

Anchor Trust

Tealbeck House

Inspection report

Tealbeck Approach
Crow Lane, Otley
Leeds
West Yorkshire
LS21 1RJ

Website: www.anchor.org.uk

Date of inspection visit:
08 February 2016

Date of publication:
04 April 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 08 February 2016 and was unannounced.

Our last inspection took place on 13 November 2013, at that time; we found the service was meeting the regulations we looked at.

Tealbeck House is a purpose built home located in Otley, Leeds. It is close to the local shops, library, pubs, and post office. It is owned by Anchor Homes and provides care for 50 older people with varying physical and mental health needs. At the time of inspection 48 people were living in the home.

At the time of this inspection there was 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 and associated Regulations about how the service is run.

People and their relatives told us they or their family member felt safe at the home. There were effective systems in place to ensure people's safety at the home, whilst encouraging and promoting their independence. Staff could describe the procedures in place to safeguard people from abuse and unnecessary harm. Recruitment practices were robust and thorough.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines. Staff who administered medication were trained in medicines management.

People were cared for by sufficient numbers of suitably trained staff. Staff spoke of their training and said this supported them in their role. Staff had not received regular supervisions by the registered manager due to shortfalls in staffing levels within the service. Agency staff were supporting the home while recruitment of staff were being completed.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs and preferences. People had detailed, care plans in place which described all aspects of their care and support needs. However in one person's care plan some information was missing. We brought this to the attention of the registered manager at the time of inspection.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions to enhance their capacity and where people did not have the capacity to make decisions these were made in their best interests.

Health, care and support needs were assessed and met by regular contact with health professionals. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. People were provided with a choice of suitable healthy food and drink which ensured their nutritional needs

were met.

People participated in a range of activities both in the home and in the community and received the support they needed to help them stay in contact with family and friends.

Staff had good relationships with the people living at the home. Staff were aware of how to support people to raise concerns and complaints and we saw the provider learnt from complaints and suggestions and made improvements to the service.

There were not always effective systems in place to monitor and improve the quality of the service provided. Care plans and supervision audits had not been completed.

Most Staff were up to date with training; some staff had to cancel refresher training due to staff shortages. The registered manager was aware of this and was working towards all the staff completing all refresher training in 2016.

Add address line 1 here>

People who used the service and staff spoke highly of the support they received from the care manager and registered manager. Staff said the management team were nice, approachable and if they had any concerns they would speak to them straight away.

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

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident action would be taken to make sure people were safe.

Medications were managed safely and administered in line with the prescribing instructions. They were ordered and stored correctly.

There were enough staff to meet people's needs and the recruitment process was robust this helped make sure staff were safe to work with vulnerable people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The service met the requirements relating to the Mental Capacity Act 2005.

Staff had not received regular supervisions with the registered manager over the last 6 months.

People enjoyed their meals and were supported to have enough to eat and drink. People received appropriate support with their healthcare.

Is the service caring?

Good ●

The service was caring

Staff had developed good relationships with the people living at the home. People told us they were happy with the care they received and their needs had been met.

We saw people's privacy and dignity was respected by staff.

Relatives felt they had being supported to be involved in the care for their family. People told us they were happy with the care.

Is the service responsive?

Good ●

The service was responsive.

People received support when they needed it and in line with their care plans.

People who used the service were supported to take part in recreational activities in the home and the community.

People who lived at the home told us they felt comfortable raising concerns and complaints.

Is the service well-led?

Requires Improvement ●

The service was safe

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident action would be taken to make sure people were safe.

Medications were managed safely and administered in line with the prescribing instructions. They were ordered and stored correctly.

There were enough staff to meet people's needs and the recruitment process was robust this helped make sure staff were safe to work with vulnerable people.

Tealbeck House

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 was 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 inspection team consisted of one adult social care inspector, a specialist advisor with a background in nursing, and an expert by experience with a background in care of older adults. 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 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 also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted health professionals and the local authority.

At the time of our inspection there were 48 people living at the home. During our visit we spoke with five people who lived at Tealbeck House, two visiting relatives' three members of staff and the registered manager. We observed how people were being cared for. We looked at areas of the home including some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and to the management of the home. We looked at four people's care plans.

Is the service safe?

Our findings

All the people we spoke with at this inspection said they felt safe in the home. These were some of the comments people made, "Yes it is like home from home." Another person told us, "I take my own tablets, I know what to do." We spoke with a person's relative who told us, "I feel [name of person] is safe here, I have never heard anything bad, it is the same when staff are talking to one another."

Staff we spoke with had mixed views around the staffing levels meeting people's needs. One staff member told us, "Staffing levels are short; Sometimes we need to use agency staff." Another staff member told us, "Yes we are busy, we all give our best. I feel it is improving though as new staff are coming in now as we are just recruiting." Another staff member told us, "We are looking forward to the new staff coming and being trained up to support us." We spoke with one person's relative who told us, "I have witnessed sometimes they are short staffed here as staff are really busy all the time, but they don't ever not have time to talk to [name of person]."

Our observations and discussions with people who used the service and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. The registered manager told us they were in the process of recruiting more staff. The registered manager told us the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. They used a dependency tool around the people's needs and support. This was confirmed by our observations during the inspection.

We observed staff supporting people during the day in various rooms, this involved movement and support to and from wheelchairs. On these observations, all were undertaken in a safe appropriate manner, and clear explanations were given to people.

In the PIR the provider told us, 'Staff rota to ensure enough staff on duty and accounts for annual leave and sickness Dependency tool used to calculate how many staffing hours are required to meet the levels of dependency customer's needs Budgeted care staff hours Robust recruitment and interview process, DBS checks, references, visa/work permit checks Bank staff pool to cover for sickness.'

We looked at the recruitment records for four staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. One staff member told us safeguarding was about keeping people safe from any potential harm that may occur. All the staff we spoke with said they would report any concerns to the registered manager. Staff said they were confident the registered manager would respond appropriately. The service had policies and procedures for safeguarding vulnerable adults and these were available and accessible to members of staff.

Staff said they were aware of how to whistle blow (report concerns inside and outside of the organisation) and confirmed they covered this on their training. This showed staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We looked in four people's care records and saw where risks had been identified, there were assessments in place to ensure these risks were managed. For example, care records showed assessments were carried out in relation to pressure care, food, nutrition and medication.

Staff demonstrated their knowledge of the home's emergency procedures and said they had taken part in fire drills. This was evidenced throughout the files at the time of inspection. Staff said they were trained in first aid awareness and felt confident to deal with any emergencies. Staff told us they knew how to report accidents and incidents. Staff showed a good awareness of risk management and could describe individual risk management plans for people who used the service.

We checked the systems in place regarding the management of medicines within the home. We found all five of the records we looked at were accurate. This meant people in the home had received their medicines as prescribed.

We looked at five random medication administration records (MAR) found them to be accurate in terms of stock held. Each MAR had a digital photograph of the individual person for identification purposes. Any incidents of non-administration or refusals were noted on the electronic MAR sheets. This meant it was clear if people had not taken their prescribed medicines.

We inspected the storage room and saw this was spacious with adequate space for both medicine trolleys. We saw ordering systems ensured people did not run out of their medicines. We observed staff administering people's medication. Staff did this in a sensitive way giving people time to understand what was happening throughout. Staff appropriately administered and recorded controlled medicines. Controlled medicines are prescription medicines that are controlled under the misuse of drugs legislation.

The home had an up to date medication policy in place, which gave information about the 'safe medication administration procedure' and also around training required for the staff who administered medication. Staff received training for this. These were evidenced through staff files we looked at.

During our walk around the premises we saw the home was very clean and tidy. We looked at various areas of the home including the communal lounge, dining room and bathrooms. We looked at some people's bedrooms which were clean, tidy and personalised. We found the home was maintained well throughout. The home had undergone re-decoration at the time of the inspection in all the communal areas of the home.

Is the service effective?

Our findings

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People told us they could get up and go to bed when they wanted. One person said, "Yes I like it here, I like my radio music, I like to watch TV in my room, the staff are lovely." A relative of a person told us, "[name of person] goes to bed when she wants to and gets up when she wants to."

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 are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection two people were subject to DoLS.

We spoke with staff about the (MCA). They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions. For example, choice of clothes and meals and what activities they would like to participate in. Staff said they used a number of ways to assist people to make their own decisions which included verbal communication and pictures of different activities and meals. Staff we spoke with confirmed they had received training on the MCA and our review of records confirmed this.

In the PIR the provider told us, 'Consent to care and treatment forms are completed where possible. End of life discussions are held when people move into the home if appropriate. If individual does not want to discuss this is documented and revisited in the monthly review if appropriate should their views change.

Care plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people's best interests. For example, personal care, finance and medicines.

Records showed arrangements were in place that made sure people's health needs were met. Each person had a care plan which included details of their medication, details of visits to or visits by professionals which demonstrated people had regular check-ups with GPs, dentists, chiropodists and consultants. Staff were aware of the systems in place for people to be reassessed should their needs change. In one person's care plan information in one area had been missed, nothing had been recorded by staff around continence of the person since November 2015. This was brought to the attention of the registered manager who told us this would be rectified that same day.

People had care plans in relation to their preferred food and drink, and details of any dietary requirements were included. Information about allergies were recorded. We saw food and drinks were available for people throughout the day and we observed staff encouraged people to eat and drink and have snacks to maintain their hydration and nutritional needs.

Staff told us menus were put together based on the known likes and dislikes of people who used the service. We looked at the menus and saw there were a good variety of options available for people. On the day of our visit most people sat in the dining room. Some people chose to eat in their own room. We saw they were offered a choice of what to eat and given assistance, if they required this. The staff took a sample plate of food round to each person so they could see what was on the plate and choose what they would like to eat. Some people eating independently were struggling to get food on to their forks. We spoke to the registered manager about resources for people who would have benefited from plate guards or alternative methods to support people. The registered manager told us she would look into sourcing these.

We looked at staff training records which showed some staff had completed a range of training sessions. The remaining staff were booked on refresher training in the upcoming year. The registered manager told us that this was a priority due to staff shortages some training had to be postponed. It was evidenced at the time of inspection that staff who needed specific training for example medication, moving and handling and safeguarding had completed this. One staff member said, "I have completed all my training, I am up to date." Another staff member said, "I am waiting to complete some training which is booked in this year as I had to cancel the last training due to short staff. We are recruiting now so it will be much better when we are fully staffed and all the new staff are trained up."

Staff said they received one to one supervision. We looked at staff files to check this out and found out of the four staff files we looked at only two staff had received supervision over the last three months. We spoke to the registered manager who told us that supervisions had been put on hold and that staff were aware of this due to staff turnover. The registered manager and staff all confirmed that they were receiving group supervisions at the moment to ensure communication throughout the staff team was happening. All the staff had all received an appraisal in 2015. One staff member said, "We all work together and support each other, we all get on well."

Is the service caring?

Our findings

Everyone we spoke with told us they enjoyed living at Tealbeck House. People told us staff were caring and the home provided a nice environment. One person told us, "I like it here it is lovely, everyone is friendly, if you are sat on your own someone always comes to talk to you." Another person said, "I feel very lucky to be here when you think what the alternative could be." A visiting relative said, "Staff are really nice." Another visiting relative told us, "My mother has been here for many years and is very happy. I think everything is good here. The staff are really attentive and kind."

In the PIR the provider told us, 'Individuals supported to maintain existing links with local community and form new friendships by encouraging friendships of people with similar interests. Themed restaurant evenings for residents, families, friends and staff to come together socially. Access and make use of Otley Action for older people.

We saw people who used the service looked well cared for. People had clean; well-presented clothing on. A visitor told us, "[Name of person] is always clean and tidy when I come."

Without exception all the interactions we saw between people and staff were undertaken in a kindly, caring but not over familiar or patronising manner. At no time did we see any interaction being limited to the carrying out of tasks but rather we saw staff took opportunities to connect with people and took the time to talk.

People were comfortable in their environment. Rooms were decorated to individual taste and people could choose what items to keep there. Some people had pictures and their names on the doors. The registered manager told us that they were in the process of applying pictures to all people's doors as a sense of belonging.

Staff talked to us about the care provided and told us it was good. Staff felt they all worked as a team. Staff were able to give good examples of how they promoted people's dignity and privacy. One staff member told us, "I never just walk into someone's bedroom I always knock and ask if I can enter their room. I really enjoy my job." They also felt people were encouraged and supported to be as independent as possible.

Relatives who we spoke with said they were able to visit their family members without restriction. People who used the service said that they were in regular contact with their families, either through visits to the family home for a drink or their family coming to their home.

People we spoke with told us they were involved in their care plan. One person said, "I am aware of this but my daughter does all that for me." A visiting relative told us, "I am involved in [name of person] care plan, we have a review coming up soon, it is usually once a year but if we need a review before that time we can ask for one."

Is the service responsive?

Our findings

People gave us examples on how the service responded to their needs. They said staff listened to them and supported them to be as independent as possible. One person said, "We had a trip to the fish and chip shop and I have also been to the retail park in guisely." A visiting relative said, "They [staff] do a lot with them even though they are really busy." Another relative said, "[name of person] is always smiling every time I come to see her."

We saw a lot of evidence of people's continued involvement in planning their care. People and their families had signed to indicate this, along with agreements about going out into the community and specific activities in and out of the home. People and their families told us they were involved in the care plans. Personal and immediate information was easy to locate in the care plans including details of admission, reasons for admission and underlying health issues which were located in a pre-admission assessment. Assessments generated a number of specific care plans, which were person centred, detailed and specific. For example one person had several falls and previously had a specific plan in place including a bed sensor. In addition to this the staff had incorporated a check period for the person. A capacity assessment had been completed prior to the checks been incorporated.

The home had a bar area which was used for social events such as birthdays and anniversaries. The registered manager told us this was also used through the week for people to socialise and have a drink. Staff told us one of the people in the home had used the bar area for their own party with their family.

On the morning of the inspection the activity coordinator was in the lounge area with quite a few people, music was playing in the background and everyone had a set of pom pom's moving them to the music. One person said, "I really enjoy this I can't stop laughing." Another person said, "I enjoy the music and activities." In the afternoon a singer had been booked in advance. This was evidenced on the notice board in the entrance to the building. We observed all the people in the lounge interacting with the singer and staff, singing along and dancing with other people in the home. Activities were on the notice board for the upcoming week with activities to suit peoples individual needs, including, Singing, movies, and trip out.

The activity co-ordinator told us they kept records on what activities people undertook and how they participated. We looked at a record book. We saw there were regular entries for all people at the home. The records showed the activity undertaken or declined with brief comment on how the person had interacted.

People told us they would talk to staff or management if they had any concerns. One person told us, "If I had a concern I would speak to the staff or the management, but I haven't had any as yet." Relatives we spoke with said they had no concerns about the service but were aware of who to make a complaint to and how.

In the PIR the provider told us, 'Complaints system in place ensuring customers/others concerns are listened to and acted upon within the expected time frame. Safeguarding Team involved if required. Complaints discussed with relevant Heads of Department within the home to come up with solutions for further prevention/lessons learned. Anchor's customer relations team support homes in responding to and meeting

timescales for complaint responses. Complaints are escalated to internal and external Safeguarding Teams if needed. Complaints are seen as an opportunity to improve our service further.'

We saw information about 'how to make a complaint' was displayed in the home. The registered manager told us people's comments and complaints were fully investigated and resolved where possible to their satisfaction. We saw previous complaints had been resolved and actioned in accordance with the provider's complaints policy. Acknowledgement to the person was also completed in writing. The registered manager told us they had no on going complaints at the time of the inspection.

Is the service well-led?

Our findings

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

Our discussions with people who lived at the home and our observations during our inspection showed there was a positive culture and atmosphere in the home and staff were familiar with people's needs and interests. One staff member said, "I love my job, I couldn't ask for a better manager." Another staff member told us, "I do enjoy my job helping people but we are so busy all the time, hopefully it will be better when we have new staff." One visiting relative told us, "The manager is very nice; They are all nice." Another visiting relative told us, "The manager is approachable, but she is always rushing around she is so busy."

Staff meetings took place and staff felt these were positive meetings. The meetings included discussions around people, care plans and also environmental issues. The home had recently undergone refurbishment and staff felt positive about these changes. The registered manager told us staff were working with the Dementia specialist to look at incorporating more dementia friendly activities.

Resident and relative meetings were held in the home and took place every month. We looked at the minutes of the last two meetings, these included discussions about activities, meals and the overall service. People and their relatives stated they were happy with the service they were receiving. One visiting relative told us, "We are happy with the activities and the care [name of person] is getting."

The home had completed a 'Your care rating' for residents in 2015. People were asked if they were happy living at Tealbeck, 100% agreed they were happy. 94% of people agreed they were happy with the standard of the home. 96% of people agreed they were treated with respect and kindness and 100% of people were happy with their overall care. Comments included 'The staff are very good they look after me. I am just very lucky to be here.' 'I didn't realise how easy it would be to adapt.' 'Staff are very caring and understand me.' We saw evidence the care manager and registered manager had previously audited people's care plans and risk assessments on a monthly basis. However due to unforeseen staffing issues these had not been carried out for over six months. All safeguarding referrals had been reported to the Care Quality Commission and there had been no whistle blowing concerns. Maintenance checks were in place as well as fire drills with all staff.

We saw the provider had a quality assurance programme which included monthly visits by the area manager to check the quality of the service. We saw detailed reports of the visits and action plans, time scales and improvement plans. Areas of improvement included; Supervisions, staffing levels and care plans. The registered manager had a quality assurance system in place which consisted of audits and required completion on a weekly, monthly and annual basis by the care manager and the registered manager. This included audit of accidents, falls, complaints monitoring, pressure sores, weight loss action plan, medication, infection control, CQC/safeguarding notifications and a dependency tool. Even though these areas had been identified by the area manager the registered manager had still not completed supervisions or audited care plans within the service. The registered manager was aware of this and told us at the time of inspection these would be made a priority to complete.

Staff had not been receiving regular supervisions over the past six months. The registered manager and area manager had put a plan in place to ensure staff were to receive supervisions twice monthly. At the time of inspection staff were receiving group supervisions until the registered manager had arranged individual staff supervisions. Staff we spoke with all told us that they were aware they could speak to the care or registered manager at any point if they had any issues or needed support. All staff had received and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff had received observations on medication and infection control. These were evidenced in the staff files at the time of the inspection. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the registered manager or provider. One staff member told us, "If I felt that something wasn't right I would go straight to my manager."

We looked at the way accidents and incidents were monitored by the service. Any accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified and action taken.