

# Anchor Carehomes Limited

# Berkeley Court

## Inspection report

Chatsworth Road  
Harehills  
Leeds  
West Yorkshire  
LS8 3QJ

Tel: 01132499170  
Website: [www.anchor.org.uk](http://www.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 ●

# Summary of findings

## Overall summary

### About the service

Berkeley Court is a residential care home providing personal and nursing care to 69 people aged 65 and over at the time of the inspection. The service can support up to 78 people.

People's experience of using this service and what we found.

People, relatives and staff gave us very positive feedback about the caring nature of the service. There was a visible person-centred culture. Staff made positive comments about the staff team and the new manager. Care plans were in place; these enabled staff to support people in their preferred way. We spoke to the manager to ensure people's cultural needs had been fully explored. The manager actioned to this straight away.

There were enough staff to ensure people's care and support needs were met on the day of the inspection. People and their relatives were happy with the staff team, however felt the agency staff did not know them or their relative as well as the permanent staff. We spoke to the manager about this. Remove space  
The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service. People had individual risk assessments in place, so staff could identify and manage any risks appropriately. We saw health professionals were frequently present in the home.

Safeguarding procedures were robust, and staff understood how to safeguard people. Systems were in place to make sure staff learned from events such as incidents and accidents. Staff told us they had training to enable them to perform their roles and were able to improve and develop new skills. Staff felt supported and told us they received regular supervision. However, this had lapsed in recent months due to a new manager in post. This was recognised, and action was taken to address this.

Medicines were managed safely. Infection control audits were undertaken which showed any issues were identified and acted upon.

Respect for privacy and dignity was embedded in the service's culture and values. People and staff felt respected and listened to. The service promoted people's wellbeing by taking account of their needs including activities within the service and improvements to people accessing the community had commenced. People made positive comments about the quality of food provided and told us their preferences and dietary needs were accommodated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Complaints were recorded and actioned in line with organisational policy. There were planned, and regular checks completed at the service to check the quality and safety of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good overall (published May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Berkeley Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors, a specialist advisor in medicine management and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. The manager recruited in 2019 had submitted an application to become the registered manager. This was awaiting assessment by our registration team.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and nine relatives, asking them questions about the quality of the service. We spoke to the manager, district manager and regional wellness coordinator, two team leaders, deputy manager, four staff and the chef. We also spoke to a visiting GP.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- We observed there were enough staff available to keep people safe. There was a continuous staff presence in the home, and we observed staff respond promptly to people during the day.
- We received mixed feedback from people, their relatives and staff about staffing levels. One relative told us, "I feel there is not enough staff through the day and there is more agency staff on a night in the home than their own regular staff." We spoke to the manager about this and they were looking to reduce the amount of agency staff they used.
- The provider used safe recruiting procedures when employing staff in the home.

### Systems and processes to safeguard people from the risk of abuse

- The provider used appropriate systems to safeguard people from abuse. Staff received training about how to safeguard adults from abuse and they were knowledgeable about their responsibilities. The manager made appropriate referrals to the local safeguarding authority, when required.
- People felt safe living at Berkley Court and people's relatives raised no concerns about their family member's safety. People commented, "There is always someone around, they pop in and see if you want a cup of tea/whatever. Staff are always helpful," and "It's a helpful place, they look after me very well." A relative told us, "I feel my mum is safe because of how staff talk to her, I hear them as I am coming down the corridor to see her and they don't know I am there."

### Assessing risk, safety monitoring and management

- The provider had systems in place to assess and manage risks to people. Where risks had been identified, people's care records contained guidance for staff about how to manage those risks. For example, where people were at risk of falling, their care plans contained information about the support they needed to mobilise safely.
- Staff completed checks of the building and the equipment they used, to ensure the premises and equipment remained safe. All necessary safety certificates were in place at the time of inspection.

### Using medicines safely

- Medicines were ordered, stored and disposed of safely. People told us they were happy with the support they received with their medicines.
- We observed staff were patient and respectful when they supported people to take their medicines. They offered medicines to people in a discrete manner to promote people's privacy and dignity.
- We saw evidence where people needed their medicines at a specific time this was recorded. This meant people received their medication at a time this was required.

### Preventing and controlling infection

- People were protected from the spread of infection. The provider had a policy which staff were required to follow to promote effective infection control practices. All staff received training in infection control.

### Learning lessons when things go wrong

- The provider had suitable systems in place to learn from any accidents or incidents. All accidents and incidents were recorded by staff and analysed by the manager each month, to try to identify any themes or trends. This information was used to help reduce the risk of repeat events.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and reviewed to ensure they could be met effectively and in response to any changes in their needs.
- Care was managed and delivered within lawful guidance and standards. For example, assessments considered people's human rights and any additional provision needed to ensure respect of people's protected characteristics under the Equality Act 2010.

Staff support: induction, training, skills and experience

- Staff had completed a thorough induction at the home. Staff had completed training on line and also face to face in the home. Staff told us they felt they had received good training. One staff member said, "Training is good, I have completed a lot and learnt a lot as well."
- Staff received regular support and supervision to review their competence, discuss areas of good practice and to consider ways they could continue to improve. Staff told us they felt well supported by the manager. One staff member said, "Even though the manager is new I would definitely speak to him if I needed support. He (manager) has come around the home and introduced himself."

Supporting people to eat and drink enough to maintain a balanced diet

- People had a balanced, healthy and varied diet of their choice.
- Staff knew about people's individual dietary needs and preferences. Snacks and drinks were available at any time for people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People accessed and received a range of healthcare services. These included services from GPs and community nurses. One person said, "They are always good to you, no one is nasty. If you are unwell they check you over and anything serious they call the doctor, who comes fast an' all."
- Staff and the management team had regular communication with health professionals when assessing and reviewing people's health needs.
- People visited the dentist regularly and had support plans in place to manage any oral healthcare needs.

Adapting service, design, decoration to meet people's needs

- The home was nice and clean. We saw people's bedrooms were decorated and personalised with their own belongings.
- We saw signage to support people in relation to their room, dining rooms and café area. Even through the

home was large people found their way around with no problems.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff understood the importance of supporting people to make their own decisions. They obtained consent from people before care was delivered. One staff member said, "We support people to make their own choices."
- People's capacity to make decisions had been assessed, when appropriate, to ensure staff worked within the principles of the MCA. Best interest decisions were recorded in people's care records, when necessary.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and they felt well treated by staff. Comments included, "They are caring people who work here" and "The staff are lovely they are kind and very helpful."
- We observed care interactions which were kind, caring, gentle and patient. Staff had open body language and good eye contact when engaging with people and got down to their level to speak with people.
- The majority of people were complimentary about the attitude and kindness of the staff. They said most staff knew how they liked things done. Comments from people included, "The staff are lovely."
- People's care records included information about their background, life history, family, friends and interests. This helped staff to get to know people and understand their individual needs. One relative told us, 'I've no complaints about the care. The staff are wonderful.'

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care and treatment.
- People made choices about their daily lives. For example, they decided where and how to spend their time and at meal times we saw staff offered people choices of food and where to sit.
- People and their relatives were supported to share their views in individual care reviews and at meetings. The service had a 'you say, we did' section which showed a lot of what people had suggested was implemented into the home.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted throughout.
- People told us staff respected their privacy and dignity. We observed staff knocking on doors before entering people's bedrooms. One person said, "Staff are very reliable, pleasant and good humoured. They know me well because of the way they treat me; knowledgably and thoughtfully."
- People told us they were encouraged and supported to be as independent as they could be. People said they were supported with personal care to do as much as they could for themselves. One person said, "They pass my flannel and I do what I can." Another person said, "When I am having a shower I do as much as I can, sometimes I am tired and need more help."
- People's confidential information was managed safely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care needs were assessed, and this information was used to develop plans of care.
- Staff showed a good awareness of people's needs, they could describe in detail personal care routines, people's likes and dislikes and risks. Life histories were recorded to support staff to provide care and support to people.
- People's diverse needs were reflected in their care plans. However, we spoke to the manager around how these could be explored in more depth around the cultural needs and religious requirements. The manager actioned this straight away.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew how to communicate with people and care plans contained information about people's communication needs and any sensory support or adaptations they required. For example, each care plan advised on how to approach each person and advised on any specific difficulties the person may have including sensory concerns and how staff needed to ensure they understood.
- Documents could be produced in any format or language that was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We spoke to the Regional Wellness coordinator who oversaw six homes within the provider group. They told us, "The provider has stopped employing activity coordinators due to preferring a team approach. This involves training/giving responsibility to every staff member for an activity. The main aim of this change was to move away from just activities to a wellness approach with the emphasis on people's enjoyment and interaction.
- Activities were based on what staff knew about people as they worked in small units and got to know people well. Additionally, they were based on people's life stories. For example, some people who liked rugby had been to Leeds Rhinos and this trip featured in the newspaper. Staff recorded activities in the daily records which were reviewed every month.
- People told us they enjoyed the activities. One person said, "There are plenty of activities. I am not allowed out on my own, but they take me to the shop every day to get the paper. When my sister phones they bring the phone in to me."

- There was a café and a shop located at Berkeley Court. People and their relatives could access this. The shop was stocked with everyday items to purchase.

#### Improving care quality in response to complaints or concerns

- Where complaints had been made, they were responded to in line with provider's policy. The complaints procedure was displayed on notice boards.
- People and their relatives told us they would not hesitate to complain if they needed to. One relative said, "I have nothing to complain about [name of person] is well looked after."

#### End of life care and support

- There was no one at Berkeley Court being supported at the end of life. The manager told us training had commenced for staff and was ongoing.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The managements team had a visible presence in the home and knew people, their needs and their relatives well. The new manager had made themselves available for staff, people and relatives. All the people and relatives we spoke with told us the home was well managed.
- People provided positive feedback about the management of the home and said they were approachable. One person said, "I have met the new person in charge. They seem nice."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was open and transparent when dealing with any issues or concerns. They understood their responsibility to apologise and give people an explanation if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor the safety and quality of the service. These included audits of areas such as medicines, care plans and health and safety.
- Notification of accidents, incidents and significant events were submitted to the CQC as required by law.
- The manager told us they felt supported in relation to their role and were looking forward to progressing the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had sought feedback to help maintain and improve standards at the home.
- There was a range of ways for people, relatives and staff to be able to provide feedback to the management team. These included resident's and relative's meetings, staff team meetings, satisfaction surveys and a complaints procedure.
- Staff meetings were held on a regular basis. Staff said they felt supported to contribute to meetings and to suggest ways in which improvements could be made.

Continuous learning and improving care; Working in partnership with others

- The management team encouraged feedback and staff felt involved in how the home operated.
- The manager worked with other agencies in relation to the care and support for people in the home. They

also told us, "I am looking at building more support and network links around the area."