to this location. At this inspection we found the conditions had been met.

Since the last inspection, the provider had liaised with the local fire authority and completed a number of practiced evacuation drills with staff as a training exercise. The fire authority attended the home and observed the drills. They judged that staff competency had improved since their last visit to the home. Staff also received refresher fire training and took part in fire drills which were carried out on a regular basis. Staff we spoke with told us this had increased their confidence.

We spoke with seven members of staff and they told us they felt people were safe. Staff said they felt much more confident about fire safety in the service since recent fire drills. One staff member told us, "I honestly wasn't too sure before, now I am clear about what I have to do." Another said, "It has been really helpful to have the drills. I thought I knew what to do if there was a fire, but the drills have made me feel so much more confident. Now I definitely know what to do." This showed us staff had a good understanding of what their role was during an emergency.

At our last inspection, we were concerned about the completion of assessments of people's dependency from which the home calculated their staffing levels. At this inspection, we reviewed one dependency assessment and found it contained a good level of detail. It clearly described what the person's needs were and the number of staff they required was matched to the level of support identified.

People's mobility records confirmed how many staff and what support they required when mobilising. This information matched the information held on their Personal Emergency Evacuation Plans (PEEPs). The PEEPs for all of the people living at the home had been reviewed since our last inspection. This review was evidenced within each person's care records. The PEEPs directed staff on the specific support people would require in the event of an emergency. They were summarised and colour coded for easy quick viewing. This was linked with a coloured dot on people's bedrooms doors. This meant in the event of an emergency, staff were easily able to identify who needed one member of staff to support and who required two members of staff.

We asked staff about the number of staff deployed to support people on a daily basis. All staff told us there was an additional member of staff working on the middle floor and this had made the work less task orientated and more personalised and less rushed. One staff member told us, "It's made a huge difference, it still gets busy but we can do our job properly now." We reviewed the rotas from the date of our last inspection. We saw staffing numbers had remained consistent with those calculated within the dependency tool used at the home. Agency staff were also being used by the home to cover staffing shortfalls. This meant

there were contingencies in place for when staffing levels could not be achieved.

We spoke with two people who used the service. They told us they felt safe and had no serious concerns. They explained, "Yes I like it here, food is left out too long before being served sometimes but there is no abuse or anything like that here. I have a good time with the staff and they are always very nice."

We walked around the service. We found fire doors were locked when appropriate and open doors were on an automated door shutting system in case of emergency (which had been an area of concern at the last inspection). We found the premises to be clean and tidy and domestic staffs trolley were fully stocked. Bathrooms and water closets were stocked with personal protective equipment for staff to easily access when supporting people. This showed us breakouts of infection could be minimised and contained with the equipment supplied to staff.

We reviewed records relating to health and safety checks which had been completed in October and November 2017. The provider's schedule of checks had been completed by the home safety coordinator. This included window restrictors, equipment used to assist people and wheelchairs. We saw that where repairs were identified as necessary these were completed. However, records were not always updated to reflect actions taken.

Since our last inspection, the wheelchairs in use at the home had been renumbered twice. This caused some confusion when we looked at the records relating to the safety checks because the records did not reflect the second renumbering. Records showed that three of the wheelchairs were recorded as requiring lap straps. The health and safety lead and the registered manager advised that since recording they have been fitted with straps.

We reviewed accident and incident records for October and November 2017. Most of the records contained details of action taken following the incident. For example, one stated 'to liaise with care homes nurse to discuss possible funding for nursing care to increase dependency'. Another stated that as the person had three falls in a month, they have a wrist fall detector and that all other appropriate equipment is in place. We also reviewed records which did not contain the details of actions taken in response. For example, the incident form prompted for falls referral, medication review, MUST and hydration review, next of kin informed. We saw 'to do' or 'did not review' had been entered in response to some of the prompts. There were no explanations as to why this had not been completed.

There had been no new staff recruited to the service since our last inspection. We did not identify any concerns previously therefore we remain assured that safe recruitment processes are in place.

We saw the home continued to monitor the management of medicines within the robust systems we reviewed at our last inspection. We reviewed information relating to audits which had been completed in October and November 2017. These showed that all aspects of prescribing, ordering, administration, disposal and storage of medicines was monitored on a regular basis. Where issues had been identified, we saw these were acted on. This demonstrated peoples medicines were managed safely.

## Is the service well-led?

### Our findings

At the last inspection the service was in breach of Regulation 17, good governance. The provider had systems in place to monitor the quality of the service however, these were not robust. People were put at risk because systems for monitoring quality were not effective. We issued a notice of decision to impose conditions on the provider's registration specific to this location. At this inspection we found the conditions had been met.

Records we looked at and observations we made, showed that some improvements had been made, particularly in relation to the safety of equipment and fire safety within the home. However, some further improvements were needed with regard to record keeping.

We reviewed the monthly wheelchair visual inspection log and found the manager had signed off the audit as being accurate despite the numbering of them being wrong and lap straps missing. We discussed this with the registered manager who told us they would take action to ensure they checked audits before signing them off.

We looked at other records relating to weekly window safety checks carried out by the home safety coordinator. We found that where any actions were completed, these were not always recorded in a way that showed when they had been done and by whom. We spoke with the health and safety lead who said they were aware of this. Other safety checks were also carried out with the date entered onto the relevant documents to state they had been done but without the person's signature.

We saw the service had held fire drills and records showed there were points for learning. For example, 'slight confusion on which room were evacuated' and 'delay in responding to alarm'. We discussed with the health and safety lead that we observed learning points from the fire drills. However, there was no documentation to show what had been done by the service, what they had learnt or any communication with staff. The health and safety lead advised that there had been a number of improvements since our last inspection regarding the delivery of the fire training. A number of actions had been taken by the provider to ensure training was being delivered to staff appropriately. This included regular attendance at the home by the health, safety and fire advisor to support staff training on health and safety and fire training.

We reviewed accident and incident records where incidents had occurred which led to the person being admitted to hospital. We saw that these records did not always include further updates. For example, when the person was discharged, the outcome and if any, diagnosis. Including updates to information relating to incidents would aid the service's learning.

Following our last inspection, the service had organised a meeting for service users and relatives to explain what the report meant and what action the service were taking following the report. This meeting had not happened by the time of our inspection took place. We observed a poster displayed in the reception area of the home, 'Your care rating' 'What do you think?' This related to an independent national care home survey which was requesting people to give feedback on the website. The poster stating the results would be

publically available. This demonstrated that there were opportunities for people and their relatives to give feedback on the service.

When we spoke with staff, the majority were positive about the registered manager. One staff member said, "She has been more involved recently, more open and has asked if we need any help. I think she is approachable, I feel happier about coming to work." Another staff member said, "There are a few here who don't like management but I'd back them all the way. We've had a lot of changes here, managers and deputies coming and going but it's getting better." We also received some negative comments including, "The manager is not approachable, she doesn't know how to smile" and "I feel like we haven't got to know her."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.