

Anchor Hanover Group

# Halcyon Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Halcyon Court Care Home is a residential care home providing accommodation and personal care for up to 71 people, some of whom are living with dementia. At the time of our inspection there were 48 people using the service. Care is provided across 6 floors.

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

Risks to people's health and safety were effectively managed, including Infection Prevention and Control (IPC) risks. People felt safe at the service and were safeguarded from the risk of abuse.

There were enough staff to meet people's needs. Staff received support and training to fulfil their role and provide a good standard of care. Medicines were effectively managed.

The registered manager had oversight of the quality assurance processes at the service. Outcomes were shared with staff to inform improvement.

There was a positive culture in the service that achieved good outcomes for people. People were happy living at the service and spoke positively about staff and the care they received. The service worked effectively in partnership with other organisations such as the GP surgery and local authority.

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.

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 (published 18 September 2018).

### Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of environmental risks. This inspection examined those risks.

The provider had taken action to mitigate the environmental risk to people.

The inspection was also prompted in part due to concerns received about staffing and medicines management. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from the concerns. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Halcyon Court Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Halcyon Court Care Home

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 2 inspectors and 1 medicines inspector.

#### Service and service type

Halcyon Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Halcyon Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

### During the inspection

We spoke with 10 people who use the service and 1 relative about their experience of the care provided. We spoke with 7 staff members including the registered manager, carers and housekeeping staff.

We reviewed a range of records. This included 5 people's care records, multiple medication records and health and safety records. We looked at three staff files in relation to recruitment, induction and supervision. We reviewed records relating to the management of the service, including policies, procedures, training data and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Appropriate systems and processes were in place to safeguard people from the risk of abuse.
- People told us they felt safe at the service. Feedback included, "I feel safe here", "I am safe here and I can lock my door too if I want to" and "I am safe. Staff turn up if I ring the call bell."
- Staff received safeguarding training. They were knowledgeable about reporting abuse and protecting people from harm. One staff member told us, "I would report abuse to the local authority and CQC."
- The provider took action to investigate accidents and incidents. Staff knew about incidents and the lessons learned. Staff told us, "We look at incidents and analyse them to improve", "We look at patterns of incidents and ways we can reduce the risk" and "We look at what caused an incident and try to make changes."

Assessing risk, safety monitoring and management

- Risks to people's health were safely assessed, monitored and managed.
- People had care plans and risk assessments in place. They were regularly reviewed and reflected people's needs and risks.
- Systems and processes were in place to report accidents and incidents. Staff were aware of the processes to follow for reporting incidents.
- Health and safety maintenance checks were up to date, for example, fire door and equipment safety.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Processes and procedures were in place to ensure safe staffing levels at the service.
- There were enough staff to meet people's needs safely. Feedback from people included, "I haven't had to wait a long time for someone to come when I press my call bell" and "There are enough staff here."
- Staff were recruited safely. Appropriate checks, including Disclosure and Barring Service (DBS) checks, were in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed, stored and administered safely.
- Protocols in place for 'as and when required' medicines were individualised and up to date. This meant people received their medication when needed. People told us, "I get my medication when I'm supposed to" and "I'm not on much medication but I get it when I should."
- Staff received medicines training and their competency was regularly assessed. Staff told us, "We have [medicines] refresher training," and "The deputy manager observes you doing medicines."
- Medicine audits were effective in identifying errors and improving the standard of medicines management.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

Visits were encouraged at the service and were facilitated in line with the latest guidance.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems and processes were in place to monitor and improve the service.
- The registered manager maintained good oversight regarding the quality of service delivery and shared information with staff to improve standards.
- The provider submitted appropriate notifications about significant events that happened within the service, for example, safeguarding concerns were reported to the local authority and CQC.
- Staff development was supported through regular training and supervision. Staff meetings were held, and information shared to make service improvements, for example, learning from compliments and complaints.

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

- The registered manager worked with staff to create a person-centred, open and positive culture at the service.
- People consistently spoke positively about the registered manager, staff and the care and support they received. Feedback included, "I am looked after. Staff are kind", "I love it here. I am really, really, happy. Staff always help me" and "[The registered manager] is always here you know. She helps me."
- Staff were happy and supported in their roles. They felt able to raise concerns with the management team. Comments included, "I love working here. I love doing my job", "I always go to [the registered manager] if I have any concerns" and "I like my job, the staff are upbeat. If I have a problem management is always there."

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; Working in partnership with others

- The registered manager understood their responsibility under the duty of candour and was open and honest when accidents and incidents occurred.
- Information was shared appropriately with the local authority safeguarding team and CQC.
- The service worked effectively with other healthcare agencies, for example, the GP, in order to meet people's health needs and achieve positive outcomes.

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

- Systems and processes were in place to support engagement with people, relatives and staff.
- People's opinion at the service was valued. The service had a "you said, we did" board displaying actions taken as a result of people's requests, for example, people wanted ponies to visit and a singer to attend the Christmas party. The service actioned this.
- Surveys were sent to relatives and the results shared with the service to inform improvement.