

Anchor Carehomes (Leeds) Limited

Berkeley Court

Inspection report

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Leeds
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 24 February 2016. At the last inspection in July 2015 we rated the service as requires improvement. We found the provider was breaching two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. People were not always protected against the risks associated with medicines and the provider did not have effective systems in place to monitor the quality of the service delivery. At this inspection we found the registered provider had taken action in both areas.

Berkeley Court provides care and support for up to 78 older people. At the time of our inspection there were 74 people using the service. The accommodation for people is arranged over three floors. There are two units per floor. Each unit has single bedrooms which have en-suite facilities. There are communal bathrooms and toilets throughout the home. There are open plan communal lounges and dining rooms on each of the units.

The registered provider had a recruitment procedures were in place. However we found the registered provider did not always follow their policy and procedures. We found one person's reference in their file did not match the references on their application form or previous employment history on their application form

The service had a registered manager in place. 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.

When we looked in staff files we found evidence that showed some staff had not received individual supervision. We also found staff annual appraisals had not taken place. This meant staff were not appropriately supported in relation to their roles and responsibilities which may affect the delivery of care.

Records we looked at showed staff training was not fully up to date. This meant staff were at risk of not being able to perform their duties safely or appropriately.

People who used the service told us they were happy living at the service. They said they felt safe and staff treated them well. Staff told us they respected people's choice and treated them with dignity and respect. Care records did not show how people who used the service were involved in the planning their care and there were also limited ends of life care plans. Relatives told us they were consulted about their family member's care.

People were encouraged to maintain good health and received the support they needed to do this. Medicines were managed safely and people received their medicines when they needed it. People's views on food and menus in the home were good. We saw people received regular drinks and snacks to make sure their nutrition and hydration needs were met.

People who used the service were involved in a wide range of activities within the home. Most people we

spoke with said they enjoyed these.

Staff spoke positively about the registered manager of the home saying they were approachable. The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. Information on how to complain was clearly displayed in the home, giving people the contact details they needed if they wished to do so.

There were systems in place to assess and monitor the quality of the service; which included regular audits of the home.

Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 were found during this inspection. You can see what action we told the provider to take at the end of this report.

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 consistently safe.

We found the registered provider did not always follow their recruitment policy and procedures.

Staff knew how to recognise and respond to abuse appropriately. They could describe the different types of abuse.

Arrangements were in place to ensure people received their medicines safely.

Requires Improvement ●

Is the service effective?

The service was not always effective.

We found evidence some staff had not received supervision and annual appraisal. We also found some staff mandatory training needed updating.

We found the service was meeting the legal requirements relating to the Mental Capacity Act 2005. (MCA)

People's views on the meals in the home were good.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff understood how to treat people with dignity and respect and they were confident people received good quality care.

Staff took time to explain choices and gave people time to make decisions.

Good ●

Is the service responsive?

The service was not always responsive

Care records did not show how people who used the service were involved in the planning their care and there were also limited ends of life care plans. Some care plans needed more

Requires Improvement ●

detail about the person's preferences. Relatives told us they were consulted about their family member's care.

There were systems in place to ensure complaints and concerns were fully investigated.

People were provided with a range of activity within the home.

Is the service well-led?

The service was well-led.

Systems were in place to assess and monitor the quality and safety of the service. The registered manager was made aware improvements were required to staff supervision and appraisal.

Staff said they felt well supported and found the registered manager approachable.

Records showed people who used the service were asked for their views on the quality of care provided.

Good ●

Berkeley Court

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 24 February 2016 the visit was unannounced. One adult social care inspector, and inspection manager, a pharmacist inspector, a specialist advisor in social work with medical and health expertise and an expert-by-experience who had experience of older people's care service and dementia care carried out the inspection. 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 providers are asked 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. We did not ask the service to provide us with a PIR prior to this inspection. We also reviewed all the information we held about the service, and contacted the local authority 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.

At the time of our inspection there were 74 people using the service. During our visit we spoke with 16 people who used the service, five visitors, seven members of staff, the registered manager and a registered manager from the registered provider's other home. We observed how people were being cared for, and looked around areas of the home, which included some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at eight people's care plans.

Is the service safe?

Our findings

We looked at the Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. Each file had a record of previous employment which evidenced a person's past employment details. Records looked at showed two members of staff had not completed a declaration form to confirm they had not received any cautions or convictions in the previous 12 months. The provider's policy stated this should be completed annually. The registered manager said they would check the DBS of all staff working in the home.

We looked at five staff files and saw completed application forms; proof of identity and references. One staff member's references in their file did not match the named references on their application form nor did they match previous employers. The references were from employers the staff member had not listed on their application form. The personal reference on the file stated the referee had known the person for six months and not two years as specified in the registered provider's recruitment policy. This was brought to the attention of the registered manager who said they would look into it straight away.

This was a breach of Regulation 19 Fit and proper persons employed of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found at our inspection in July 2015 people were not always protected against the risks associated with medicines because the registered provider did not always have appropriate arrangements in place to manage medicines. This was a breach of Regulation 12 Safe care and treatment of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In their action plan the registered provider told us they had taken action to improve staff practice in the management of medicines. During our inspection in February 2016 we found they had followed their plan and saw evidence of improvement in this area. We concluded they were no longer in breach of regulations covering the administration of medicines.

At the home's last inspection in July 2015 we found shortfalls in the way medicines were managed. At this inspection our pharmacist inspector looked at the storage, administration and recording of medicines in four of the six units within the home. We looked at 65% of people's medicine charts in each unit visited and watched some people taking their medicines after lunch. We found on the day of our inspection medicines were managed safely.

Medicines were stored securely and at the right temperatures. When we looked at medicine charts we saw the medicines people needed were available in the home and given at the right times.

Senior staff carried out regular checks (audits) of medication and administration record (MAR) charts was completed. An extra information sheet was kept with the MAR chart which showed if a person was prescribed one or more medicines of 'when required' (PRN). This helped staff to give the medicines in the way the doctor intended. The use of creams, both medicated creams and those prescribed to protect

people's skin, were recorded correctly. Medicines that were controlled drugs were stored and recorded appropriately.

We spoke with people who use the service and their relatives about access to medicines. A person who used the service said, "Medication is on time, staff explained what it's for and staff stayed until it's taken." During the inspection we saw staff explained medicines to people and waited to ensure medicines were taken before moving on to the next person. A relative told us, "[Name of person] gets their medicines on time."

People who used the service told us they felt safe in the home. One person said, "I feel very safe here because of the kindness of everyone." Another told us, "I do feel safe here." A visiting relative told us, "[Name of person] is kept safe here."

People who used the service gave positive feedback about staffing levels. One person who used the service told us, "Some of the staff seem very pushed to do things but they never show it." Another told us they saw agency staff on a regular basis saying, "They have to be told what I like."

Some of the staff we spoke with told us there were enough staff to provide safe care and support to people. They said the agency staff who worked in the home did so regularly, meaning they knew the care and support needs of people. A member of staff told us, "The agency staff shadows us first, or they are given tasks such as supervising the floor." Another member of staff said, "Some days we are short staffed, but management make an effort to get agency staff." A further member of staff told us, "Sometimes I feel under pressure. It's alright as long as everything is running smoothly. We have had a lot of sickness which has been a problem. We can still meet people's needs but it takes its toll on staff." Another member of staff said, "No I don't think there is enough of us there are times when people need a lot of attention."

We looked at rotas for the previous four weeks and saw evidence staffing levels including senior staff, care staff and domestic staff were consistent each day. The registered manager used a dependency tool to help them work out how many staff were needed to meet people's care needs. Based on our observations and what people told us we concluded staffing level could be improved. The registered manager told us they would review the staffing level on the units after our comments.

During this inspection we looked around all communal areas of the home, the kitchen, some bathrooms and some bedrooms of people who used the service. We found the home to be clean and well maintained.

Maintenance records showed a range of checks and services were carried out. For example, portable appliances and equipment was tested, and hoisting equipment and fire safety equipment had been serviced. We looked at the record for repairs and saw issues raised had been dealt with promptly.

The service had a fire risk assessment which identified measures in place to reduce the risk of fire. Fire records showed weekly fire alarm testing was carried out. Staff we spoke with understood the emergency fire procedures; they told us they were expected to respond promptly when fire alarms were tested. People had personal emergency evacuation plans that detailed the assistance they required in the event of an emergency evacuation.

We looked in detail at eight people's care plans and saw a range of risk assessments in place to minimise harm to people who used the service. These risk assessments were linked to care plans which showed how individual needs were met. For example in one person's records we saw a risk of pressure sores had been identified and a very detailed care plan written to ensure the risks to the person's skin integrity were minimised as much as possible. We saw risk assessments and care plans were regularly reviewed and

updated. Risk assessments to protect people from the risk of financial abuse were not assessed. This is particularly important where people lack capacity to make their own decisions. The registered manager told us they would address this.

The registered provider had policies and procedures in place to ensure concerns about the safety of people who used the service were appropriately reported. Staff we spoke with told us they received training in safeguarding vulnerable adults and understood the importance of raising any concerns without delay. They were able to describe the different types of abuse and how they would report this, either to senior management or outside the home to bodies such as the local authority or the CQC. Staff were also aware of the provider's whistleblowing procedure and told us they had training to support their understanding of this. One member of staff told us, "Training in safeguarding is really important and the manager is really keen on it." Records we looked at showed some staff safeguarding training was out of date. We saw evidence that staff were booked on for a refresher course.

During the inspection we observed staff were responsive to people with challenging behaviour. They anticipated situations and intervened to stop any issues escalating. For example, one person started getting upset with the person next to them. A member of staff intervened immediately and diffused the situation. They were calm and made sure everyone was safe and unharmed, and once calmed offered everyone a cup of tea.

We looked at the provider's records of accidents, incidents and safeguarding reports. We found clear and detailed records were made, including action on what action had been taken following the incident. We saw evidence referrals were made to appropriate healthcare professionals and the local safeguarding authority where needed.

Is the service effective?

Our findings

We looked at the training records which showed staff completed a range of courses including safeguarding adults, dementia awareness, food hygiene, emergency first aid, health and safety, infection control, moving and handling, conflict resolution, end of life care, Mental Capacity Act (MCA) and medication. However the records we looked at showed some staff were not up to date with mandatory training.

Staff we spoke with told us they had regular training and could request training in additional areas of interest at any time. One staff member told us, "All my training is up to date. I've done training in moving and handling and fire safety."

We asked staff to tell us about the training they had completed at the service. Staff we spoke with informed us they had completed MCA training. Records we looked at showed 16 staff had not received MCA training and 13 staff MCA training had expired. Health and safety, moving and handling, end of life care and conflict resolution also had not been undertaken or had expired.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we saw some staff had not received supervision. We also found some staff annual appraisals had not taken place. This meant staff were not appropriately supported in relation to their roles and responsibilities which may affect the delivery of care. In discussion we found the registered manager had identified this area for improvement and had plans in place to address these. A programme for staff supervision and appraisal had commenced.

Staff had not had training in a number of areas including health and safety and moving and handling or their training had lapsed. Supervision and appraisals had not taken place which meant staff were at risk of not being able to perform their duties safely or appropriately. This was a breach of Regulation 18 (2) (a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

We saw evidence in care plans that people had access to healthcare services when they needed them. We saw regular input from professionals including GPs, district nurses and dieticians, and these visits were, well documented. We spoke with one visiting health professional who told us about their impressions of the care delivered in the service. They said, "Things are getting to where they should be. I have confidence from what I have seen that the manager is on top of things. They seem to be taking things on board now, and shared care agreements seem to be being followed."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. At the time of our inspection four people were subject to DoLS and we saw all documentation was completed correctly to ensure that it was lawful.

Some people's record showed evidence in relation to best interests decisions being made for people and consent to treatment being sought but more information was needed to show how these decisions had been made.

There were very few end of life care plans present that reflected best interest. Some people had been identified as needing a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) order in place. However, we noted that two of the forms we looked at, the person or their relative had not been consulted about this decision. The senior carer agreed to discuss this with the GP the next day.

Staff told us they knew people's needs through talking with them and asking them what they liked. Staff also looked at people's care plans which included information about people's preferences and described what action they would take if they felt a person was unable to make a decision. One member of staff told us, "I make an assumption everyone can make decisions, and when I need to I give all the information I can to help the person make a decision." Another said, "I talk about choices with people and help them decide. It might be what to wear or what to do, but I always offer choices."

We asked people who used the service whether they felt staff understood how to care for them. One person said, "They are good they can tell when I'm in pain." Another person said, "I think they are well trained. I think they must be to work here. Some people can be very demanding."

People who used the service spoke positively about the food. Comments included, "Plenty of choice," "It's getting better," "There is always enough to eat and drink, I can get fruit or biscuits or whatever I need" and "Plenty to choose from and it's well cooked." We saw there were jugs of juice available in several areas of the home for people to help themselves and fresh fruit was also provided in communal areas. A visiting relative told us "[Name of person] does not like to eat much but staff will try to explain how important a balanced diet including vegetables is. They will respect what [Name of person] says, though."

We observed the lunch time meal in the home. We saw interaction was positive and staff were sat chatting with people prior to the meal arriving. People were asked if they required clothes protectors and choices for those were respected. Staff assisted people to make choices of what to eat by clearly explaining the choices or showing people the food on offer. We saw staff were kind and supportive; encouraging people to eat and drink. We saw people's nutritional needs were assessed and weights were monitored. Where people were nutritionally at risk we saw there were plans in place to ensure food with enhanced nutritional value; such as smoothies were offered and encouraged.

Is the service caring?

Our findings

People who used the service spoke positively about the staff and the experience of living in the home. One person who used the service said, "I haven't been here for long but it feels like home." Another told us, "The staff are very nice and always helpful." A third said, "Nothing is too much trouble for the staff, they are lovely."

People we spoke with told us they felt well cared for and that staff understood their needs. One person told us, "I haven't been here long and they have listened to what I like and respond to it."

Staff we spoke with were able to tell us about the people they supported and cared for. One member of staff said, "We get to know people from talking to them, and from information in their pre-assessment." During the inspection we observed staff addressing people and their relatives by name.

We saw people looked tidy and clean in their appearance. Staff we spoke with gave examples of how they respected people's privacy and dignity. For example, they would ask the person what assistance they would like and they would also talk through how they were going to deliver care. Staff emphasised they would knock on people's doors, give them privacy when assisting with personal care and ensure they were discreet when discussing care needs. During our inspection we observed staff engaging with people in a pleasant and friendly manner and saw people treated with dignity and respect. We saw staff engaging in conversation with people who used the service and showing an interest in what they had to say and a respect for their views.

We saw people were free to decide how and where they spent their time and free to move about the home as they wished. People were offered choices, for example when they wanted to take their medication. Staff took time to explain choices and gave people time to make decisions.

Is the service responsive?

Our findings

We saw care plans had been regularly reviewed. However, some of the care files we looked at were bulky and complex to navigate with old out of date information still in the file, which could lead to confusion in care delivery and needs being missed or overlooked. Some files were either incomplete or lacking in detail about people's preferences, likes and dislikes.

Care plans did not show clear consistent evidence of how people who used the service were involved in the development of them. Care plans were not always signed by relatives or people who used the service to show they were in agreement with them. One relative said they were involved in the review of care plans and were always informed of any changes within them. We also saw a discussion with a relative had been recorded in a care plan we looked at.

Relatives of people who used the service said they felt consulted about their family member's care. One person said, "I am always notified of anything that requires care decisions," and "if [Name of person] is not feeling well the family is always informed and told how they are."

We saw people were offered a range of social activities which included quizzes, music for health, reminiscence and visiting singers/entertainers. During our visit we observed an activity with a visiting singer in one of the lounges. The singer engaged well with people who used the service; encouraging their involvement and acknowledging their individual contribution. People were clapping, singing and smiling we could see the activity was clearly enjoyed by people who used the service. In discussion with people some said they did not do much and just sat in a chair. Some said they would love to go outside sometimes. One person said, "I would like to go into town to the park, long walks if my legs would hold up." Staff said they wished they could get people out but there not enough of them.

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. Information on how to complain was clearly displayed in the home, giving people the contact details they needed if they wished to do so. People who used the service said they would speak to the registered manager if they had any worries, concerns or complaints. A family member told us, "I know how to make a complaint. If I had anything to complaint about, I would say it to the manager or get in touch with Anchor."

We looked at records of complaints and concerns received in the last 12 months. It was clear from the records that people had their comments listened to and acted upon. The registered manager said any learning from complaints would be discussed with staff team once any investigation had concluded. We saw from staff meeting minutes that any feedback on concerns and complaints was discussed with staff in order to prevent re-occurrence of issues.

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post at the service.

We found at our inspection in July 2015 the registered provider did not audit monitor medicines. This was a breach of Regulation 17 (In good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found this had been addressed at this inspection.

We were told by the registered manager that the regional manager visited the home regularly to check standards and the quality of care being provided. The registered manager and staff said the regional manager spoke with people who used the service, staff and the registered manager during these visits. We looked at the records of these visits and saw they took place regularly and included recent audit of care records, staff training and medication. Action plans had been developed from the visits and the registered manager was aware of these and the actions needed to improve the service.

The registered manager told us there was a system of a continuous audit in place. These included audits on care plans, medication, health and safety, dignity, cleanliness and the premises. We saw documentary evidence that these took place at regular intervals and any issues were identified and included in an action plan.

The registered manager was made aware improvements were required to staff supervision, appraisal and staff training. We also found the provider did not always follow their recruitment policy and procedures.

Staff we spoke with told us they felt the registered manager had made a strong impression on the care provided at Berkeley Court. They told us the registered manager was approachable, supportive and led by example. People who used the service and their relatives also expressed confidence in the registered manager. One relative told us, "I like the fact the manager is approachable, caring and get things done."

The registered manager told us they promoted an open-door culture, and throughout the inspection we saw staff speaking with the registered manager without hesitation. One member of staff said, "I enjoy working here, I enjoy what I do." We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. Topics for discussion included; training, feedback on care plans, and sickness monitoring and rotas.

People who used the service and their relatives told us they knew who the registered manager was and saw them regularly in all areas of the home. People told us they were consulted in how the home was run. They had opportunity to attend meetings to give and receive feedback and they completed an annual survey. One person told us, "The meetings are good because problems can be raised out in the open and dealt with." We looked at the minutes of recent meetings and saw a varied agenda which had driven a meaningful conversation with people. We saw people had been told about changes affecting the service, asked for suggestions for activities and given opportunity to give feedback about daily life in the home.

The provider sent out annual questionnaires for people who used the service and their relatives. These were collated and analysed to see if people were satisfied with the service. We looked at the results of 2015 questionnaires. These showed a good degree of satisfaction with the service. The registered manager said any suggestions made through the use of questionnaires were always being followed up to ensure the service was continually improving and responding to what people wanted.

Staff we spoke with confirmed if any incidents occurred within the service this information was shared to ensure lessons were learnt. The provider had informed CQC about a number of significant events that had occurred within the home.

We saw risks and concerns were communicated to staff in a variety of ways. Staff attended handover meetings at the start of a shift so that people's changing care needs could be discussed. Messages from the registered provider were discussed in staff meetings.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed We found the provider did not always follow their recruitment policy and procedures.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Some staff had not received individual supervision and some staff annual appraisal had not taken place. Staff had not had training in a number of areas or their training had lapsed.