

Leeds City Council

RecoveryHub@NorthwestLeeds

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

RecoveryHub@NorthwestLeeds provides nursing and personal care for up to 40 people in order to maximise independence following illness or injury and facilitate early discharge from hospital. The service provides short-term placements with the aim of people returning to their own home. A multi-disciplinary team of health and social care professionals provide care and treatment to people. There were 34 people staying at the service at the time of inspection.

People's experience of using this service and what we found

The service was highly effective in meeting people's rehabilitation needs. They were very successful in supporting people to have a safe and effective discharge from hospital. People received intensive input from a skilled staff team and from on-site therapists. This included occupational therapists, physio therapists, nurses, a social worker and a pharmacist technician. This meant that a high number of people returned to their own home's sooner than expected, and with a low rate of people being readmitted to hospital. The on-site multi-disciplinary team continued to offer rehabilitation support when people went home.

People were safe and protected from abuse and avoidable harm. Risk assessments helped protect the health and welfare of people in the home. Wherever possible people were supported to look after their own medicines. Staff were trained and had their competency regularly checked when they were required to give people their medicines. The home ensured good staffing levels to meet people's needs. Infection control was well managed and the home was clean and free from hazards.

Promoting people's independence was the key focus of the service. People were treated as individuals which helped protect their dignity. Equality and diversity was respected by a caring and compassionate staff team. Staff gave people their time and understood this was important in supporting people's well-being and recovery.

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. People were involved in decisions about their care. Communication was effective; staff and people were listened to. Processes were in place to manage and respond to complaints and concerns.

Strong, committed leadership put people at the centre of service provision. People, relatives and staff were positive about the management of the service and all felt valued and respected. Effective governance system were in place. The management team carried out a regular programme of audits to assess the safety and quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

RecoveryHub@NorthwestLeeds

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 Care Act 2014.

Inspection team

The inspection team consisted of one 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.

Service and service type

RecoveryHub@NorthwestLeeds is a care home. The service provides short stay, assessment, intermediate care and rehabilitation to help promote people's independence to help them return to their own home.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and five relatives about their experience of the care provided. We spoke with 16 members of staff including the registered manager, the providers operations manager, support workers, occupational therapist, physiotherapists, nurses, ancillary staff and the cook. We looked around the home to check it was clean and a safe place for people to live. We observed a medicines round being administered and a lunch time meal service.

We reviewed a range of records. This included six people's care records and three medicines records. We looked at three staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.
- People told us they felt safe. One person said, "I feel very safe now I'm here." And another person said, "It's been a great stepping stone. I feel safer and more confident about going back home now." A relative told us, "We have full confidence in the staff team. My [relative] is in the best possible place and is coming on leaps and bounds."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service was highly effective at managing risks to people's safety. This included assessments of specific risks, such as the risk of falls and risks to skin integrity. A positive risk taking approach was used to ensure people were safe whilst building increasing levels of independence.
- The environment and equipment were well-maintained and safe. The provider had carried out environmental risk assessments in areas such as fire safety, the use of equipment and the security of the building.
- The registered manager promoted an open and transparent culture in relation to accidents, incidents and near misses. Where they identified any areas of concern these were shared with the staff team to ensure lessons were learnt to improve the service.

Staffing and recruitment

- People received effective and timely care and support. People told us there were always enough staff on duty. A relative told us, "There's always plenty of staff around when I visit." The provider made sure extra staff were available at busy times of the day or when people needed extra support, such as when giving end of life care.
- The provider was aware of the intense nature of the work for many staff. There was a high pace of turn-over of people in the service, all of who required rehabilitation input. Measures were being considered to support staff and reduce any likelihood of "burn-out".
- The registered manager followed safe staff recruitment practices and kept all the records, as required by law.

Using medicines safely; Preventing and controlling infection

- The registered manager and staff followed effective processes to ensure people's medicines were managed safely. Staff were suitably trained to administer medicines and checks on their practice had been carried out. Staff were knowledgeable about the side effects of medicines and were proactive in contacting

the GP if they had any concerns. People were encouraged to manage their own medicines as part of their rehabilitation plan.

- The pharmacy technician worked with GPs to ensure people's medicines were reviewed to best support people on discharge. For example, optimising the use of medicines, including streamlining the times of medications so people could have fewer visits from carers to be less intrusive and promote people's independence.

- People were protected against the risk of infection. Staff received training in infection prevention and control and followed good practice in their work. The home had achieved a five star rating from the national food hygiene standard rating scheme. This is the highest rating and meant the hygiene standards were very good.

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 the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service was highly effective in achieving positive outcomes for people in promoting their recovery and well-being. An on-site multi-disciplinary team provided on-going assessment and rehabilitation. The team included three occupational therapists, two physiotherapists, a technical instructor, a team of nurses, a social worker and a pharmacy technician. The service operated fully over seven days a week so admissions and discharges could be safely and effectively managed across weekends as well as through the week. The rehabilitation support and contact continued when people went home.
- The service collated evidence of the outcomes of people leaving hospital and staying for rehabilitation in the service. People using the service were much more likely to return to their own homes, rather than to residential care homes. They also returned to their own home's sooner than expected compared to those who had remained in a hospital setting. Once back at home people were also less likely to be readmitted to hospital.
- The management and staff team applied their learning in line with NICE guidelines such as the management of falls, nutrition and skin integrity. For example, the systems to assess and analyse falls was highly developed. Technology was used to prevent and monitor falls to look for patterns. Interventions were very specific and targeted to the individual and this had led to a reduction in falls across the majority of each person's stay.
- A number of relatives told us of the considerable progress their relative had made since being in the service. One relative told us, "I've never come across this type of service before. It's been truly amazing. The place is buzzing with professionals coming and going. Each day I can see an improvement with [relative]. It won't be long before she's home, and I honestly didn't think that would happen at all." A person using the service told us, "They are helping me to do more and more for myself. To build confidence for going home, so that's really good. It was such a relief to come here before going home, as I live on my own."

Staff support: induction, training, skills and experience

- There was a high level of expertise and skills across the staff teams within the service. Staff were competent, knowledgeable and had completed training which gave them the skills they needed to carry out their roles effectively. Many staff had champion roles to share good practice. For example, promoting skin integrity, dignity and nutrition.

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

- People received consistent, effective, timely care due to the highly effective protocols developed with

hospital discharge teams and social care professionals. For example, a consultant geriatrician visited twice weekly and was part of the multi-disciplinary team approach.

- Systems for communication between the different staff teams was highly effective and well-developed. For example, with daily multi-disciplinary 'Safety Huddles' for support staff at all levels, therapy staff and nurses. At these meetings each person's progress was discussed daily, and new admissions and discharge support needs were reviewed.
- Liaison with other agencies was also well-developed to support people. For example, assessments for equipment, while in the service, were frequent which meant people did not have to wait for equipment when they returned home. This included links to the home adaptations team for minor works to be carried out to people's own homes, such as handrails.

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

- Staff supported people to receive a balanced diet and to have sufficient fluids to maintain their health. They assessed people's nutritional needs and sought professional guidance where people were at risk of malnutrition or had difficulties with swallowing.
- People were very satisfied with the quality and the range of choice. One person told us, "The food is marvellous. You get so much choice and couldn't ask for better." Relatives reported people had healthy weight gains since being in the home.

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

- The service was adapted to be safe, accessible, comfortable and homely. The provider ensured the premises were well maintained. The garden was accessible and well used.
- There was a room dedicated for technology and a range of different aids available for people to try to support people in returning home. Technology was being successfully used to promote peoples' independence and safety. This included bed sensors and room sensors built into every room, which could be switched on and off as required.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were protected. Staff at all levels had received training in MCA. The registered manager completed DoLS applications when required and kept a record of those awaiting authorisation. DoLS conditions were being adhered to and included in how care was planned and delivered.

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 the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Promoting people's independence was the main aim of the service. Staff had extensive knowledge and expertise on how to support people to maintain and promote their independence. One person told us, "They helped me understand how to use the equipment and how to sit up in bed using the handrail with a broken arm. So now I feel so much more confident and I am now able to walk to the toilet which is such great progress."
- Staff respected people's privacy and supported them to maintain their dignity. People were very complimentary about the care and support they received. One person said, "The staff are brilliant you couldn't ask for better, they take time for a chat." Another person said, "A massive thank you for all your wonderful kindness and care during my stay. You really are all such wonderful people and deserve to be highly recognised for all your good work." A relative told us staff always supported their relative to be well-dressed and presented which helped to promote their self-esteem.

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

- People told us they were treated in a very kind and caring manner by staff at all levels. Staff interaction with people was attentive, kindly, encouraging and appropriate. One person said, "I shall always remember with fondness the time I spent with you. Forever grateful." Another person told us, "I think it's wonderful, a first class service as they ask me what I need and have a chat. They even made my birthday beautiful at the weekend and gave us the conference room and set the table beautiful and we had champagne."
- Staff were aware of signs of distress and how to alleviate this. We saw a person had become anxious and upset, staff responded quickly and took time to reassure and sit with the person until they felt settled again. Staff extended this kindness to relatives and spent time with them too, recognising their needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions and were able to express their views. People and relatives were asked for their views in satisfaction surveys, in residents meetings and at review meetings. The results of the survey were used to make changes. One relative told us, "Nothing is done without consultation. We feel part of the team. The manager's door is always open to us and we often pop in to discuss a variety of matters."
- People were treated very much as individuals and made their own choices about how they wanted to spend their time. Those people who chose to spend time in their own rooms were regularly checked by staff and their wishes respected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care and support was centred around their rehabilitation through setting goals to help their recovery. The multi-disciplinary staff team worked with the person and their family to set these goals and to ensure they were both realistic and safe. These were designed to build up people's confidence and skills to allow them to be equipped to return home as soon as practical.
- People's care plans described their health, care and support needs and included their preferences, routines and social needs. Daily records were written in a meaningful way, with any changes being recorded so action could be taken by both internal and external professionals, such as seeking a referral to a GP.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. We observed staff taking time to communicate effectively with people and repeating information when necessary.
- Information was available in different formats; such as larger print, easier to understand leaflets and by providing people with access to laptops and the internet. Information was also available in different languages and the provider could provide language interpreters when needed.

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

- Stimulation and activities were another key part of people's recovery programme. People were well supported to participate in activities to help with their physical and social health and well-being. The service employed a community engagement officer to support people with individual and group activities. This person also helped people to connect with local support groups and networks in their own local community on their return home. People spoke very highly of her enthusiasm and creative ideas.
- People were encouraged to maintain relationships that were important to them. The service saw this as an important part of people's recovery. Relatives told us they felt part of the team and were given communication updates on a regular basis. One said, "They are all so lovely and I always read the big file there and if I ask a question as I'm not clear about something that's written then they explain."

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. There had been a number of complaints about the buzzer call bell system not working effectively. The provider had taken numerous steps to sort this out with the call bell company. However, the communication of these actions had not been communicated clearly to all people in the service. This had led to a number of people complaining to us on the inspection. The registered manager assured us that they would rectify this and put alternative measures in place while the system was being replaced.

End of life care and support

- The purpose of the service was to provide rehabilitation. However, multi-disciplinary meetings took place within the service and with external palliative care specialists to discuss how to facilitate people's wishes if they did become terminally ill.
- At the time of inspection, no person was receiving end-of-life support although palliative care had been provided to people previously. A relatives room had been set up so people could have quiet time or could stay overnight if they wished. The room included a relatives pack with toiletries and other essentials.
- Staff had received training about end-of-life care and people's care records contained information about their religion and wishes at this time.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- The service was being better managed. Over the past eighteen months there had been a number of changes in the running of the service. Some staff described that this had been a difficult time.
- People, relatives and staff all spoke highly of the service and how well the home was managed. One relative told us, "It's been great having it all in one place, no chasing up or making telephone calls like last time mum was coming out of hospital. It's all been very well planned."
- Staff spoke of being part of an 'alliance' of professionals all working together for the benefit of people in the service. All staff had a clear understanding of their job roles and how to provide high-quality support through well-organised team work. Senior staff were good at organising and deploying care staff.
- The provider had effective systems and operational staff to carry out internal audits and visits to seek people's views on the running of the service. We saw action had been taken where inconsistencies were identified.
- There was an ethos of continual improvement and keeping up-to-date with best practice across the service. Various stakeholders were tasked with ensuring the service was meeting its objectives and that they were providing a safe and effective service for all people who experienced the best outcomes. A quality improvement group met regularly with support staff to reflect on practice and discuss strengths and areas of improvement.
- The service was a designated centre for training excellence and was accredited to take placements from various professionals bodies, such as student nurses and social workers.

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

- People were empowered and supported to be independent. The full staff team showed their passion and commitment to ensure a person-centred culture. One staff member told us, "It's a fantastic feeling to be part of a multi-disciplinary team. We all have a passion in providing the best support to get people back home. It's the first time I've worked anywhere that has a such a holistic approach." Another staff member said, "It's great to be part of a cutting edge service like this and see the difference it makes to people. We are constantly developing and evolving are approach."
- Relatives and other professionals told us people who used the service were at the heart of it. People told us this was a good service and they had been happy living here. Everyone we spoke with told us they would recommend the service. One person told us, "I cannot fault the place. I feel the very caring nature of the service comes right from the top and filters through to every level of staff. It's very well managed."

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and management team were aware of their responsibilities regarding duty of candour. They promoted and encouraged candour through openness. Good relationships had been developed between staff and people using the service and their family members.
- The service engaged with people, others acting on their behalf and staff in an inclusive way. The registered manager held meetings with people in the service, relatives and the staff to gather their views and to take action. A with a variety of topics were covered, such as food provision and activities.
- The service was committed to protecting people's rights with regard to equality and diversity. Staff were trained to understand how they supported people's rights and this was embedded in their practice.
- The provider and the service had a proven tracked record of supporting staff with disabilities and meeting the diverse needs of the staff team. We spoke to a number of staff members who told us they had been very well support and this allowed them to be effective in their work. The provider also had support programmes and networks for staff experiencing mental health issues and experiencing work-related stress.