

Anchor Hanover Group

# Savile Park

## Inspection report

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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

Savile Park is a residential care home providing personal care to up to 55 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 54 people using the service.

### People's experience of the service and what we found:

People felt safe living in the home. Relatives said staff worked in safe ways. The home was mostly clean, although not in all areas. The provider took steps to address where further more thorough cleaning was needed.

Risks were known and managed appropriately, although some documentation needed to be improved. The provider was implementing a new electronic recording system to improve the quality of information held. Medicines were managed safely, but some improvements were needed to ensure a robust end to end process and clearer recording. The provider had identified this and was considering ways to improve the systems and processes for managing medicines.

Staff had effective support in their roles and there was good teamwork to support people's needs.

People enjoyed the meals and there was plenty of choice and variety.

People were well cared for and the home was welcoming and friendly. People's individual needs, dignity and respect were promoted well.

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.

Staff ensured care was person-centred and responsive to individual needs and preferences.

People, relatives, staff and visitors felt the home was well run and they felt involved and informed about important matters. There was good evidence of partnership working with other professionals to meet people's needs.

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 9 November 2018.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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?

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 below.

Good ●

# Savile Park

## 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.

#### Inspection team

The inspection team consisted of 3 inspectors.

#### Service and service type

Savile Park 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. Savile Park 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

The inspection was unannounced.

#### What we did before the inspection

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 spoke with local authority partners and gained their feedback about

the service. We used all this information to plan our inspection.

During the inspection

We made observations of people's care and support, spoke with 9 people, 11 staff, including the management team, and 4 visitors, and looked at records to help us understand how the care was being provided.

# 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. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. Staff understood how to identify signs of abuse and the procedures to follow to report potential abuse. One member of staff said, "We are trained to know what to look for and there's a safeguarding and whistleblowing policy as well as the company website. I would report any concerns immediately." The noticeboard contained information about safeguarding.
- People and their relatives told us they would speak with staff if they thought they were at risk of harm. One person said, "I know I can tell them if I'm worried about anything." A relative we spoke with said, "I trust [person] is not neglected here. I would know if anything was amiss."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks, although some information in individual risk assessments was conflicting. The provider agreed to review this immediately.
- Staff worked in safe ways, and understood where people had particular risks, such as falls and choking. They paid close attention when people at risk were walking round, or when eating.
- The provider was monitoring the number of falls in the home, particularly where these were not witnessed by staff.
- People felt safe and their relatives told us they were assured about safety. One person said, "Yes I feel safe. They look after me in a nice way." A relative we spoke with said, "That's the thing, I have total peace of mind knowing they're looking after [person]"

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. People did not have to wait long for staff support, and an additional member of staff was deployed to 'float' between all the areas and help cover staff breaks.
- Staff were quick to respond when people needed support and they worked well as a team to ensure care needs were met in a timely way.
- People and relatives mostly felt staffing levels were sufficient, although one person said, "There are too many of us to look after." A relative told us, "There is always a member of staff around whenever I'm here and I come at different times."
- The provider operated safe recruitment processes. Staff had suitability checks before they worked with people in the home.

Using medicines safely

- People were supported to receive their medicines safely overall and they were very satisfied with this

aspect of their care.

- There had been a delay in the delivery of expected medicines on the day of the inspection, which had caused a minor disruption to the service. This had not affected anyone's medicines support. The provider told us they were strengthening the systems and processes to ensure robust contingencies for the end to end process.
- On the day of the inspection, the medicines rooms were not clean or tidy and storage needed to be more secure. The provider took immediate action and addressed the issues before the inspection was complete.
- Some medicines for people to have when required did not have any clear guidance for staff to know when to give these. The provider had already identified this through their audit process and they took immediate action and addressed this.
- People told us they received their medicines on time. One person said, "I always get medicines when I need them." Another person said, "They are pretty good at bringing [medicine] on time and helping me swallow it."

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Regular cleaning regimes were in place and cleaning staff were on duty throughout the day. We noticed some areas were in need of a more thorough clean, such as armchairs and carpets. We discussed this with the management team who said they would take immediate steps to ensure this was done.
- The service had taken action to contain a recent outbreak. Staff were aware of how to prevent the spread of infection, and practised good hygiene procedures.

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- People and relatives told us visiting was whenever they wanted it to be. One relative said, "I come every day. I feel very welcome anytime."

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. There was effective communication within staff meetings and staff discussed shared learning from incidents.
- Accidents and incidents were analysed to identify how to avoid recurrences where possible.



# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. 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 care and support was delivered in line with current standards to achieve effective outcomes. When people's needs changed, reassessments took place and all staff understood any changes.
- Care records showed person-centred information with people's needs assessed in line with their individual choices. Staff referred to care plans to help them understand people's needs and preferences.
- People and relatives said they had been involved in assessments and care delivery was personalised. One relative said, "The staff know just what [my relative] likes. They understand their changing needs and adapt their approach to suit [my relative]."

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support. There were effective systems to ensure training was completed, and the provider kept this under review.
- Support for staff included individual supervision, which included personal development planning. Staff told us about their experience of induction and training and said they felt supported in their role. One staff member said, "This is the best place I have ever worked; there is so much support for staff here."
- People, relatives and visiting professionals told us staff had the right skills and experience to provide a good standard of care. One relative said, "They [staff] know what they're doing and they do it with such patience." A visiting professional told us, "Most [staff] are responsive. They take on board our advice."

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

- People were supported to eat and drink enough to maintain a balanced diet. Staff understood people's particular dietary needs and provided appropriate support.
- There was a variety of choices for people's meals, snacks and drinks. Food was well presented and people were supported in individual ways to eat and drink. Staff showed people the options available so they could make better choices.
- People and relatives were complimentary about the quality of the meals overall. One person said, "They have tried extremely hard in the kitchen. They are doing well on the spicy food, the curries are lovely." Another person said, "Mostly it's good. Occasionally the meat is tough." A third person told us staff made them 'anything they wanted' if they did not like the choices available. A relative told us, "The food is terrific."

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment. There was clear evidence of effective partnership working with other professionals, and staff were proactive in seeking support and advice from relevant health specialists where people needed additional help. Staff had a good understanding of which health professionals people were referred to and the reasons why.
- People and relatives told us other agencies were involved where necessary. One person told us the district nurse came to change their dressings every week. A relative said, "I know if [person] needs a doctor the staff get on to this right away."

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

- People's individual needs were met by the adaption, design and decoration of the premises. The home was welcoming and well presented overall, although some areas were showing signs of wear and tear. The registered manager told us there was a refurbishment plan which was kept under review.
- People living with dementia were able to orientate around the home and there were items of interest in corridors as people walked with purpose, as well as regular places to stop and sit comfortably. The garden areas were well maintained and designed for people's varying mobility.
- People and relatives told us Savile Park was homely. One person said they enjoyed the views from the large windows. A relative said, "[Person's] room is just how they like it."

#### 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act. Staff understood where people lacked capacity and which people had a DoLS in place.

# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported. Staff supported each person with their individual needs and understood who and what mattered to them. One member of staff told us, "Every person here has their own preferences. It is important to know what each person likes so we can provide care that's right for them." Staff intervened when they saw one person was looking sad, chatting with them to help them feel better.
- Staff were professional and looked happy in their work. They carefully considered how people's personal appearance was maintained and were responsive to people's changing moods. They engaged with people at their eye level and were patient in all communication.
- People's individual needs, including their religious beliefs were recorded in their care plans. Church services took place regularly in the home, and information was displayed in the lift to keep people and relatives informed.
- Relatives said people were treated with respect and cared for according to their individual needs. One relative told us, "[Person] always looks smart. That means a lot." People said they felt well cared for. One person said, "Staff have a lovely sense of humour. When something upsets you, they notice. They're very kind." Another person said staff were patient. They told us, "They don't hurry me."

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. There was positive engagement between staff and people. Staff gave people choices within all interactions, such as asking where they would like to sit, and what they would like to wear. People were shown two different choices, such as drinks, cereal, plates of food, to help them decide what to eat.
- People were involved in discussions about their care, and their relatives were included where relevant. Resident meetings were held to give people opportunity for raising any issues and providing topical information.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. Staff had a high regard for people's privacy and dignity. They knocked on people's doors before entering, and supported people to dress appropriately. Staff were discreet when supporting people with personal care, and prompt to assist with people's support needs.
- People were independent and staff encouraged them to do as much for themselves as they could. Where people were at high risk of falls, staff enabled them to walk safely using walking aids and close supervision.

- One relative told us, "[Person] wants to do things for [themselves] and staff help them to be independent, but also they know [person's] limitations."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

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

- People were supported as individuals, in line with their needs and preferences. Care planning was reflective of people's individual preferences and demonstrated people's involvement as well as input from their relatives and other professionals where relevant. Staff used information from people's care plans and life history to support meaningful conversations, such as people's hobbies and relatives.
- Most people said they knew they had a care plan, but not everyone said they had seen this. One relative told us, "I'm sure they keep records about [person] but I don't really need to get involved in that side of things. I let them [staff] do all that."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. People's communication needs were understood and supported.
- Staff knew who had sensory impairments and supported them appropriately, such as by speaking louder if a person could not hear well, and bringing items closer where a person struggled to see clearly.
- One person told us they had a visual impairment, so staff had offered audiobooks as well as reading any written correspondence to them.

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

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them. There was a varied programme of planned activities, such as singers, quizzes and a gardening club. People enjoyed trips outside of the home, such as to a local club. Staff encouraged people to sit in communal areas to avoid social isolation and engaged in conversation with individual people. Visitors came into the home, such as local school children, to chat with people and engage in activities together.
- People who were independent were purposefully occupied due to having more autonomy, although we noticed some people who relied on staff to help them move sat in chairs for long periods of time. We discussed this with the registered manager, who said they would review this.
- People and relatives said there was unrestricted access for visiting family and friends. One relative said they

enjoyed visiting daily and staying for lunch with their relative. One person told us they were looking forward to a visit from their relative.

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

- People's concerns and complaints were listened to, responded to and used to improve the quality of care. There was a clear complaints process and matters of concern were responded to promptly.
- People and relatives told us they knew how to complain. One person said, "I'm not afraid of complaining." One relative told us, "If I had any problems I would speak to any of the staff, I know they would deal with anything."

#### End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death. People's care records included information about their wishes for the end of their life and how they would like their care to be delivered.
- Staff were sensitive to discussions about end of life care and involved relatives where appropriate. The management team sought advice and support from the local hospice in relation to end of life discussions.

# 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. At this inspection the rating 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.

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

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people.
- The management team promoted effective communication and there was respectful teamwork with all staff in all roles. Staff communicated with one another to ensure people's care needs were met together.
- Staff felt supported and empowered, with clear lines of accountability in place. Staff morale was high and staff were motivated in their work.
- People and relatives said the management team were visible and approachable, and they felt comfortable to discuss any matters at any time. One relative said, "I know who the new manager is. [They] are very approachable and very nice. If I had a problem I would speak to [them]."

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; Continuous learning and improving care

- The provider understood their responsibilities under the duty of candour. They communicated with relatives about any accidents or incidents.
- The provider had created a learning culture at the service which improved the care people received. Staff told us they felt supported to own up to mistakes should these occur, and confident these would provide opportunities for learning.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. The registered manager received good support from a senior management team.
- Quality assurance systems were clear and defined to identify and mitigate risks. Delegation was appropriate with effective oversight. However, there were some minor recording issues in daily documentation, and information such as food, fluid and bowel charts were not always updated in a timely way. There were some contradictions in the minority of care records we reviewed. We discussed this with the management team who agreed to review this and strengthen the quality of the recording. The service was embarking on a new electronic system being rolled out the week of the inspection. The registered manager felt this would improve the timeliness of daily records.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Information was strategically displayed so visitors to the home were kept informed about important matters, such as upcoming events in the home.
- There was a 'you said, we did' board, showing how people's suggestions had been taken into consideration to effect positive changes in the home.
- There were systems and processes in place to ensure staff, people and their relatives were involved in how the home was run. Feedback was welcomed and proactively sought. Staff told us the management team supported their individual needs and valued their contribution to the team.