

Anchor Trust

Halcyon Court Care Home

Inspection report

55 Cliffe Road
Leeds
West Yorkshire
LS6 2EZ
Tel: 01132743006
Website: ah.halcyoncourt@anchor.org.uk

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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 

Overall summary

This inspection took place on 14 December 2015 and was unannounced.

Our last inspection took place on 25 April 2014 and, at that time; we found the service was not meeting the regulations relating to care and welfare of people who used the service, training and staffing. We asked them to make improvements. The provider sent us an action plan telling us what they were going to do to ensure they were meeting the regulations. On this visit we found improvements had been made in all of the required areas.

Halcyon Court is a care home registered to provide personal care and accommodation for up to 52 older people. At the time of inspection 30 people were living there. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

At this inspection we found people were happy with the care they received. People felt staff were caring. We saw people received good support during the inspection and enjoyed the company of staff.

People told us they felt safe and didn't have any concerns about the care they received.

We found the provider was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff understood how to help people make day-to-day decisions and were aware of their responsibilities under the MCA and Deprivation of Liberty Safeguards (DoLS).

We found that staff had training throughout their induction and also received refresher training in areas such as dementia care, MCA, DoLS, safeguarding, health and safety, fire safety, first aid and infection control. This meant people living at the home could be assured that staff caring for them had up to date skills they required for their role.

Medicines were administered to people by trained staff and people received their prescribed medication when they needed it. Appropriate arrangements were in place for the ordering, storage and disposal of medicines.

People enjoyed a range of social activities and had good experiences at mealtimes. People's health needs were met.

People told us the food at the home was good and that they had enough to eat and drink. We observed lunch being served to people and saw that people were given sufficient amounts of food to meet their nutritional needs.

The care manager and registered manager had reviewed staffing numbers to help ensure there were enough staff to keep people safe. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff felt supported and had regular supervisions and appraisals in place within the home.

We saw the provider had a system in place for the purpose of assessing and monitoring the quality of the service. This showed through audits that this was an effective system.

People told us they would feel comfortable raising concerns or complaints. People provided positive feedback about the registered manager.

Summary of findings

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 safe.

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

Medicines were managed safely and administered in line with the prescribing instructions. They were ordered, stored and disposed of correctly.

There were enough staff in the home to ensure people were safe.

Good



Is the service effective?

The service was effective

People were offered a varied and well balanced diet.

People received appropriate support with their healthcare and a range of other professionals were involved to help make sure people stayed healthy

Mental capacity assessments were completed in people's care plans and Deprivation of Liberty Safeguards applications had been appropriately sought.

Good



Is the service caring?

The service was caring

People and their relatives told us they were well cared for.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

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

Good



Is the service responsive?

The service was responsive

There was opportunity for people to be involved in a range of activities.

People felt confident raising concerns. Complaints were responded to appropriately.

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

Good



Is the service well-led?

The service was well led

Good



Summary of findings

Staff and resident meetings took place which meant people were involved in the service.

There were procedures in place to monitor the quality of the service where issues were identified, we saw there were action plans in place to address these and when action had been taken.

People spoke positively about the registered manager.

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 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.

This inspection took place on 14 December 2015 and was unannounced. The inspection team consisted of one adult social care inspector and a specialist advisor.

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.

During our visit we spoke with six people who lived at Halcyon Court, two visiting relatives, a GP, visiting Optometrist, three members of staff, three team leaders, the deputy manager, care manager 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 support plans.

Is the service safe?

Our findings

All the people we spoke with said that they felt safe in the home. These were some of the comments people made, “Yes I feel safe. Wouldn’t be here if I wasn’t safe.” We spoke with a person’s relative who told us, “I feel my mum is safe here. She is comfortable and happy.”

Staff we spoke with said there were enough staff to meet people’s needs properly. One staff member said it could be hard when staff phone in sick it can be hard to get cover. They said, “We are never understaffed though we have been overstaffed lately.” Another staff member told us “I feel there is enough staff, we all work together.”

We were told by the registered manager that the usual staffing levels were; two team leaders and six care workers on day shifts and one team leader and two care workers on night shifts. We looked at the rotas for the last six weeks in the home and could see the staffing was overall as planned. The rotas showed planned staffing levels had been maintained. This meant that there were enough staff to meet the needs of the people in the home.

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 said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. The registered manager said, “As and when we receive more people in the home, we will increase the staffing numbers.”

We looked at the recruitment records for six 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 “If I saw anything I wasn’t happy with I would report this straight to my manager. I am aware who to contact.” All the staff we spoke with said they would report any concerns to the manager. Staff said they were

confident the 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

Care files contained risk assessments for health and support, which covered areas such as moving and handling, and ill health.

We looked at around the home and reviewed a range of records which showed people lived in a safe environment. For example, fire-fighting equipment was checked, and fire drills and training were carried out. Contracts were in place for the maintenance of waste management. Electrical equipment had been tested. Environmental risk assessments such as maintenance and repair, and electrical equipment were in place.

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

Four random medication administration records (MAR) sheets were checked and administration was found to be accurate in terms of stock held. Each MAR had a photograph of the individual person for identification purposes and allergies were noted. Any incidents of non-administration or refusals were noted on the MAR sheets. There was an up to date British National Formulary (BNF) for medication available on each floor. This is a pharmaceutical reference book that contains information and advice including any side effects with medication.

We looked at medication storage and saw that both medication rooms were well-lit and spacious. Both rooms had an air-conditioning unit and records of temperature were checked and recorded daily. As and when required (PRN) drugs were in place at the home. It was noted that there were protocol sheets with the MAR records indicating the rationale as to when they could be given and why. This meant there was guidance in place for staff to follow.

Is the service safe?

Medicines for return to the pharmacy were placed in individual small plastic bags and signed. This medication was recorded in a specific book for the purpose. Any remaining medication and clinical waste were collected and signed for by a specialist contractor.

Is the service effective?

Our findings

At the inspection, we found that people had access to healthcare services when they needed them. We saw evidence in four people's care plan which showed they regularly visited other healthcare professionals such as Podiatrist, GP, Optometrist and the specialist nurse. It was evidenced and recorded monthly in all four care plans that people had maintained, or gained weight over the last 12 months. We spoke with two visiting health professional during the inspection. They were positive regarding their involvement with the service and told us the service followed their advice well.

We looked at staff training records which showed staff had completed a range of training sessions, which included mental capacity and Deprivation of Liberty Safeguards (DoLS), food hygiene, medication training safe moving and handling and dementia awareness. Staff we spoke with told us they had completed training courses and then received refresher training. Staff said that they felt that the training they received supported them in their work and that if they felt they needed further training they would speak to the registered manager. We looked at six staff files and were able to see information relating to the completion of induction and all relevant training needs.

During our inspection we spoke with staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. The staff files we looked at confirmed that each member of staff had received monthly supervisions. We saw staff had received an annual appraisal of their role throughout 2015. Staff said they received support from the registered manager; describing them as approachable

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.

We spoke with staff about their understanding of the Mental Capacity Act (2005). One staff member said, "You should assume that the person has capacity to be able to

make their own decisions." We looked at staff training records and saw staff had completed the training. This meant all staff had knowledge and understanding of the Mental Capacity Act (2005). The care plans we looked at contained information relation to people's capacity being assessed and these where appropriate showed family involvement.

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 the inspection the home had made three DoLS applications. The service was meeting the requirements at the time of our inspection in relation to DoLS.

We looked at the menus and could see that two meal options were offered daily. The laminated menus were available in the dining room to enable people to make menu choices. The staff were observed walking round each person with the choices of the day on individual plates and asking them individually which they would prefer. One staff member said "We [staff] feel that showing people the meal choices is much more effective than just written down on a menu planner." One person said "I like that the staff come round so we can look at what we want for our meals." One person did not want anything on the menu so the chef asked if she would like something different and gave her another two choices. The chef said that if anyone wanted something different, "I would prepare this for them" and "I prepare soft diets for people who need it and always try to make it look as appetising as possible."

Food was served from a heated trolley. Portions were generous and the food was well presented and looked appetising and hot. People received support and encouragement to eat their meals. One staff member sat beside another person to talk to her while they were eating the meal to try and encourage eating. One person came into the dining room and wanted to say thank you to the chef for the cooked breakfast they had in the morning. People we spoke with said that the meals were lovely and that they always had a choice.

Is the service caring?

Our findings

We observed good interactions between staff and people in the home. Staff spoke kindly and respectfully to people they supported. All the people we spoke with told us they liked the staff. There was a friendly, social atmosphere in the home. People said they were well cared for. One person said, "It's a nice home all staff are nice." Another person said "Staff are always here for us it's a lovely home to live in." Staff were supportive in their communication with people. People enjoyed the friendly relaxed communication from the staff. There were a few visitors during the day of the inspection. Visitors appeared to visit freely and were welcomed by all staff. One visiting relative told us "Staff are lovely and make me feel welcome."

People looked well presented in a clean, well-cared way with own personal items which evidenced that personal care had been attended to and individual needs respected. People were dressed with thought for their own individual needs and hair was nicely styled. We noticed that at one point a person's clothes had food on after having their meal. Staff attended to this with thought for the person's privacy and dignity.

Staff we spoke with said that they provided good care and gave examples of how they ensured people's privacy and

dignity were respected. Staff were trained in privacy, dignity and respect during their induction. Staff could describe the ways they cared for people, which included specific moving and handling needs.

We saw care interventions such as assisting people to the toilet were carried out with sensitivity and respect. We saw one person asked to be taken to the bathroom. A member of staff accompanied them immediately, chatting with them as they left the room. We saw staff enquiring about people's welfare, asking if they felt better when they had been ill.

Care plans we reviewed were seen to have been developed using a person-centred approach. For example in one care plan it clearly stated that one person preferred a bath on a certain day and a shower on another day. The registered manager told us that people and their families had been involved in developing and reviewing care plans. We saw that care plans were dated and signed by the manager and the carer workers. However in some care plans we saw that signatures from relatives regarding the reviews were not always completed. The registered manager said that they were working on ways to try and get relatives involved more in the home.

Is the service responsive?

Our findings

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of the people they were planning to admit to the service. Following an initial assessment, care plans were developed detailing the care needs/support, actions and responsibilities, to ensure personalised care was provided.

We saw that a short term care plan had been developed for a person who was unwell. One person's care plan said, 'All staff to ensure that full course of antibiotics are completed and to monitor effectiveness. Care staff to alert deputy or registered manager if they observe any reactions or decline in health.' This showed that the provider was responsive to the changing needs of people. We also saw evidence in the care plan of external professionals such as GP's visiting the person.

Staff spoke highly of the care plans and supporting documentation such as the food and fluid charts. One staff member told us, "I am involved in the care plans and they are easy to read." We saw care plans were reviewed monthly and updated as indicated whenever the needs of the person changed. Daily record showed people's needs were being met. Staff spoke confidently about the service. We concluded staff knew people and their needs well.

The registered manager told us that the home currently had two activity co-ordinators who between them worked 44 hours per week. The home had an activity room which was split into sections. One area was a reminiscence cuddle corner [this was where people could sit and chat about the past with staff and other people in the home], music, activities area and coffee area. The activity co-ordinator explained that they had just recently decorated the activity room. They said "We have completed sections in the room from listening to what people wanted. The people wanted smaller areas instead of one large group." The room was very light and airy with lots of colours and pictures.

We saw the activities schedule was displayed on the notice board in the entrance to the home. Some of the activities consisted of music sing along, themed days, pampering, board games and also a monthly visit to the 'dementia café' which was in the local church. We saw activities happening on the day of our inspection. People were sat in different areas of the activity room engaged in their own chosen activity. One person was colouring with a member of staff. Another three people were sat in the coffee area chatting to each other. One person told us "It's natural here everyone is really nice." Another person said "I have friends in here we like to chat." After lunch there were people sat watching a movie with snacks and drinks with staff engagement. A member of staff told us "Activities are important activities are not forced on anyone we just encourage people to join in if they would like to."

The home had systems in place to deal with concerns, complaints and compliments, which provided people with information about the complaints process and a complaints policy. On the day of the inspection we saw two complaints recorded since the last inspection in May 2014 which had been satisfactory handled in a timely way. Staff confirmed they were aware of any complaints or concerns around the people in the home and this was evidenced in the staff meetings which were discussed in order to prevent re-occurrence of issues. The home had also received many thank you letters and cards. Examples of these were 'thank you for looking after [person name] while living at Halcyon Court. Another example was 'You took great care of [person name] I can't thank you all enough.'

The registered manager told us they reviewed complaints annually to detect themes or trends, and confirmed there had been no trends identified. People who used the service and their relatives all told us that they would feel confident to complain if they needed to with any staff member or the registered manager. One person told us "I would go to the top dog if I had to complain. My family know how to complain." A visiting relative told us "I wouldn't hesitate, if I needed to complain I would but I haven't had to."

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager at the service. People told us the registered manager at the home was approachable. One person said, "The management are all approachable. Staff are lovely we have been here for a lot of years." One visiting relative said, "I had spoken to [person name] about something and it was dealt with straight away." Another relative said, "I would like to be kept informed more, but everything I have asked they have addressed this straight away."

Staff said they felt supported in their role. They said the management team supported them in ensuring good standards were maintained. Staff said the management team was approachable and had time for them. They said they could raise ideas or concerns if they had any. The staff said that they all worked alongside each other as a team.

We saw staff meetings were held on a regular basis. We looked at the minutes of staff meetings and concluded that effective mechanisms were in place for the staff to have the opportunity to contribute to the running of the home. In addition to this care issues were discussed which meant that any key issues relating to the people were communicated to the staff.

We looked at minutes of 'customer and relatives' meetings and saw ideas and suggestions on how the garden could be more accessible to everyone in the home. The registered manager told us that planned works were on-going for the summer for the garden to be accessible front and back to all the people in the home.

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; garden provision, staff files and activities.

We saw evidence the care manager and registered manager audited people's care plans and risk assessments on a monthly basis. All safeguarding referrals had been reported to the Care Quality Commission and there had been no whistle blowing concerns. We saw the management team also checked the staff training matrix on a weekly basis to make sure they provided accurate and up to date information. Maintenance checks were in place as well as monthly fire drills with all staff.

People who used the service and their relatives were asked for their views about the care and support the service offered. The registered manager showed us these results undertaken in 2015, which discussed the following areas; Staff having time to talk to people, laundry service, dealing with compliments and complaints and staff been sensitive to people's needs. The overall with the service and staff satisfaction was good.

We looked at the records of safety checks carried out in the home which showed they were monitoring the quality and safety of the service. These included maintenance records, fire records and water safety checks. There was evidence these were carried out regularly and that any actions identified were clearly documented to show that they had been addressed. There were systems in place to monitor accidents and incidents and we saw that the service learnt from incidents, to protect people from harm which indicated the registered manager was looking at improving practice in the home.