

Anchor Trust

Halcyon Court Care Home

Inspection report

55 Cliffe Road
Leeds
West Yorkshire
LS6 2EZ

Tel: 01132743006
Website: www.anchor.org.uk

Date of inspection visit:
13 August 2018
14 August 2018

Date of publication:
18 September 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

Halcyon Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Halcyon Court Care Home provides accommodation for up to 52 people. People are accommodated with residential care over five floors in single rooms. On the day of inspection there were 43 people who used the service.

At our last inspection in December 2015 we rated the service as 'Good'. At this inspection the service remained 'Good'. As the rating of the service has not changed, we have written a shorter version of the report.

This inspection took place on 13 August 2018 and was unannounced. We returned on 14 August 2018 announced to complete the inspection.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

Staff promoted and respected people's cultural diversity and lifestyle choices. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. Care records could capture more information. We made a recommendation about gaining more information about people. Information was made available in accessible formats to help people understand the care and support agreed.

Systems and processes were in place to safeguard people from abuse; these covered staff recruitment practices and staff training and knowledge on safeguarding procedures. Staff were recruited safely and there were mostly sufficient numbers of staff available to support people. We made a recommendation around staffing levels on a night time in case of emergency.

The registered manager understood their legal responsibilities. They provided good leadership and supported staff and people who used the service. The area manager and the staff team were committed to providing quality care and welcomed feedback and suggestions to enhance people's quality of life.

People were supported to stay safe. Risks associated with people's needs had been assessed; safety measures were put in place and they were monitored and reviewed regularly. Staff were provided with clear guidance and information to follow to meet people's needs.

People received their medicines as prescribed. Medicines were stored and managed safely. People's nutritional and cultural dietary needs were met and they had access to a range of specialist health care support which ensured their ongoing health needs were met.

People were involved in decisions made about all aspects of their care. 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 had developed positive trusting relationships with the staff team. Staff respected people's privacy and dignity and independence was promoted. The homely environment ensured people's safety and privacy. People continued to receive good care and support that was responsive to their individual needs.

People took part in a range of social activities and events and were supported to say what they would like to do. This type of engagement had enhanced people's physical and mental wellbeing, and their sense of belonging.

People and their relatives and friends all spoke positively about the staff team, management and the quality of care. People had a range of methods to express their views about the service. The manager used feedback and complaints to bring about changes to the service.

People knew how to make a complaint and were confident action would be taken. There were effective systems to handle complaints and appropriate action had been taken to improve the quality of care. Where issues had been identified during this inspection visit, the management team took prompt and appropriate action.

The provider's governance system had been used effectively. Regular audits and checks were carried out and action taken when shortfalls were identified. There were arrangements in place to make sure action was taken and lessons learned when things went wrong, to improve safety across the service.

Systems were in place to ensure staff were supported and received training and supervision to provide care effectively. Staff training incorporated best practice. Staff worked in partnership with other health care professionals to enhance people's quality of life.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains safe.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remains well-led.

Good ●

Halcyon Court Care Home

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 was planned to check 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 13 and 14 August 2018 and was unannounced. The inspection team consisted of one inspector, one assistant inspector and an expert-by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service. This included feedback received about the service and statutory notifications the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law.

We contacted Leeds City Council who commission services from the provider. We received no concern about the service.

During the inspection, we spoke with six people who used the service, one friend and one relative. We made direct observations at meal times and 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 six staff including two care staff, one team leader, one deputy, the activities lead and the area manager. The registered manager of the service was on leave at the time of our inspection.

We looked at the care records for five people, the recruitment records for five care staff and staff training information. We reviewed a range of documents including meeting minutes, complaints, audits and records related to how the provider monitored the quality of service.

Is the service safe?

Our findings

At our last inspection in December 2015, we rated this key question 'Good'. At this inspection the service remained 'Good'.

Most of the people and staff were positive about the staffing levels. Some people did comment there were busy times in the day, but all felt their needs were met. There was at least one member of staff in the communal lounge on each floor. Staff promptly responded to people's requests for assistance. The deputy manager told us they were recruiting for care workers and kitchen staff.

Regular safety checks were carried out on the premises and equipment used in the delivery of care, such as hoists. The staff team were aware people's individual Personal Emergency Evacuation Plans (PEEP). They described the support, equipment and medicines required for each person in the event of emergency. We noted people lived across five floors of the building and there were only four staff on duty at night. This meant during the night, there was always at least one floor without any staff on. This posed a risk in the event of an emergency. We mentioned this to the area manager who immediately authorised and placed an additional member of staff on during the night time.

We recommend the service review its fire evacuation plan during the night and the deployment and quantity of staff working.

People lived in a safe environment. All areas of the home were clean and tidy. Staff were trained in infection control and used personal protective equipment such as disposable gloves, aprons and hand gel when appropriate. The home had a five-star food hygiene rating.

Medicines were administered in a safe way and in line with people's prescriptions. Medicines were stored in a safe place and staff had been trained on the administration of medicines.

Risks to people's safety had been assessed, and measures were in place and monitored regularly to keep them safe. Care plans gave staff clear instructions about how to keep people safe.

People told us they felt safe living at Halcyon Court Care Home and with the staff team who supported them. People said, "Nothing bad happens here, we are looked after" and "Staff look after us."

Systems, processes and practices were in place to safeguard people from situations in which they may experience abuse. Staff were knowledgeable in safeguarding adults and had been supported by training in this area. All staff understood their responsibilities to report, record and investigate any accidents and incidents that may occur. All accidents and incidents were documented and detailed the action taken.

The recruitment process ensured staff were suitable for their role. Staff received a Disclosure and Barring Service (DBS) check. A DBS check helps the employer make safer recruitment decisions. Staff files evidenced necessary pre-employment checks had been completed before they started work at the service.

Is the service effective?

Our findings

At our last inspection in December 2015, we rated this key question 'Good'. At this inspection the service remained 'Good'.

The staff team spoke positively about the training. Training was based on current legislation and best practice guidance. Staff had also been supported to complete nationally recognised qualifications in social care. Staff received supervision and appraisal. They told us they had chance to raise any concerns or ideas. One staff member said, "Supervisions and team meetings happen a lot. I feel well supported." Staff were encouraged to discuss their work and identify further training and development needs.

Staff assessed people's care needs before they moved into Halcyon Court Care Home. This enabled the registered manager to satisfy themselves that the person's needs could be met by the staff team.

People told us staff had the skills and knowledge to support them with their care. One person said, "They know what they are doing. They all seem confident."

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

Staff showed a good understanding of the support people needed to make decisions. A staff member said, "It's about looking after people who can't make their own decisions." The staff member added they would tell the registered manager so appropriate support could be provided. Staff sought people's consent on a day to day basis and offered them choices about meals and activities. Evidence for the application of MCA was present and DoLs had been submitted.

People were supported to maintain a nutritious balanced diet. 'Resident meeting' minutes reflected people overall were very happy with their food. We sampled the food on the day of inspection and found it was hot, plentiful and people seemed to enjoy it. Drinks were available and within reach in the lounges and in people's bedrooms so they could help themselves. During mid-morning and later afternoon hot and cold drinks were served.

People were supported to live healthier lives; had access to healthcare services and received ongoing support. People and relatives said they were very happy with the support they received. Records showed GP and specialist nurses visited regularly to provide treatment and to review people's health care needs.

People's needs were met by the adaptation, design and decoration of premises. Clear signage meant people could move around independently. Corridors in the areas where people with dementia lived, had contrasting colours and clear signs to support them with where they were. People had brought in personal items when they moved in, which helped them in feeling settled.

Is the service caring?

Our findings

At our last inspection in December 2015, we rated this key question 'Good'. At this inspection the service remained 'Good'.

All people and relatives were overall complimentary of the care they received from the service. People felt they were treated with kindness, respect and compassion, and given emotional support when needed. When we asked if people were respected and treated with kindness they said, "Yes and walk past and stop and say hello. Cleaners and basic staff acknowledge you more than senior staff" and "I leave my door open so they always ask me are you ok." Staff respected the privacy and dignity of each person. People told us staff were always respectful towards them and took steps to promote their privacy and dignity.

A staff member told us, "I love coming to work. It's a nice place to work and we all love our residents." Although there were busy times in the day, staff spent meaningful time with people. They stopped to talk with people as they were passing by and made sure they acted on requests. We saw a staff member compliment a person who had had their hair done. When another person seated outside was cold, a staff member fetched a cardigan for them to wear, which complimented their outfit. That showed people had developed positive relationships with the staff team.

People were involved in making decisions about how they wanted their care and support to be provided. Some people told us they chose to sit outside on warm days. Decisions made about their care was documented and reviewed regularly.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person who may need support to make their views and wishes known.

People's views were sought through residents' meetings, care reviews and surveys sent out by the provider. Changes had been made in response to feedback received from people who used the service and relatives. For example, changes to menus and ideas for different activities.

People were encouraged to maintain as much independence as possible. One person said, "If I want to go to my room it is fine as long as I tell them where I'm going. Lots of people feel the same way."

People's files were stored securely. Staff had access to relevant information to support people as needed. They understood how to keep people's information confidential and only shared it on a need to know basis. The provider had a confidentiality policy. The registered manager had ensured they complied with General Data Protection Regulation, (GDPR) that relates to how people's personal information held and managed.

Is the service responsive?

Our findings

At our last inspection in December 2015, we rated this key question 'Good'. At this inspection the service remained 'Good'.

Most people told us they were involved in the development of their care plans. Care plans were comprehensive and people's decisions about their care had been documented so they reflected people's current needs. People had access to an advocate if they felt they needed support to make decisions or when making care and support choices.

People told us staff responded well to how and when they wanted to be supported. Staff were knowledgeable about the needs of people and how they liked to spend their time. Some information about people was not always documented in their care records. For example, some people's life histories had not been captured.

We recommend the service review care records and capture people's life histories and what's important to them.

Staff promoted people's equality and diversity, respected people's religious beliefs, personal preferences and choices. People's lives, spiritual needs, hobbies and interests had been documented and known to staff. This enabled staff to interact with people in a meaningful way. For example, one person enjoyed food that was culturally significant to them. The chef had spoken with them to supply food they enjoyed.

The activity manager worked between eight services. The deputy manager told us they supported people with activities in a really proactive and positive way. Staff said they listened to people's activity preferences and planned them for staff to deliver.

Staff had documented people's communication needs and what type of support they required in their care plans. The provider was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People were supported at the end of their life to remain dignified and comfortable. Records showed people had the opportunity to express their wishes and decisions made about their end of life care.

The registered manager and staff team had received training on end of life care and they worked with health care professionals. A policy and information about how to support people at the end of their lives, bereavement and counselling was available to staff, people who used the service and their relatives.

People knew who to talk to if they were unhappy about anything and told us they would feel comfortable making a complaint. The provider's complaints policy was used to drive improvements. Records showed the number of complaints since the last inspection had reduced. These related to quality of care. All had been

appropriately investigated and action had been taken, which supported our findings. This showed us the registered manager was open and transparent in handling complaints, which was used to improve the quality of care and service people received.

Is the service well-led?

Our findings

At our last inspection in December 2015, we rated this key question 'Good'. At this inspection the service remained 'Good'.

The registered manager was supported by a deputy manager. There was a management structure in place, and everyone understood their roles and responsibilities. They worked well and provided consistent clear guidance and support to the staff team.

People, their relatives, visiting professionals and the staff team all agreed that the home was well-led. A relative highly praised the registered manager for the difference made to Halcyon Court Care Home. They said, "The manager has made a huge improvement; they have dealt with issues quickly and lead by example. Staff are more caring and approachable. Keep up the good work."

The provider had sent us appropriate notifications about significant events at the service which they must legally do and included the actions taken to maintain people's safety. That meant the provider was meeting their regulatory responsibilities.

The deputy and area manager and staff team understood the provider's vision and values to provide quality care. Staff had received cards, compliments and letters of thanks from people and relatives about the quality of care people received and the staff team's approach. This showed people felt Halcyon Court Care Home continued to provide a quality service for people.

The provider's quality assurance systems were used effectively to monitor quality and drive improvements. These included a range of internal checks and audits. These helped to highlight areas where the service was performing well and the areas which required development. Systems were in place to monitor incidents, accidents and feedback such as complaints and concerns. The internal quality visits carried out by the regional manager showed systems and processes were being used effectively to monitor the quality of care provided. However, some concerns we raised on inspection had not been identified in the quality audit processes. We have made recommendations about these areas.

There was a culture of openness and involvement to enhance people's quality of life and develop the service. People's views about their care were sought individually, through meetings and surveys. Resident meeting minutes showed people were informed about changes such as new staff and the decoration. Any suggestions made about different activities had been acted on.

Staff were organised and worked well together as a team. The staff team felt they were well supported to look after people. Staff meeting minutes confirmed staff received updates, had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes of investigations or complaints.

The provider continued to work in partnership with other agencies in an open honest and transparent way

to ensure people received joined up care. For example, a visiting district nurse had organised a 'car boot sale' with all proceeds going to Halcyon Court Care Home. Leeds Beckett University volunteer students visited regularly to run a cocktail evening and spend time with people.