Anchor Trust

Tealbeck House

Inspection report

Tealbeck Approach
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Leeds
West Yorkshire
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Website: www.anchor.org.uk

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18 May 2017

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out the inspection of Tealbeck House on 21 April and 18 May 2017. At the time of our inspection there were 48 people using the service. This was an unannounced inspection.

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

The home 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.

At the last inspection on 5 February 2016 the service was rated 'requires improvement' in two of our key questions. We raised concerns that the service had not had regular supervisions with staff and they had not identified this concern. At this inspection, we found some improvements had been made, but some further improvements were required.

Staff had an understanding of their responsibilities with regard to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). However the service had not referred people to the DoLS team for assessment, and they were therefore being unlawfully deprived of their liberty.

There was a quality assurance and monitoring system and audits had been carried out to identify areas where improvements were needed. However, audits had not identified the area of concern we raised on inspection. Risks had been identified and analysed to reduce the risk where possible. Staff had a clear understanding of risks and how to act to minimise risk when appropriate. Complaints procedures were in place. We found complaints had been acted on and completed in line with the provider's policy. The registered manager encouraged people, relatives and staff to be involved in decisions about how the service improved and people were very positive about the management of the home. Staff had mixed views about the management of the service.

Staff had a good understanding of confidentiality. However, we saw some documentation was left in communal areas with people's personal information on.

Care and support was personalised to meet people's individual needs. Changes in the care planning documentation had been made in line with reviews. The care plans were up to date and had been developed with the involvement of people and their relatives, if appropriate.

Staff had attended safeguarding training; safeguarding and whistleblowing policies were in place and staff had read and understood these. People told us they felt safe in the home. Staff managed, administered and

stored medicines safely. People had access to healthcare professionals as required.

The recruitment process was robust, it ensured only people considered suitable worked at the home. There were enough staff working in the home to provide the support people wanted.

The home had a calm atmosphere and people said they were very comfortable living there. People told us they liked their rooms and were very positive about the food. We observed that staff treated people with respect and dignity and people confirmed they had their privacy and dignity respected. Staff told us they worked to improve people's independence.

Activities happened on a daily basis and people were asked for their opinion about what to do. People confirmed activities were available for them to join in if they wanted to. Equipment and the environment were maintained. We saw receipts for servicing, checks on items used in the home and safety certificates.

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.

There were enough staff to provide the support people wanted and robust recruitment procedures ensured only suitable people worked at the home.

Risk assessments provided guidance for staff to reduce risk. Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

There were systems in place for the appropriate management of medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were trained and supported by management to deliver care.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, the service had not always acted to deprive people of their liberty lawfully.

People were offered choices about the food they ate, and meals were a sociable and relaxed time.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

People were treated with respect and their dignity was protected.

The atmosphere in the home was calm. Staff supported people to make decisions about their care. Communication between people and staff was relaxed and friendly.

People were encouraged to maintain relationships with relatives and friends, and relatives were made to feel very welcome.

Is the service responsive?

Good

The service was responsive.

The care plans were specific to each person's needs and there was clear guidance for staff to follow when providing support and care.

People decided how they spent their time; some people were supported to take part in activities, whilst others chose to remain in their rooms.

People and relatives had been given information about how to raise concerns or make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance and monitoring systems were in place to identify areas were improvements were needed and action was taken if needed. However, the quality assurance systems had not identified the concerns we raised during the inspection.

There were clear lines of accountability and staff were aware of their roles and responsibilities.

People, relatives, visitors and staff were encouraged to provide feedback about the support and care provided.

Tealbeck House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on the 21 April and 18 May 2017 and was unannounced. We last inspected Tealbeck House in February 2016. At that inspection, we rated the service 'requires improvement' overall.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. We asked the provider to complete 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 looked at how people were supported with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at five care records for people that used the service and five staff files. We spoke with five people who used the service, four relatives, five support workers as well as the registered manager, deputy manager and regional manager. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Good

Is the service safe?

Our findings

People said the staff were very good and kept them safe. Comments included, "They are all really good, oh yes we are safe with the staff" and, "They look after me and keep me safe." Relatives said staff supported people to be independent, whilst keeping them safe. One relative told us, "I know my family member is safe here, I have no concerns." People and their relatives said there were enough staff working in the home. One person said, "There is always staff around" and a relative told us, "You can always see lots of staff around. My relative has never required more staff."

There were sufficient numbers of staff working in the home to ensure people had the support they needed. The provider had reviewed staffing levels using a dependency tool which they monitored to check its accuracy. Care staff told us that with the housekeeping, maintenance and kitchen staff completing their duties, they had more time to spend with people. They told us, "We get to spend time with people to get to know them and have a chat and a laugh" and, "If people want something there is always a staff member around somewhere to help them."

Staff provided support to people in a way that suited them. People were not rushed and the atmosphere was relaxed and comfortable. Staff said they had the time to support people, which ensured they were as independent as possible and made choices about the care they received and how they spent their time. Risk assessments had been completed depending on people's individual needs. These included nutritional risk, skin integrity and pressure area care, mobility and moving and handling. Staff demonstrated a good understanding of people's needs, preferences and choices. This enabled staff to support people to take risks in a safe way, such as moving around the home safely using walking aids.

As far as possible, people were protected from the risk of abuse or harm. Staff had received safeguarding training; they understood different types of abuse and described the action they would take if they had any concerns. Staff told us they would report anything they were concerned about to the registered manager. They said they were confident that any concerns would be dealt with and, if they were not satisfied with actions taken, they would contact external agencies. One staff member said, "I would make sure I told someone senior." Another member of staff said, "I haven't seen anything I am worried about, but I would always tell the manager or deputy."

Safeguarding information was on display and the contact details of the safeguarding team were available to staff in the office. Where safeguarding concerns had been identified, these had been referred to the local authority, advice had been sought and appropriate action taken.

Systems were in place to record accidents and incidents. Accidents had been recorded, with details of where and what had occurred, a review of why the accident had occurred and information about what action had been taken to reduce the risk of a re-occurrence. Staff monitored people's physical health needs to ensure they were safe. Staff had an understanding of how people's mobility could be affected by their physical health, for example one person had urinary tract infection (UTI). This impacted their decisions and mobility. One staff member said, "We have a good knowledge of people and so we notice if someone is acting

different." Visits from healthcare professionals were recorded in the care plans with clear instructions of any changes in support.

Medicines were managed safely. Staff said and records confirmed they had completed medicine training and had been observed and assessed by the registered manager or deputy manager before they were deemed competent to give medicines to people. Medicine Administration Records (MARs) had been completed appropriately. At the front of MARs there was a picture of each person, their personal details and any allergies. We observed staff as they administered medicines. These were given out individually to each person; staff asked people if they were comfortable and offered pain relief when appropriate. The medicine trolley was locked when not in use and staff signed MARs only when the medicines had been taken.

Recruitment procedures ensured that only people suitable worked at the home. We reviewed five recruitment files and found that staff were recruited appropriately. Files included two forms of photo identification, Disclosure and Barring Service (DBS) checks, two professional references and thorough interview notes.

The provider had a plan to deal with emergencies. There was guidance for staff to follow which identified how people could be supported to leave the building safely. The registered manager explained some staff lived close to the home and their contact details were available if there was an emergency, for example the snow was too bad to travel. Staff told us the emergency procedure had been explained to them when they started working at the home.

Relevant checks were carried out; these included a weekly fire alarm test, monthly checks on emergency lighting, call bells, water temperatures and legionella risk. PAT testing for personal electrical equipment was done yearly and when new equipment was brought into the home. There was on-going repair and maintenance at the home. The maintenance log showed that staff had logged and dated where repairs were required and the action and the date they were resolved was recorded by the maintenance staff. We saw the provider had their annual gas safety certificate and five year hardwiring certificate.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. The provider had policies and procedures in place for staff to follow in relation to the MCA. Previously the service had made two referrals to the DoLS team. However, we found that the provider had not made two applications for assessment to the local DoLS team. The two people both had capacity assessments in place and they had their liberty restricted. We raised this with the registered manager who agreed some people should have been referred to the DoLS team for assessment. We asked the registered manager to check those other people who were lacking capacity to make their own decisions and decide if there was any restriction or deprivation of their liberty. By the second day of inspection the registered manager had referred four people for assessment. The purpose of DoLS, which is part of the MCA, is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way. This is done when it is in the best interests of the person, has been agreed by families and professionals, there is no other way to safely care for them and it is the least restrictive option. This showed us the service had not taken action and people were being deprived of their liberty unlawfully.

This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relevant training was provided and staff were confident they provided the care and support people needed and wanted. Feedback included, "There is always more training coming round so we all keep up to date" and, "We have to do the training in order to do our jobs." Records showed staff had attended relevant training including moving and handling, infection control, safeguarding, fire safety and health and safety, as well as specific training to meet people's individual needs, such as dementia. Staff told us the training had given them a broader understanding of people's needs.

Induction training in line with the 'Care certificate' was provided for all staff when they started working at Tealbeck House. The care certificate is a set of standards that social care and health workers should adhere to in their daily working life and is the new minimum standards that should be covered as part of induction training of new care workers. One staff member told us the induction training was good. Staff felt confident they provided the support people wanted and that the training they needed would be arranged by the

management. The registered manager said professional development was available for all staff. We saw certificates for staff indicating they were supported to develop themselves.

A supervision programme was in place and staff gave mixed comments about the support they received. Some staff told us their supervisions were a good opportunity to talk about the support they provided, any training they wanted to do and if they had suggestions about improving the service. Other staff said management did not support them in their role and they did not receive supervisions often. We saw from the supervision records we looked at that staff had supervision and team meetings throughout the year although the time between sessions sometimes varied. Staff said they worked very well as a team and they knew each other's responsibilities and were also flexible in the work they did. One member of staff said, "We try and help each other as a team before going to management."

There were systems in place to ensure people were supported to have a nutritious diet. We observed a mealtime and sampled food. We saw that people who needed support to eat had appropriate one to one support. People who used the service told us they could request alternative meals to the options provided if they wished. This was corroborated by the chef, who kept a kitchen that was well stocked. Generally a choice of two options was provided for each meal. Staff were kind and attentive to people and offered extra portions and refreshments throughout. Food was served at a safe temperature and was visually appealing. Tables were set with clean cloths, condiments and crockery. People who used the service were generally positive with regards to food quality and relatives of people who used the service told us they often joined in at mealtimes and found the food to be good.

People's weights were monitored monthly and recorded in their care plan. Staff said if they had any concerns they would contact the person's GP. If required, additional calories were added to meals using creams and cheese. When necessary, fortified drinks were provided and dieticians had been involved in planning meals for people who had lost weight. We saw staff had been monitoring three people who had lost their appetite, food and fluid charts had been used to record the amount they ate and drank and their GPs had been informed.

People had access to healthcare professionals including opticians, district nurses, speech and language therapists and GPs as required. GPs visited the home if necessary although people also attended appointments at the surgery or hospital. If people had been assessed as being at risk of falls, the occupational therapist and falls team had visited people and advised staff how to reduce the risk, whilst also not restricting people. Appointments and changes in planned care and support were recorded in people's care plans and people told us they could see their GP or the nurse if the needed to. One person said, "If I need the doctor they get them for me" and a relative told us, "They always contact the doctor and let me know if my [relative] is not well."

Good

Is the service caring?

Our findings

People who used the service and their relatives were mainly positive about their experiences at Tealbeck House, and everyone we spoke with thought staff were kind and caring. People's comments included: "They [staff] are on the ball", "You know they'll take what you say seriously", "They genuinely care", and "Staff are second to none". People also told us their dignity and privacy were always maintained.

Staff regarded information about people as confidential. Staff told us, "Information about residents is strictly confidential." The provider had a confidentiality policy. However, we saw some documentation from a care record and daily record contained personal details and had been left out in the conservatory. We showed this to the registered manager who removed it immediately. On the second day of inspection, we noted a period of an hour when four Medication Administration Records were left open in the main communal area when not in use. This showed us although staff had a good knowledge of what constitutes confidential information, they were not always acting on it.

We recommend the service reviews its handling of confidential information.

Staff were respectful when they spoke with people and it was clear that they understood people's needs. Staff used people's preferred name and responded quickly when they needed support. For example, one person was unsure of where they wanted to sit and became unsettled; staff put their arm around them and spoke quietly as they suggested they might like to sit next to their friend. Staff assisted people to move around the home safely as they chose where they wanted to sit. We sat with people in the dining area and lounge and spoke with people who chose to remain in their rooms. They were all very positive about the support provided. The home was well furnished. People said they liked their rooms and had personalised them with their own furniture, pictures and ornaments.

Staff understood the importance of protecting people's privacy and dignity. Staff said they knocked on people's bedroom doors and waited for a response before they entered, we saw and relatives confirmed that this always happened. People said staff were very careful to protect their privacy and dignity when they assisted them with washing and dressing. One person told us, "They always make sure I am covered up when I can be. They always ask if they can do anything else before they leave." Staff said they asked people if they needed assistance, never made decisions for them and respected people's choices. We saw staff treated people with respect; they asked permission to assist them and were very discrete when they asked if people needed support with personal care. Staff told us, "I think we provide a high standard of care," and, "I always ask what people want, if they struggle, then I offer suggestions, but they make the decision."

Each person had a section of their care plan which discussed their likes and dislikes, hopes and fears as well as space to record information about their loved ones. Care plans included relevant personal details, such as their early years, working life, family members, pets, hobbies and interests. Staff said they had read these and found them very useful. One staff member said, "It's good to get to know people's background so we can talk to them about it." Staff demonstrated a good understanding of people's lives and who was important to them. This showed us care documentation provided a useful insight for staff to get to know

people who used the service better. The activities coordinators told us they referenced these documents when planning their activities programme. For example, staff told us they found out a person who used the service enjoyed golf, so they made an effort to create an indoor golf game which others could also join in with.

Relatives and friends were welcomed into the home at any time and people were encouraged to maintain relationships with people close to them. A relative said they were very happy with the support provided and could visit when they wanted to; they told us staff were always pleased to see them and they were made to feel very welcome.

Good

Is the service responsive?

Our findings

The care plans and supporting records were up-to-date, they had been reviewed when people's needs had changed and regularly with the person and their relative if appropriate. Care was personalised and based on each person's individual needs. There was guidance in the care plans for staff to follow to ensure appropriate support was provided. We reviewed five care plans which were clear, legible and person-centred. They included details of the person's life such as their spiritual, cultural and physical needs. We saw that where a person had a sensory impairment, an additional care plan had been written to provide specific guidance to staff on how to meet their needs. Care plans also included information about the reason the person had moved into Tealbeck House, such as following an operation and how this could affect their well-being. There was clear guidance for staff to follow to ensure people were as independent as possible and staff demonstrated a clear understanding of people's needs. One member of staff said, "The care plans are very useful and help us support people."

People told us they were involved in decisions about the support they received. They also said staff made sure people told them how they liked staff to work with them. Relatives said they were pleased with the care and support provided. One relative told us, "They have very good communication here; they let me know what's happening. I am asked my opinion on their records. It all works well." Staff said they discussed each person's support needs with them and their relatives regularly.

We saw evidence that people were involved in the development of activities at the service. Staff said that they planned to improve the 'bar area' and create a 'dementia friendly' garden, we reviewed residents meeting minutes and found that these ideas had been suggested by people who used the service and acted on by staff. A 'you said, we did' board in the reception reflected how people had influenced service development.

The activities coordinators had an activities matrix which allowed staff to see which people would be especially interested in what kind of activity and, where individuals did not like group activities, this was noted so staff could engage with them on a one to one basis. Pre-admission assessments were completed before people were offered a place at Tealbeck House and people said they and their relatives had talked to the registered manager or deputy manager. The assessment included information about the person's likes and dislikes, their social and healthcare needs including mobility and diet, their routines and details of the support they needed. This information had been used as the basis of the care plans, which people and relatives said they had been involved in developing. One person said they knew they had a care plan and they discussed the support they wanted with staff daily. People and relatives had signed the care plans to show that they had read and agreed with them.

The daily records and handover sheets were completed at the end of each shift and checked regularly by management. There was clear information about how staff supported people and any changes in a person's needs were recorded and passed on during the handover session at the beginning of the shift. Staff demonstrated that they knew about people's support needs, how they had spent their time, including activities they took part in, and the records we looked at supported their comments.

There was an activities coordinator on site seven days a week, except for during their annual leave, when coordinators would plan with care staff to ensure there was something organised in their absence. The service had local variety entertainers booked in twice a month, and provided escorted visits to see band practices, pantomime shows and the local garden centre. People we spoke with were very complimentary regarding activities at the service and of the activities coordinators themselves.

A complaints procedure was in place and a copy had been given to people and their relatives when they moved into the home. The registered manager said there had been three complaints in 2017. We saw these complaints had been acknowledged and investigated in line with the provider's policy. People we spoke with told us they did not have anything to complain about. One person said, "If there is something that needs changing, I just discuss it with them so there's no need to complain." Another person told us, "I don't have any complaints, but I know I could if I wanted." Relatives said they had no complaints, but were confident if there were any issues, the management would deal with them.

End of life care had been discussed with some people and their relatives where appropriate and, this had been recorded in the care plans. 'Do not resuscitate' forms had been discussed with healthcare professionals and completed as required. Staff said they had attended training and were supported by the district nurse when they provided care as people's healthcare needs changed.

Requires Improvement

Is the service well-led?

Our findings

From our observations and discussions, we found the culture at the home was open and relaxed. Care and support was focused on providing the support people living at Tealbeck House needed and wanted. People and relatives said the registered manager and deputy manager were always available and they could talk to them at any time. Staff said there was an open culture at the home and they had been involved in developing the service.

The registered manager and deputy manager had been involved in the review of the quality assurance and monitoring system and action had clearly been taken to address the concerns identified at our last inspection. Staff said, "We are always looking to improve what we do." A number of audits had been completed, including medication, care plans, training, activities and cleaning. The registered manager said these had been used to plan improvements and identify training needs. They had identified that the care planning records needed to be dated and evidence more involvement with relatives. This led the service to approach family members when they made contact with the service to review their relatives care records. However, the quality audit systems had not identified the need for people to be referred to the DoLS team to make sure they were deprived of their liberty legally.

The ethos of the home was to involve people, relatives, friends and staff in contributing to bringing about improvements. People and staff said the home was relaxed and comfortable, we saw conversations between them were friendly and they chatted together on first name terms. The atmosphere was one of a community that people enjoyed being part of. Staff spoke about their values and how important it was to enable people to live a lifestyle, as far as possible, the same as they had before they moved in. However, some staff felt they were not always listened to or taken seriously by management. They told us when suggestions were made at team meetings, often nothing came from it. We asked the registered manager about how they listened to staff and changes that had been made from staff ideas. The registered manager showed us evidence of various ideas that were in the process of being changed as a result of staff ideas. However the registered manger told us not all ideas could be followed up but all were listened to.

There were regular meetings with people living in the home, their relatives and staff. The minutes from the resident's meetings showed they discussed food and activities and encouraged people to put forward suggestions for any changes or improvements. We saw minutes from a resident meeting had recorded activity suggestions from people around gardening and exercise classes. The registered manager showed us their plan for upgrading the garden and the inclusion of an additional exercise session. This showed us people were being listened to. People were asked to let staff know when they wanted to go out for a walk or shopping and staff told us some people liked to go out every day and others when the weather was good.

There were regular staff meetings and from the minutes we saw they had been used to discuss any issues or improvements to the service. Staff said they had attended the meetings and thought they were a good way of talking about any concerns or making suggestions. The minutes showed staff were kept up-to-date about any changes, such as the management of the home, and people's needs were discussed including any changes to the support provided. Most staff said the home was a very nice place to work; they felt they

worked very well together as a team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The service had not appropriately referred people to be lawfully deprived of their liberty.