

Leeds City Council Middlecross

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

This was an unannounced inspection carried out on 21 and 22 June 2016. At the last inspection in July 2014 we found the provider met the regulations we looked at.

Middlecross is a residential home providing personal care and support for up to 32 older adults; some of whom are living with dementia. The home also offers a respite care service. It is located in the Armley area of Leeds.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People who used the service told us they felt safe with the staff and the care they were provided with. We found people were cared for by appropriately trained staff who were supported to understand how to deliver good care. Risk assessments were in place to help ensure people received safe care.

People received their medication as prescribed and there were safe, well organised systems in place for receiving, administering and disposing of medicines. Health care needs were met well, with prompt referrals made when necessary.

The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They had made appropriate applications to the relevant authorities to ensure that people's rights were protected.

People were supported to have sufficient amounts of food and drink to meet their needs.

The care plans provided staff with good information about how to meet people's individual needs, understand their preferences and how to care for them safely.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with privacy, dignity and respect. Staff were kind and caring and treated people respectfully.

There were good, effective systems in place to monitor the quality of the service and ensure continuous improvement.

People who used the service, relatives and staff spoke highly of the registered manager and their commitment to the leadership of the service.

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.

People's medication was managed safely.

Staff had a good understanding of safeguarding and how to appropriately report abuse. Risk was assessed well and managed in order to keep people safe.

There were enough skilled and experienced staff to support people and meet their needs.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were well trained and supported to effectively meet people's needs.

The registered manager and staff had an understanding and knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) so that people's rights were protected.

People had sufficient food and drink of their choice and experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were treated respectfully and the staff were kind and caring in their approach.

Care was well planned and involved the person receiving care and, where appropriate, their family.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were informative. They provided staff with

enough information to meet people's diverse and individual needs.

There was a complaints procedure in place and people were confident their complaints would be dealt with appropriately.

People were provided with a range of activity within the home and were involved in the wider community.

Is the service well-led?

Good ●

The service was well- led.

There was good management and leadership in the service.

The quality of the service was monitored and people were very happy with the service provided.

The service had a positive, person centred culture.

Middlecross

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 22 June 2016 and was unannounced.

At the time of our inspection there were 19 people using the service. During our visit we spoke with eight people who used the service, ten relatives, six staff and spoke with the registered manager and deputy manager. We spent time looking at documents and records related to people's care and the management of the service. We looked at four people's care plans and four people's medication records.

The inspection was carried out on the first day by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day there was one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications. Before the inspection the provider completed 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 also reviewed all the information we held about the home, including previous inspection reports and statutory notifications. We also contacted the local Healthwatch. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

People we spoke with said they felt safe living in their home. People who used the service and their relatives said people were well looked after. Relatives told us they had every confidence in the staff and said they regularly communicated with them; particularly following any accidents or falls. People's comments included; "I can really settle down now; my family don't worry about me" and "[Name of staff member] reassures me; he is wonderful." Relatives told us; "Ever since we stepped foot in this home; we knew it was a good place", "[Name of family member] has been settled here since the day they came in. It feels so safe and secure" and "We have so much confidence that [family member] is looked after and is safe."

People were cared for by sufficient numbers of staff who knew them and their needs well. We saw staff were not rushed and were able to spend time with people supporting them and encouraging independence. People who used the service and their relatives did not have any concerns with the numbers of staff available and their ability to meet care and support needs safely. One relative said, "There are always staff around if you need them; nothing is too much trouble for them." Through our observations and discussions with people who used the service, their relatives and staff members, we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. All the staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels.

In the PIR the registered manager said, 'Staffing levels are maintained at levels commensurate with the needs of customers. On some days there is an additional supervisor on duty to support activities, staff training and care planning. The registered manager has a varied rota in response to the needs of the service; there is also a deputy manager in post. There is also a senior manager on call across the city from 10pm to 7am every day.' Rotas we looked at showed this to be the case.

Risks to people who used the service were appropriately assessed, managed and reviewed. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. In the PIR, the registered manager said, 'Customers have a detailed person centred care plan in place that is supported by individual risk assessments which support risk taking whilst ensuring customers are safeguarded.' We saw risk assessments related to people's behaviour, daily care needs and specific healthcare needs.

We saw positive interaction throughout our visit and people who used the service were comfortable with the staff. The registered manager and staff told us all members of staff received training in recognising the possible signs of abuse and how to report any concerns. Staff showed they were aware of the action to take should they suspect someone was being abused and they were aware of the provider's whistleblowing policy.

There had not been any new staff employed at the home for a number of years. The records we looked at showed there were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks.

The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We carried out an inspection of the premises and some of the equipment used in the home. We saw the home was clean, tidy and homely. There were no malodours and all equipment we looked at was clean and fit for use. People who used the service and their relatives said they were pleased the home was clean and well presented.

We saw there were systems in place to make sure equipment was maintained and serviced as required. We reviewed the home's maintenance file and saw all documents and certificates were present or it had been identified if they were out of date and action was required. For example; the home's periodic electrical installation check was due. The provider's head of maintenance was contacted and confirmed this check would be completed in the coming months in line with health and safety recommendations.

People's medicines were managed safely and they received their medicines as prescribed. The service had policies and procedures in place for the safe handling of medicines. We saw medicines were kept in a suitably safe location. Staff who administered medication had been trained to do so and records showed staff received competency checks to ensure their practice remained safe.

In the PIR, the registered manager said there was 'Comprehensive staff instruction with regard to management of medicines. Staff who administers medication are given training on policy and procedure and regular medication audits are carried out.' We looked at the audits and saw these were robust and thorough to ensure safe medication practice.

We saw people were prescribed transdermal patches. (A medicated adhesive patch placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream.) Staff were aware of the need to change the position of the patches on administration to prevent skin damage. Controlled drugs (medicines liable to misuse) were locked securely in a metal cupboard and the controlled drugs log was completed and correctly reflected the contents of the controlled drugs in use. We reviewed medication administration records (MAR's) and these showed staff recorded when people received their medicines and entries had been initialled by staff to show they had been administered as prescribed. A person who used the service told us they got their pain killers on time and when they needed them.

Is the service effective?

Our findings

People received their care from staff who had the knowledge and skills to support them effectively. A person who used the service said, "The staff look after me really well; they know just how to help me when my legs won't work." A relative told us, "The personal care provided by staff is second to none." We saw staff were confident and competent when delivering care such as moving and handling. Staff demonstrated a good knowledge of the needs of people living with dementia and we saw their actions and support helped people to manage distress and confusion.

Staff told us they had received the appropriate training to carry out their roles. One staff member said, "It's very good and they keep on top of it; always do our updates when needed." There was a rolling programme of training available which included, moving and handling, safeguarding, first aid, fire and dementia. The training record showed staff were up to date with their required training. This showed there was a commitment to providing a well trained staff team to support people.

There had been no new staff employed at the service for some time. Staff turnover was low. The provider had a policy in place to ensure any new staff received induction training in the future. This included the introduction of the Care Certificate which is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff told us they felt very well supported by the registered manager and other members of the management team. Staff confirmed they received supervision on a regular basis. They also said they had an annual appraisal. Records we looked at confirmed this. This meant staff were supported to review and reflect on their practice and identify any training needs they may have.

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 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. (The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).)

The registered manager had a good understanding of the MCA and the DoLS application process. We saw that DoLS requests for a Standard Authorisation had been completed following capacity assessments which identified when people lacked capacity to make certain decisions. We asked staff about the Mental Capacity Act 2005 (MCA). They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. They confirmed they had received training in MCA and DoLS and the records supported this.

In the PIR, the registered manager told us, 'Further training is to be implemented for all staff in respect of The Mental Capacity Act to promote better comprehension and ensure best practice in this area. This is to

be planned in June / July 2016.' The registered manager and staff told us this had commenced. A staff member said it was a topic that benefitted them from having regular discussion.

We saw people's consent was gained by staff before any care interventions were carried out such as moving and handling, assistance with food and drink or mobility. The staff we spoke with told us that they would always ask people for their permission before providing care. We saw staff gave people plenty of time to express their choices and these choices were respected.

People were supported to maintain a healthy diet and were complimentary of the food in the home. Comments included; "The food is so good" and "It's always lovely." Relatives also said they thought the food was good. One relative said, "The food here is marvellous; I can eat here whenever I want." Another relative said, "[Name of family member] had lost weight at home; [family member] enjoys the food here and is putting on weight." A third relative said, "[Family member] loves the food; [family member] always mentions it."

Where needed, people's dietary needs had been assessed and their food, fluid intake and weight had been monitored to ensure their nutritional intake kept them healthy. People's special dietary requirements were catered for and the catering staff were familiar with people's individual nutritional needs. Staff had access to the kitchen at all times to enable them to provide food, drinks and snacks when people wanted them. A relative told us, "The night staff offer [family member] a sandwich during the night, and [family member] sits chatting with them before [family member] settles again."

People made choices on what they wanted to eat and drink. Menus were discussed with people when needed. One person told us, "I am really fussy about food; we have been meeting to discuss changing the menus." Another person told us they had said they would like bigger portions. Staff were aware of this and had taken action to ensure portion size met with the person's satisfaction. A catering staff member said, "We have just changed the menu around customers recent ideas" and "We get all the feedback from the residents meetings."

We observed the lunch time and tea time meal and saw staff encouraged and supported people to eat their meals. Where people were being supported to eat their meal, staff did so sensitively and thoughtfully; offering the support people needed in a discrete manner. Staff offered people a choice of food and their preferences and choices were respected. Staff sat next to people, gave people time, made eye contact and spoke encouraging words to keep them engaged with their food.

There were systems in place to ensure people had access to healthcare services if required. Staff told us people were supported to see their GP, optician, dentist or other health care professionals. The records we looked at confirmed this. In the PIR, the registered manager said, 'We maintain good links with local healthcare professionals who visit frequently these include GP, district nurses, chiropody, dentist, optician, care homes team.'

People and relatives spoke highly of the way health care needs were met. Comments included, "My sister used to take me to the hospital but now the staff take me; they are very good that way" and "The staff look after my feet really well but I see a chiropodist regularly." Relatives said, "They call us about every little thing when it comes to [family member's] health; they keep us well informed" and "I have so much confidence in the home; I know that [family members] health needs are taken care of." Health professionals we contacted as part of the inspection spoke highly of the care at the home.

Is the service caring?

Our findings

People made positive comments about the care they were receiving and said staff treated them with kindness and compassion. People and their relatives spoke highly of their experience and said they or their family member enjoyed living at the home. Comments we received included; "The care is very good; they know my [family member] so well; that makes such a difference", "I cannot praise this place enough. My [family member] has made so much progress since coming here", "Staff are always asking us what we want", "I have always found the staff to be extremely caring" and "[Name of staff member] played a big part in our [family member] settling in and being less anxious; you can tell [staff member] really enjoys their job."

In the PIR, the registered manager said, 'Care practice is monitored on a daily basis by the management team this is fed back via handovers for each shift, planned supervisions and via the appraisal process. Care practice is also monitored during each care mapping event where the focus of psycho social needs are central in our considerations and feedback is given to the team following each event.' (Care mapping is an established approach to achieving and embedding person-centred care for people living with dementia.) We looked at records of care mapping and saw this was carried out regularly with observation of care practices and staff interaction. Staff confirmed they received feedback on this in order to improve their practice. One staff member said, "There is always something you can do better and that's we want to do."

Staff had received training in equality and diversity and we saw they treated everyone respectfully and understood their needs. Their attitude was very caring and they showed compassion to each person. For example, if people became distressed, staff responded quickly to reassure people and try to distract them to help them settle again. Relatives we spoke with said the service was very caring and provided very good individual care to people. One relative said they didn't think their relative received as much attention as they used to, but were not dissatisfied with the care received.

Staff told us they worked to ensure positive relationships were developed between them and the people they supported. They explained that it was important for them to get to know people's histories and background. They said this enabled them to provide care and support in the way people wanted. One staff member said, "Knowing someone's background gives us plenty of things to talk about with people and remind them of happy memories from their past." Another staff member said, "The life histories and pen pictures give us ideas of what to do with people; what they might like or be interested in."

Staff were encouraging and supportive in their communication with people. They provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs. A person who used the service said, "The staff chat with me about all sorts of things; we often talk about the old days." A staff member said, "My favourite bit of the job is communicating and cheering people up."

In the PIR, the registered manager said, 'We are currently making improvements to Life Story work with customers and the engagement of person centred activity. This involves staff also completing their own Life Story to share with customers. Staff training and the ethos of the service include both requirements and expectations that care is provided in a warm and sensitive manner.' We saw life story work had been

completed with the involvement of people's family and friends.

People told us relatives and friends were able to visit without any restrictions and their visitors were always made welcome. Relatives told us, "We are always made to feel welcome" and "I can call at any time."

Staff told us people were treated with dignity and respect. Staff said they provided good care and gave examples of how they ensured people's privacy and dignity was respected. People said staff respected their privacy and treated them well. One person said, "I like my privacy; I can always be on my own if I want to be." A relative said, "The staff are always respectful to people, they knock on the door before entering and always call their name." All communications and interactions we observed were very positive.

People looked well cared for; smart, clean and tidy which is achieved through good care standards. People were dressed with thought for their individual needs and had their hair nicely styled. People told us they could choose their own routines such as when to have a bath or when to get up. One person said, "I have a bath whenever I want; I decide."

Care plans showed people who used the service and/or their family members were involved in developing them. People's views and wishes had been sought so the care provided would meet their individual needs.

We saw information on how to access the services of an advocate was displayed in the home. (An advocate supports people by speaking on their behalf to enable them to have as much control as possible over their own lives.)

Is the service responsive?

Our findings

Records showed people had their needs assessed before they moved into the home. This ensured the service was able to meet the needs of people they were planning to admit to the service. We found the information gathered was then used to inform the care plan.

People received personalised care that was responsive to their individual needs. Care records provided information about people's needs, likes, dislikes and preferences in relation to all areas of their care. They showed how people's care and welfare was monitored. Care plans were kept under regular review to monitor any changes in people's needs. Information in care plans was person centred and individualised. For example, one person's records stated, 'staff to communicate in a quiet distraction free environment.' Other people's records described the individual ways they liked to take their medication or be supported with their night time routines.

Staff were provided with clear guidance on how to support people as they wished. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. It was clear they knew people and their needs well.

People who used the service were involved in a range of activities and told us they were satisfied with these and enjoyed them. There was a variety of lounge areas within the home which met the different needs of people. Some people chose to sit in quiet lounges chatting and reading newspapers, others chose to sit in lounges with a television or music. We saw people were engaged in reminiscence and discussion and musical themed sing a longs on the day of our visit.

People were very positive and enthusiastic about the activity they were involved in. People's comments included; "They ask what we would like to do; I am never bored", "I love dancing and music; I used to be in a band; the staff got me a trumpet", "I have enjoyed planting out bedding plants this morning" and "They arrange some great entertainers to come in."

We saw people had been involved with and enjoyed a number of celebrations related to the Queen's birthday and commemorations of world war one. The home was involved in a large community project related to the Leeds Pals project; commemorating those who died in the first world war. People who used the service spoke fondly of this initiative. Staff and the registered manager explained people had made poppies which were to be included at an exhibition in the Leeds City museum and they were going to arrange trips to enable people to go and see this when it opened.

People were supported to fulfil their religious beliefs. We saw from the records a regular multi faith service took place at the home. The home had access to a people carrier type vehicle so that trips and spontaneous outings could be arranged. People maintained a presence in the local community by going out to local shops and within the local area. One person was supported to maintain their routine of going out for a daily newspaper.

Relatives spoke highly of the activities on offer to people. One relative said, "They know [family member] loves country and western so they encourage him to play his CD's." Another relative said, " [Family member] loves the tea-dances that they arrange." One relative said they did not think the advertised activity always occurred and another said they wished the home would record shows such as 'Strictly Come Dancing' as their family member found they were on too late.

In the PIR the registered manager said, 'We have a daily activity programme in place and customers benefit from the attached day centre provision whilst being able to participate in activities with customers in the local community. Customers are encouraged to continue with their hobbies and interests prior to admission which are based on biographical work with each customer.'

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. We looked at a record of a complaint received in the last 12 months. It was clear from the records people had their comments listened to and acted upon. In the PIR, the registered manager said, 'We have robust complaints and compliments procedure, this feeds into the lessons learnt and quality assurance mechanisms. Actions resulting from complaints are carried out with agreed timescales and these are communicated appropriately.'

People told us they did not have any complaints or concerns about the service, but knew who they should complain to if necessary. They said they would not hesitate to raise concerns and complaints. One person said, "I have complained; things are dealt with quickly." Another person said, "I can talk to anyone here if I have a problem; I will talk to the manager; or anyone really."

We saw the service had received 21 written compliments in the last 12 months. These were collected and shared with the staff team. Comments included; 'thank your wonderful staff very much for the kind and thoughtful care', 'thank you for your amazing support' and 'from the bottom of our hearts we would like to thank you for your care and kindness.'

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager, two assistant managers and a team of care and support staff. People told us the service was well led and managed. Relatives praised the service telling us that it was well managed and they felt involved. One relative said, "They are always asking us if we want anything changing". Another told us, "I feel as though they listen to me; I would say so if they didn't."

All of the people who used the service and relatives we spoke with said the registered manager and their management team were approachable, helpful and friendly. Comments we received included; "[Name of manager] the manager always comes round and has a chat", "We can ask [name of manager] anything; she is always checking with us if everything is alright" and "I would have no hesitation at raising concerns with the managers." Throughout our inspection the registered manager and management team maintained a visible presence and were available throughout the day.

Staff told us they felt supported by the registered manager and management team and enjoyed working at the service. Their comments included; "The managers are very supportive", "Anything we ask about gets sorted" and "The manager's door is always open."

It was clear from speaking with staff they were aware of their roles and responsibilities and were supported to fulfil them. Staff demonstrated a commitment to the people who used the service and ensuring the service ran for them. A number of times staff said, "It's about the residents; they come first." One staff member said, "My only regret is I didn't start working in care sooner; I love it and love my time I spend with the residents."

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. They also gathered information in semi-structured interviews from people who may have found it difficult to complete a questionnaire.

These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in April 2016, which were also on display in the service. These showed a high degree of satisfaction with the service. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted. For example, people had asked for changes to the menu and action had been taken to address this.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. Staff were confident any concerns raised with the registered manager were listened to. This showed us there was a positive, open and inclusive culture promoted at the service.

We saw there were regular 'relatives' and 'residents' meetings where people were encouraged to contribute

and discuss matters. We saw feedback from the annual surveys were discussed and people were given the opportunity to express their views and make suggestions. Other topics included food choices and menus and activity. A relative told us; "We always get invited to go to meetings but everything is alright so we don't bother."

There were a variety of quality monitoring processes in place and regular audits were undertaken by the registered manager and senior managers. We saw records relating to health and safety, medication, care plans, infection control, falls and accidents and incidents. Where areas had been identified as requiring attention, action plans had been put in place to support how improvements would be made.

We saw senior managers visited the home regularly to check standards and the quality of care being provided and to support the registered manager. The registered manager and staff said they spoke with people who used the service, staff and the manager during these visits. A report was produced after each visit showing what had been checked. We noted feedback from people who lived at the home and staff was not documented in the reports we looked at.

Information held by the Care Quality Commission (CQC) showed we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. We saw the registered manager's records were well organised and accessible.