

W and S Red Rose Healthcare Limited

Vivian House

Inspection report

Brunswick Street
Morley
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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

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, and to pilot a new process being introduced by CQC which looks at the overall quality of the service

This was an unannounced inspection carried out on the 30 July 2014. At the last inspection in October 2013 we found the provider breached regulations relating to people's consent to care and treatment, people's care and welfare and the management of medicine. An action

plan was received from the provider which stated they would meet the legal requirements by May 2014. At this inspection we found improvements had been made with regards to these breaches.

The home had a registered manager who had been registered since April 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

Morley Manor Residential Home is registered to provide care and support for up to 31 people living with

Summary of findings

dementia. There were 15 people living at the home when we visited. The accommodation for people who lived in the home is arranged over two floors linked by a passenger lift. The home is situated on the outskirts of Morley, within reach of the town centre and local amenities.

On the day of our visit we saw people looked well cared for. We saw staff spoke calmly and respectfully to people who lived in the home. Staff demonstrated they knew people's individual characters, likes and dislikes.

People's relatives told us their family member felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

The care plans we looked at showed the provider had assessed people in relation to their mental capacity. However, we could not see how some decisions had been taken. The registered manager told us they were confident staff would recognise people's lack of capacity so best interest meetings could be arranged. We saw eight members of staff had completed the Mental Capacity Act (2005) training and there were five more members of staff to complete. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

We checked how people's medicines were managed. The medicine management system required improvement.

Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

The registered manager investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager which included action planning. Staff were supported to challenge when they felt there could be improvements and there was an open and honest culture in the home.

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 requires improvement.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

The care plans we looked at showed the provider had assessed people in relation to their mental capacity. However, we could not see how some decisions had been taken.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support. However, it was not documented how staffing levels had been assessed.

The record keeping for some medicines were not accurately recorded. We found that whilst records for oral medicines were well kept there were gaps in the records for the application of creams. Eye drops for two people were used past the recommended expiry date and this means there is a risk that these eye drops were not safe to use.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home. We saw staff actively encouraging people to choose their meals.

People had regular access to healthcare professionals, such as GPs, opticians and dentists.

The rating for this question was changed as a result of the ratings validation exercise described in the 'Background to this inspection' section of this report.

Good



Is the service caring?

The service was caring.

Good



Summary of findings

People told us they were happy with the care and support they received and their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Is the service responsive?

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate. We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

People had a programme of activity in accordance with their needs and preferences.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Good



Is the service well-led?

The service was well led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified.

People who lived in the home, relatives and staff told us the manager was very approachable and responsive to requests.

Good



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Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection team consisted of a lead inspector, another Care Quality Commission inspector and a pharmacy inspector.

We inspected the home on 30 July 2014. At the time of our inspection there were 15 people living in the home. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people using the service, who could not express their views to us.

We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. This included five care plans, two staff files, and records relating to the management of the home. We spoke with the registered manager, provider, two members of staff, three people living in the home and two relatives.

Before our inspection, we reviewed all the information we held about the home and the provider had completed an information return which we received prior to the inspection. We were not aware of any concerns by the local authority, or commissioners. Healthwatch feedback stated they had no comments or concerns.

At the last inspection in October 2013 we found the provider breached regulations relating to people's consent to care and treatment, people's care and welfare and the management of medicine. An action plan was received from the provider which stated they would meet the legal requirements by May 2014. At this inspection we found improvements had been made with regards to these breaches.

Is the service safe?

Our findings

We asked staff members what they would do if they suspected abuse and they were confident in their answers and were able to tell us the correct action to take. Staff told us they had received training in safeguarding and this had provided them with enough information to understand the safeguarding processes. Records we looked at confirmed this. The provider information return which had been completed prior to our inspection indicated that 93.75% of staff had completed safeguarding training. The staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

We saw written evidence the registered manager had notified the local authority and CQC of safeguarding incidents. The registered manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

People we spoke with told us they felt safe in the home and did not have any concerns. One relative we spoke with said, "(Name of relative) is safe and they are well looked after." Another relative told us, "I feel (name of relative) is safe."

We found risks to people were managed within each person's care plan, for example in one person's care plan we saw they had monitored the person's weight on a monthly basis. When it was identified the person had lost a small amount of weight their G.P was contacted. The person's notes stated, 'loss of 1.7kg need to encourage and offer shakes'. In another person's care plan we saw they were allergic to a particular medication this was highlighted in various areas of the care plan to ensure this was not missed. It was evident the assessments were clear and outlined what people could do on their own and when they needed assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We also saw environmental risk assessments which included flammable liquids and electrical equipment. The registered manager told us safety checks were carried out around the home and any safety issues were reported and dealt with promptly.

People's capacity was considered under the Mental Capacity Act (2005). We saw information recorded in some people's care plan, for example we saw in one person's care plan they no longer had the capacity to manage their finances. However, we could not see how this decision had been taken. We saw in another person's care plan their GP had assessed they did not have capacity to make decisions about their health. Each person's file detailed if the person had a 'lasting power of attorney' and who should be contacted with regard to financial and health decisions.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person's relatives or friend to get information about their preferences.

The registered manager told us they were confident staff would recognise people's lack of capacity so best interest meetings could be arranged. We saw eight members of staff had completed the Mental Capacity Act (2005) training and there were five more members of staff to complete it. We were told by the registered manager that the local authority had also conducted some safeguarding training for staff which had covered some parts of the Mental Capacity Act.

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. At the time of our inspection the registered manager told us there was no-one living in the home who were subject to a DoLS authorisation. However, they were not aware of the recent supreme court judgement in respect of DoLS. Supreme Court judgement has widened the scope of restrictions that may amount to deprivation of liberty. They told us they would address this immediately and review any DoLS applications for people who lived at the service.

The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. The rotas confirmed there were sufficient staff, of all designations, on shift at all times. We saw there were enough staff to meet the needs of people. The registered manager told us staffing levels were assessed depending on people's need

Is the service safe?

and occupancy levels. The staffing levels were then adjusted accordingly. However, they told us this was not documented. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the service.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience or training to meet the needs of the people living in the service.

We found robust recruitment and selection procedures were in place and the registered manager told us appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. The staff files we looked at confirmed that appropriate checks had been obtained.

Disciplinary procedures were in place and we discussed with the registered manager examples of how the disciplinary process had been followed where poor working practice had been identified. This helped to ensure standards were maintained and people kept safe.

All of the people living in the home had their medicines given to them by the staff. Staff giving people their medicines followed safe practices and treated people respectfully.

We looked at the medicine administration records for nine people. Records for oral medicines were clearly presented

to show the treatment people had received. However, we saw the records for the application for creams were not fully completed. This could result in people's skin conditions not being managed effectively. We have advised the registered manager about this.

Medicines were stored safely. Medicines storage was neat and tidy which made it easy to find people's medicines. Temperatures were monitored and the records showed that medicines were stored within the recommended temperature ranges to help make sure they remained safe and effective to use. There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment.

We saw eye drops for one person with a short shelf life once opened were still being used past the recommended date of expiry. This meant the home could not confirm this medicine was safe to administer.

We looked at the guidance information kept about medicines to be administered 'when required'. Although there were arrangements for recording this information we found this was missing for some medicines. This meant there was a risk staff did not have enough information about what medicines were prescribed for and how to safely administer them.

We spoke with the registered manager regarding the management of medicine and they told us they would address the identified issues immediately.

Is the service effective?

Our findings

People were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training and supervision. This was evident as several training courses for 2013/2014 were seen to have taken place, health and safety, Dementia awareness and safeguarding. However, the registered manager told us they were in the process of introducing an appraisal system and all staff would have received an appraisal by the end of 2014.

We saw people were offered snacks and drinks throughout the day which ensured good hydration. One relative told us, "I eat the food and it is nice." Another relative told us, (Name of relative is always happy with the food.)

We saw there was a menu displayed with the choices available. We saw the menu incorporated healthy options and was in pictorial form for people to be able to see what the meal looked like. When we spoke with the cook they confirmed staff kept them up to date about people's dietary needs and preferences. They also explained they could order any food they needed and could change the menu's to accommodate people's preferences.

During our observations we saw two people were supported to be able to eat and drink sufficient amounts to meet their needs and this was carried out sensitively. We observed the staff supporting people to eat at the pace the person could manage. People were not hurried in any way.

People were asked if they had enjoyed their meal and if they wanted any more to eat or drink. This meant people were being supported to maintain their hydration and nutrition and were supported to make choices about this.

We saw evidence care plans were regularly reviewed to ensure people's changing needs were identified and met. There were separate areas within the care plan, which showed specialists had been consulted over people's care and welfare. These included health professionals, GP communication records and hospital appointments. A record was included of all healthcare appointments. This meant staff could readily identify any areas of concern and take swift action.

The two relatives we spoke with said the manager contacted them straightway if there were any health concerns with their family member. One relative told us, "Just had the doctor to see my dad as their mood was a bit low and they have altered their medication", "A few months ago my dad had a foot infection and the doctor came the same day" and "They ring me with things and keep me in the loop." This meant staff made the appropriate referrals when people's needs changed.

We saw health care professional had been invited to complete a survey in May 2014. One comment from a GP said, "Very good with behavioural management of people with Dementia and proactive with advanced planning decisions with residents." Another comment from an Optician said, "Staff very attentive, aware of people's needs and understanding of capacity."

Is the service caring?

Our findings

We saw people looked well cared for. People were dressed in clean, well-fitting clothes. People's hair had been combed. People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after. People we spoke with said, "It's beautiful and lovely here." Another person said, "Everyone is very good."

Our use of the Short Observational Framework for Inspections (SOFI) tool found people responded in a positive way to staff in their gestures and facial expressions. This showed people were relaxed and at ease in the company of the staff who cared for them.

We spoke with two relatives who told us their family member was well looked after. They told us, "(Name of person) is looked after brilliant", "Staff are very caring", "I am 100% sure my dad is well cared for. I am quite happy", "Staff sit and talk to my sister and they understand her needs" and "Staff are very kind and they understand what my dad needs."

Morley Manor Residential Home had introduced new care plans. There were two types in use; we looked at a sample of both types. We looked at five people's care plans. The care plans were well structured and contained information which would enable staff to meet people's needs; however, we found the most recently introduced care plans contained generic statements that could be misconstrued by care staff. We found the care plans easy to navigate around; each one had a picture of the person on the front, followed by the name of the person's key worker, the name by which they wished to be called and their GP details.

We saw people's likes and dislikes listed. In one person's file we saw they liked singing and watching comedy TV. They liked tea with one and a half sugars and lemonade but did not like beans, curry and peas. In some people's files we saw family members had given details of the person's history, which included information about their work life and the types of hobbies and pastimes they had enjoyed. In each of the care plans we looked at there was detailed information about how they should be cared for.

The staff we spoke with told us the care plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them. They demonstrated an in-depth knowledge

and understanding of people's care, support needs and routines and could describe care needs provided for each person. One member of staff said, "They tell you what people can do and not do."

We observed interaction between staff and people living in the home on the day of our visit and people were relaxed with staff and confident to approach them throughout the day. We saw staff interacted positively with people, showing them kindness, patience and respect. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people living in the home. It was clear from the way staff spoke with people that they cared about them. People had free movement around the home and could choose where to sit and spend their recreational time. The premises were spacious and allowed people to spend time on their own if they wished. People had access to quiet areas if they wanted to spend time with their relatives.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People were supported in maintaining their independence and community involvement. On the day of our inspection we saw some people spent time in their bedroom and other people spent time in the communal lounge areas. One relative we spoke with said, "(Name of person) can do what they want, they have choice."

Some people living at Morley Manor Residential Home had communication difficulties. We observed staff ensured all verbal communication was clear and care was taken not to overload the person with too much information. Staff spoken with had developed individualised communication systems with people who lived at the service. This enabled staff to build positive relationships with the people they cared for. Staff were able to give many examples of how people communicated their needs and feelings. All staff spoken with told us of their commitment to facilitating a valued lifestyle for the people living in the service.

Each person had a member of staff who acted as their keyworker who worked closely with them and their families as well as other professionals involved in their care and support. Keyworker meetings were held on a three monthly basis to ensure the person was receiving coordinated, effective and safe care. One relative we spoke with said they looked at the care plan and were happy with the

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content. They said, “I am able to contribute to any changes.” One member of staff we spoke with said, “People are well looked after.” Another member of staff said, “There is a good standard of care and people are looked after well and their care needs are catered for.”

We saw people walking around the home when they wanted to. We saw people were able to choose what they wanted to do and decide if they wanted to join in with the activities. We observed staff attending to people’s needs in

a discreet way which maintained their dignity and staff knocked on people’s bedroom doors before entering. We saw where staff were offering assistance they worked at the person’s own pace and did not rush people. Throughout our inspection we saw staff approached people and asked if they needed or wanted anything. During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people’s dignity, privacy and independence.

Is the service responsive?

Our findings

People's care and support needs had been assessed before they moved into the home. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in the support plans and reviewed on a regular basis. People's needs were regularly assessed and reviews of their care and support were held annually or more frequently if necessary.

The registered manager told us people living in the home were offered a range of social activities. People's care plans contained an individual daily activity record. We saw activities included games, pet therapy, music and cake decorating. One person told us, "I like playing games." One relative told us, "Things are always on offer to do."

The registered manager and staff constantly monitored the well-being of people living in the home and were aware of the dangers of social isolation. Staff told us the service was flexible and responsive to people's needs, for instance if they did not want to continue with the activity they would change to something else.

The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and we saw there was a clear procedure for staff to follow should a concern be raised. We saw the complaints policy was displayed in the entrance to the home. Relatives said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon. One relative we spoke with said, "I would go straight to the manager if I had a complaint." Another relative said, "I have never had to make a complaint but I would be happy to speak with the staff or the manager" and "The manager and provider are approachable."

People were supported to maintain relationships with their family. Relatives spoken with confirmed they were kept up to date on their family member's progress by telephone and they were welcomed in the home when they visited. Relatives were encouraged and supported to make their views known about the care provided by the service. One relative told us, "I go to the meetings." Another relative said, "The home is well managed and I can express my views at the residents meetings."

We saw relatives had been invited to complete an annual satisfaction questionnaire in March 2014. The results of the questionnaire were positive and comments included, "Always welcoming and friendly. They always let me know when there is a problem", "As far as I am concerned everything is very good" and "I am very happy overall with the running of the home."

People living in the home were given appropriate information and support regarding their care or support. We saw people's care plans had been reviewed either with the person who used the service or their family member or advocate. People were given the opportunity to comment about the service they had received. One person had written, "I have peace of mind knowing my family member (person's name) is being looked after so well." Where possible people had been asked to sign their care plans, along with consent for their photograph to be taken and consent to administer their medication.

Relatives and residents meetings were held which gave people the opportunity to be involved in their care and support needs. The registered manager and staff were also available to speak with people daily. We saw the results of a recent residents and relatives meeting which had been attended by eight people. During the meeting they had discussed for example; an upcoming BBQ, and had requested volunteers to start a dementia group. People had commented, "They had seen improvements within the home and they were happy with how things were going." People said, "They were being involved and kept up to date."

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since April 2014.

The registered manager told us they completed weekly and monthly checks which included fire systems and maintenance logs. We saw there was a system of audits that included, mattress, health and safety and medication. If issues were identified an action plan would be produced and actions were monitored monthly. We saw care plans and risk assessments were reviewed and amended to reflect people's changing care needs.

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of a strong commitment to provide a good quality service for people who lived in the service. They told us the registered manager was approachable, supportive and they felt listened to. One member of staff said, "The manager is fabulous and the provider is alright." Another member of staff told us, "I feel involved. The manager is approachable and I can put forward ideas and concerns." The registered manager told us they had instigated a system where the night staff worked occasional day shifts to enhance the staff member's knowledge about people living at the service.

The staff we spoke with said they felt the management team were supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One member of staff told us, "I like working here."

Staff received supervision of their work which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the registered manager or provider. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas. The registered manager told us they carried out 'spot checks' during the night to make sure staff were working in the correct way and people living in the service were well looked after. We saw the last 'spot check' was completed in June 2014.

The registered manager told us they had an open door policy and people living in the home and their relatives were welcome to contact them at any time. They said staff were empowering people who used the service by listening and responding to their comments.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified and to make sure appropriate action would be taken to reduce any risks to people who lived in the service. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months. We looked at the incident records and saw there were areas for staff learning and action planning within the document.