

# Ideal Carehomes (Leeds) Limited

## Berkeley Court

### Inspection report

Chatsworth Road  
Harehills  
Leeds  
West Yorkshire  
LS8 3QJ

Tel: 0113 249 9170

Website: [www.idealcarehomes.co.uk](http://www.idealcarehomes.co.uk)

Date of inspection visit: 27 July 2015

Date of publication: 01/12/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This was an unannounced focused inspection carried out on the 27 July 2015.

Berkeley Court is in a residential area off Harehills Lane in Leeds. It is close to the city centre and St James' Hospital and has excellent transport links to the neighbouring areas of Crossgates, Seacroft and Halton. The accommodation for people is arranged over three floors. There are two units per floor. Each unit has single bedrooms which have en-suite facilities. There are communal bathrooms and toilets throughout the home. There are open plan communal lounges and dining

rooms on each of the units.

The home provides care and support for up to 78 older people, some of whom are living with dementia or related mental health problems. At the time of the inspection there were 77 people living at Berkeley Court.

At the last inspection on date November 2014 we found the provider had breached six regulations associated with the Health and Social Care Act 2008.

We found the provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service.

# Summary of findings

People who used the service were not enabled to make, or did not participate in making decisions relating to their care or treatment.

Before people received any care or treatment they were not asked for their consent and where people did not have the capacity to consent, the provider did not act in accordance with legal requirements.

People were cared for by staff who were not supported to deliver care and treatment safely to an appropriate standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We told the provider they needed to take action and we received a report in March 2015 setting out the action they would take to meet the regulations. At this inspection we found some improvements had been made, however the provider had not followed their plan and some legal requirements had not been met.

This report only covers our findings in relation to the agreed action plan from the provider received in March 2015. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Berkeley Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The home had a registered manager who has worked in this role since November 2014. This person is registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

At this inspection people who used the service told us they were happy living at the home and they felt safe. We found appropriate arrangements were not in place to manage the medicines of people who used the service. We are taking action with the provider to ensure this is addressed.

We found that overall people were cared for by sufficient numbers of suitably trained staff. We saw that staff now received the training and support required to meet people's needs. People's needs were assessed and care and support was planned and delivered in line with their individual care needs.

The registered manager told us they monitored the quality of the service by monthly quality audits, daily walk rounds, resident and relative meetings and talking with people. However we found more work was required around monitoring of medications.

Care plans contain individual risk assessments. These were completed as appropriate on admission and evaluated monthly or more frequently if specific needs were identified.

All care plans were individually audited and consent was discussed and sought in writing which was not obtained previously.

A supervision planner was available in the office and senior staff had received additional training to deliver supervision in a positive manner.

Staff spoke positively about the manager of the home saying things have improved and they had confidence in the manager.

We found the home was in breach of Regulation 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# 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 not safe.

We found not enough action has been taken to ensure people's medicines were managed safely.

We saw there were adequate staffing levels in the home.

While improvements have been made concerns remain regarding the safe administration and keeping of medicines.

We will review our rating for safe at the next comprehensive inspection.

**Inadequate**



### Is the service effective?

The service was effective.

People told us they were happy with the care provided at the home and thought their care, treatment and support needs were being met.

Staff we saw were following the Mental Capacity Act 2005 for people who lacked capacity to make a decision.

We saw some staff who worked at the home had received supervision.

While improvements have been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

**Requires improvement**



### Is the service responsive?

The service was responsive

People's needs were assessed before they moved into the service and care plans developed from this information

While improvements have been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for responsive at the next comprehensive inspection.

**Requires improvement**



### Is the service well-led?

The service was not consistently well-led

We found the provider had arrangements in place to monitor the service provision. However the audits of medications were not effective.

**Requires improvement**



# Summary of findings

Staff said the registered manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any.

We will review our rating for being well-led at the next comprehensive inspection.

# Berkeley Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 July 2015 and was unannounced. The inspection was carried out by two adult social care inspectors and a pharmacist inspector.

At the time of our inspection there were 77 people living at the service. We spoke with nine people who used the service, four visitors, nine members of staff which included the cleaner, the registered manager, the area manager, senior care worker and five care staff. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at 10 people's care records and the medication records of 16 people.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. We contacted the local authority for any information they had on the service.

# Is the service safe?

## Our findings

At the last inspection on November 2014 we rated this key question as inadequate. We found the service was not meeting the regulations relating to management of medicines. There were insufficient numbers of staff to meet people's health and welfare needs.

This was a breach of Breach of Regulation 13 (Management of medicine); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds to Regulation 12- Safe care and treatment of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). Also a breach of Breach of Regulation 22 (Staffing); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds to Regulation 18(1) In staffing of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection, people we spoke with told us they felt safe. One person said, "I feel safe people are around and the staff are very helpful." Another person said, "I have difficulty walking and they support me and make sure I have my Zimmer frame with me." Visitors we spoke with said they felt confident their relatives were safe and well cared for.

At this inspection we looked at medicines and records of medicines for 16 people and had concerns that medicines were not handled safely for 14 of the people.

We saw that the medicines policy had been updated since our last visit. However we saw that staff who were administering medicines were not following the provider's policy.

At the last inspection people did not have a continuous supply of their medicines. We saw one person ran out of all their medicines and as a result had received no medication for two days. Another person had not received their prescribed Paracetamol for two days. We saw that staff recorded that this person was in pain on the first day. We were told that no other Paracetamol had been purchased or made available for them to ensure they had pain relief. A third person had not had any of their prescribed eye lubricant gel for over two weeks. This meant people were not given prescribed medication when they should.

We found that medicines were still not given safely. We saw arrangements had now been made to give medicines

which were prescribed to be given before breakfast; to be administered by night staff. However on the day of our inspection we saw that these medicines had not been given at all. We saw the records showed that day staff signed they had given the medicines on a number of days. We spoke to a senior care worker and they told us that when the night staff were unable to give these medicines the day staff gave them at breakfast time, without regard to the manufacturer's direction they must be given before food to ensure they work properly. This may result in people not being given their medicines safely.

We saw that some arrangements had been made to record the time Paracetamol was administered to ensure a safe time interval was left between doses. However we saw that some staff failed to record the times doses were given which meant that people could be given doses too close together. We also saw that when the time was recorded, doses were still given unsafely as the interval between doses was too short. The medicines policy was not being followed.

We saw that nine people were prescribed medicines to be taken "when required" We found there was no information available to support the safe administration of those medicines for eight of the people. We saw that six people were prescribed medicines where there was a choice of dose and we found there was no information recorded to guide staff which dose to choose. The lack of information may result in people not being given their medicines safely.

At the last inspection we saw that when people were prescribed medicines to be given for a specific length of time, staff continued to administer their medication for longer than it was prescribed.

We looked at the stocks of medication and compared them with the records and found that most of the medicines supplied in blister packs had been given as prescribed. However we found on the day of the inspection, that five people had not been given their early morning medicines but the records had been signed to indicate they had. We also found that there were a number of discrepancies between the records and the stock of medicines in that there was more medication in the home than there should be. This meant that medicines had not been given properly. We saw that the management audits had identified this as a problem on 1 July 2015 however no action had been taken to ensure that medicines were given properly or to discover the cause of the discrepancies.

## Is the service safe?

We looked at the records regarding creams and found they still failed to show that cream was applied properly. The provider had identified this as a concern over 12 months ago and it was still an on going concern at this inspection. We found there were fewer gaps on the records about other medicines however the registered managers confirmed to us that staff were still signing the charts retrospectively. It is not safe to retrospectively sign the charts as staff may not remember each medicine they have given to each person after a period of time.

We saw that medicines were stored in clinic rooms which were tidy and neat. We saw that cupboards were all lockable; however some of the cupboards and fridges were unlocked. We also found that cream were stored in people's bathrooms. All prescribed medication should be stored safely so that it is not misused. We also saw that one person who was prescribed a cream which should be kept in the fridge, had been stored at room temperature. If medicines are not stored at the correct temperatures they may not work effectively.

This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In safe care and treatment.

The registered manager told us there were sufficient staff to meet people's needs. The registered manager said assessments were carried out each month or whenever the needs of people who used the service changed. Our observations saw staff were coming and going to the

lounges that were in use and there were only short periods of time when no staff present, and staff were generally circulating regularly and chatting with people who used the service.

We asked one visitor about staff at the home they said, "I'm not sure, I suppose they could do with a few more staff at times; well you could never have too much. But at times this place can get very busy and staff are all over the place." Another visitor said, "Things have got a lot better over the past few months, I think the manager is starting to bring in more staff."

Most of the staff we spoke with said they felt there were enough staff to enable them to meet people's needs and the only time they had concerns about staffing levels was when people were off sick without any warning. However, one staff member said that when people were off the registered manager ensured bank staff were contacted to cover and ensure staffing level were maintained.

Throughout the day we observed staff treating people with respect and knew them well. There was a lot of good communication, conversation, banter and also of people being reassured where necessary. Staff were kind and relaxed with people who lived in the home. One care worker told us that there were plans to allocate people to specific units which they said they thought would help people to recognise and know the care workers better. The registered manager confirmed that this plan was in place and was due to be implemented soon to ensure that there was greater consistency for people particularly those living with dementia.

# Is the service effective?

## Our findings

At the last inspection we rated this key question as requires improvement. Before people received any care or treatment they were not asked for their consent and where people did not have the capacity to consent, the provider did not act in accordance with legal requirements. People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard.

This was a breach of Regulation 18 (Consent to care and treatment); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds to Regulation 11- Need for consent of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We spoke with the registered manager and area manager about the Mental Capacity Act 2005 (MCA) and (DoLS). We found their collective knowledge of the legal frameworks to be sufficient. Only one person had an authorised DoLS in

place. The registered manager explained that approximately 57 applications had been made to Leeds City Council but so far none had been confirmed and they had been advised that there was a back log.

When we spoke with staff about supporting people who are living with dementia they explained that they had found the dementia training useful and this had really helped them to understand the different types of dementia and how it impacted on people. . Staff we spoke with understood the MCA and DoLS and they explained to us that people on the residential unit who had capacity were not restricted and they were able to use the key pad and leave the unit when they wished to do so.

All but one staff we spoke with said that they received regular supervision and that they could discuss issues as part of that meeting with a senior member of staff. Two staff said that they had been supported to undertake training which meant that they could facilitate exercises for people who lived at the home. One person said that they had been working in the home for three months and had undertaken their induction programme but so far had not had a supervision session.

We looked at staff supervision records and found a supervision planner was available in the office which showed dates people were booked to have supervision. Senior staff have had training and support to enable them to deliver supervision. The senior staff have been allocated approximately seven staff each to supervise. We saw recorded evidence of people having had supervision. This meant staff were receiving appropriate support to enable them to carry out their duties.



# Is the service responsive?

## Our findings

At the last inspection we rated this key question as requires improvement. People who used the service were not enabled to make, or participate in making decisions relating to their care or treatment.

This was a breach of Breach of Regulation 17 (Respecting and involving service users); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds to Regulation 10 Dignity and respect of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection, we saw care records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit. Following an initial assessment, care plans were developed detailing the care needs/support, actions and responsibilities, to ensure personalised care was provided. The registered manager said all care plans had been reviewed and re-written since our last inspection to make sure they gave detailed guidance on people's support needs. The registered manager said they had improved the care plans but were still working towards continued further improvements such as more involvement of people who used the service as well as their relatives in the care planning and review process.

The majority of the care plans that we looked at had assessments in place for mental capacity, DoLS and restrictive practice. Care plans had been reviewed for the most part on a monthly basis by the care coordinator. Overall the care plans were person centred and referenced

particular preferences for support and ways of improving the quality of life for people. It was difficult to assess how rigorous the reviews were as although the care plans had been dated and signed by care staff they were rarely changes made to the plan with regard to mental capacity and mental health. When we looked at some other aspects of care such as eating and drinking there were adjustments recorded.

We spoke with a senior care staff on the ground floor dementia unit and they said that they did not know the care plan for eating and drinking for one person where it stated that this person required encouragement and support to eat and drink. They said that their knowledge of this person was that they loved food and ate well without encouragement and as a result from our discussion they were planning to review the plan of care and rewrite that particular care plan. This showed that staff tried to be responsive and to review aspects of the care plan to ensure that they were up to date. When we discussed this with the registered manager and area manager they said that the senior care worker or care coordinator would review care plans on a monthly basis and make changes accordingly.

People told us they felt they had choices in how they spent their day at the home. We spoke with one person who said, "We get choices, I can choose when I want to go to bed and when I get up, nobody forces me to do anything." Another person told us, "I can do what I like; they just let me get on with it. I can watch TV or read. The staff are very friendly and always ask me if there's anything I want or need."

One person said, "The staff are very good they help me to keep going, I'm very independent I know I need help but I don't always want it but they do ask."

# Is the service well-led?

## Our findings

At the last inspection we rated this domain as requires improvement. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of

people who use the service and others.

This was a breach of Regulation 10 (Assessing and monitoring the quality of service provision); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds to Regulation 17-Good governance of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection we found improvements had been made. At the last inspection the registered manager had only just been appointed. Staff told us they now felt supported in their role. They said the registered manager sometimes worked alongside them to ensure good standards were maintained. They said the registered manager was aware of issues that affected the service. Staff said the registered manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged in staff meetings to put forward their opinions and felt they were valued team members.

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 in some cases action plans and timescales for any areas for improvements.

Other quality assurance systems were in place in the home to assess and monitor the quality of service that people received, together with systems to identify where action should be taken. The registered manager showed us the quality assurance matrix that detailed the range of audits undertaken. We saw these included; care plan audits, medicines audits, infection control and prevention audit, as well as weight audits. At this inspection we saw most of the audits were effective and showed evidence of the follow up action taken by staff to improve the service; though this was not evident in the medicine's audit.

We found at this inspection the provider audits for medicines had not been effective. The service had carried out the audit of medicines on 1 July 2015 where they had recorded concerns about the continued discrepancy in some tablets and there had been no action taken. On 15 July 2015 the area manager asked for medicines spot checks to be done weekly for specific residents and none had been carried out.

This is a continued breach of Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014 Good governance.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have effective systems in place to monitor the quality of the service delivery.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not always protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to manage medicines.