

Leeds City Council

RecoveryHub@EastLeeds

Inspection report

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20 November 2018

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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 ●

Summary of findings

Overall summary

This comprehensive unannounced inspection took place on 13 and 20 November 2018.

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

RecoveryHub@East Leeds provides personal care for a maximum of 37 older people. The service provides short term placements from both the hospital and community with the aim of people returning to their own home. There were 30 people using the service at the time of this inspection.

At our last inspection in May 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

There was a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found some improvements were needed to fully ensure the safe management of medicines. Systems for administration of medicines when people were out of the service needed to be strengthened and correct codes needed to be used when recording omissions or refusals of medicines. We recommend the provider keep medicines records under review to ensure the improvements discussed at the inspection are made and sustained.

People told us they felt safe and well- cared for. Staff were trained to recognise and report any signs of abuse. Staff were recruited safely and were deployed in suitable numbers to meet people's assessed needs.

Overall, where risks to people had been identified, action had been taken to reduce those risks. Some records needed to be updated to fully reflect this. The premises were clean and well maintained. Staff were trained in good hygiene practice and were supplied with personal protective equipment such as gloves and aprons.

We received very positive feedback about the effective care and support provided. Staff had received training and ongoing support to help with their development. They told us they received good support from the provider, which helped them to fulfil their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and procedures in the service supported this practice. People received care and treatment from a range of healthcare professionals as needed. Care records were reviewed regularly, or when people's needs changed. People were encouraged to eat a healthy, balanced diet of their choice. People told us they enjoyed the meals and snacks available.

People, relatives and health and social care professionals told us staff were skilled in enabling people to become independent and achieve their recovery goals. Staff knew people well and made sure people received care and support that was personal to their needs and was responsive to any changing needs. Staff demonstrated a good understanding of the recovery model of care provided

People and relatives were very complimentary about the caring nature of staff. People felt listened to and valued. Staff were motivated and showed a commitment to providing dignified and compassionate care.

A variety of meaningful activities were available to people and they were supported to develop new interests which contributed to their overall wellbeing and recovery. People were actively encouraged to give their views and make suggestions on how the service could improve. There was a positive and inclusive culture at the service.

Effective systems were in place to manage any complaints and concerns. People, their relatives and staff were positive about the way the service was managed and led. The management team and staff were committed and enthusiastic about providing a person-centred service for people. The provider continued to monitor and assess the quality and safety of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

We found some improvements were needed to fully ensure the safe management of medicines.

People told us they felt safe. Appropriate safeguarding policies and procedures were in place. Safe recruitment procedures were followed.

There were enough staff to provide people with the care and support they needed.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

RecoveryHub@EastLeeds

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 13 and 20 November 2018 and was unannounced on the first day.

On day one, an inspector and an expert-by-experience carried out the inspection visit. 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, one inspector and a pharmacist specialist advisor continued the inspection.

Before the inspection, we reviewed all the information we held about the service including statutory notifications. Statutory notifications, which are a legal requirement, provide the Care Quality Commission (CQC) with information about changes, events or incidents so we have an overview of what is happening at the service. We contacted relevant agencies such as the local authority and clinical commissioning groups, safeguarding and local Healthwatch England. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a Provider Information Return (PIR) in March 2018. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visits we looked around the service, spent time in communal areas and observed how people were cared for. We spoke with eight people who used the service, one person who had previously used the service and six relatives. We spoke with four care staff, the community engagement worker, an occupational therapist, an assistant manager, the chef, the acting manager and service delivery manager. We also spoke with four healthcare practitioners.

We spent time looking at documents and records that related to people's care and the management of the service. We looked at four people's care plans and six people's medicines records.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we identified some shortfalls and this area is now rated as Requires Improvement.

Most people told us they received their medicines on time. However, one person said they did not always get their medicine at the right time and this affected their mobility. We reviewed the recent medication administration records (MARs) for this person and saw there had been eight occasions when their medication had been omitted as they had not been present in the service. The records did not show what had been done to address or resolve this with the person. The acting manager and service delivery manager agreed to review the person's care to ensure plans were put in place to manage this situation in future.

The MARs had photographs of people who used the service to reduce the risk of medicines being given to the wrong person. Person-centred care plans were available to support staff to give people their medicines according to their individual preferences. Most MARs we reviewed were completed fully to show medicines had been administered as prescribed. However, we found inconsistencies in the use of codes to record the use or refusal of PRN (as and when required) medicines. We also saw the reason for refusal of medicines was not always documented. Stock balance check records were also not used consistently by staff; and on one occasion we found two tablets were found but unaccounted for; no explanation had been recorded. The acting manager and service delivery manager agreed these concerns with records would be reviewed with staff to improve future practice.

Medicines were stored properly and there were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). We observed medicines administration and saw this was done to suit people's individual needs. Staff who administered medicines received training and their competencies were assessed regularly to make sure they had the necessary skills.

We recommend the provider keep medicines records under review to ensure the improvements discussed at the inspection are made and sustained.

People who used the service or their relatives told us they or their family members felt safe and well supported. One person told us, "Everyone is nice, they look after me well." A relative said, "I have never known a place like this. Staff are nice and everyone is safe. It's an exceptional place."

Care plans contained risk assessments for areas such as falls, moving and handling and nutrition. We found clear guidance was in place for staff on how to manage some identified risks and staff could describe what they did to minimise risks to people. However, we saw two people had been noted to have skin integrity concerns and no risk assessment or management plan had been documented. It was clear that treatment had been sought and referrals to health professionals had been made. The acting manager and assistant manager agreed the records would be updated with risk assessments to show what was being done to reduce the risk of skin damage.

Accidents and incidents were recorded and analysed to identify what had happened and actions that could be taken in the future to reduce the risk of reoccurrences. For example, bed or chair sensors put in place for people at risk from falls.

Staff completed training on how to recognise and report abuse to help ensure they kept people safe. Policies and procedures for safeguarding and whistleblowing were available and provided staff with guidance on how to report concerns. Staff had a good understanding of the policies and how to follow them. The provider maintained a safeguarding log and events were reported appropriately to the local authority and the CQC. We saw one concern had not been reported to the CQC as required. However, action was taken to remedy this at the time of our inspection. Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment.

Our observations showed there were sufficient numbers of staff to keep people safe and make sure their needs were met. We saw people were provided with prompt assistance when required and staff were not rushed. Most people and their relatives told us there were enough staff. People said they did not have to wait long for assistance and staff had time to chat with them. One person said additional staff would be welcomed but told us their needs were met. People's relatives told us staff were busy and seemed stretched at times, but always attended to their family members in a timely way. Two staff said there were sometimes staff shortages but this did not affect people's care.

Staff followed good infection control and prevention practices. People and their relatives told us staff wore gloves, aprons and practiced good hygiene. People told us the service was always clean. One person said, "It is spotless here." The premises and equipment were monitored with regular checks undertaken by staff and external contractors. Gas and electrical appliances and equipment such as hoists were serviced routinely. Fire safety systems were serviced and audited regularly and staff received training in fire awareness. Personal emergency evacuation plans (PEEPs) indicated the risk and support people required to evacuate them safely.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People told us staff had the skills needed to provide effective care for them. Staff were provided with a comprehensive induction and a range of training to give them the skills and knowledge to provide people's support. In the PIR, the registered manager told us the service had changed its purpose in November 2017, when service provision became focussed on recovery to enable people to return home after a period of rehabilitation. All the staff received a seven-day induction based on this new model of care. Staff spoke enthusiastically of the learning from this and how they put it in to practice. One said, "It's a very different way of working; standing back and not doing things for people. We stay in the background to encourage and support people to reach their goals."

Staff received supervisions and appraisals to monitor their performance, and support their continued development. Staff told us they received the support they needed to enable them to carry out their role well. One said, "Supervisions are useful; very good. Helps to make sure we are on the right track."

We checked whether the service was working within the principles of the Mental Capacity Act 2005, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The acting manager had a good understanding of the legislation and staff received training to enhance their understanding. At the time of the inspection, no-one was subject to any restrictions on their liberty via a Deprivation of Liberty Safeguards authorisation. People's consent was sought and care records showed people were supported to make their own decisions. We saw staff ask for people's consent before delivering any care or support. All the people and relatives we spoke with told us staff asked for consent to care.

The service had spacious, well- maintained communal areas. There were smaller, quiet lounges if people preferred these. The décor added to the relaxed and calm atmosphere in the service. Corridors were wide and well lit; with plenty of signage to assist people to find their way around. A coffee shop style room was available for people to spend time socialising with others or their visitors. There was an accessible and welcoming garden area. A contemplation room had been developed. This was a multi-purpose room which contained items to support people to follow any faith or cultural rituals they may have. We saw religious support items such as prayer mats and a bible were available for people to use.

There was an Information Technology room with facilities that included an internet suite, WIFI and examples of telecare equipment and assistive technology which could support people with their independence when they returned home. The acting manager told us this provided a great opportunity for people to 'try before they buy'. A person who had previously used the service told us they had been able to order their on-line shopping for their return home as the service had WIFI. We saw a large print keyboard was in place to assist people who may have a visual impairment or dexterity problems.

People said their health needs were met well and they had access to healthcare professionals when needed. The provider and health care teams worked closely together to ensure people's health and welfare. A GP visited daily, occupational therapists (OTs) were on site and other specialist health professionals such as physiotherapists and nurses were available as needed. Changes in people's healthcare needs were identified and support and advice was sought from the relevant professionals when required. A telecommunication health service was also available to people. There was a well-equipped therapy room to enhance people's recovery programme. This included mobility equipment and a practice kitchen.

Health professionals we spoke with or had contact with, all spoke highly of the service. They said timely referrals were made and staff were skilled in recognition of early warning signs of ill health. One health professional said, "They are one of the most efficient homes we work with. They work hard to develop effective working relationships to improve processes to help both the hub and GP practice to deliver safe care."

People were supported to have a good diet which met their nutritional needs and preferences. The meals prepared looked well-presented. People told us meals were good and they were offered both choice and a variety of options. People's comments included; "The food is nice. They give me halal meals", "Marvellous food here; perfectly cooked, excellent" and "The food is wonderful."

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People gave consistent, positive feedback about the service. People and their relatives were happy with their or their family member's care. They told us staff were kind and caring. One person said, "The staff are friendly, helpful, polite, kind and listen to your concerns. They make time to listen." A relative said, "They're angels. I'll give them ten out of ten; they care for [family member] so well." Relatives told us staff's kindness was extended to them and they felt welcomed and included. A health professional told us they always observed respectful and dignified care delivered to people. The acting manager was planning to invite people's relatives to the service for Christmas lunch to avoid people being alone over this period, if their family member was at the service.

On admission, people were given a welcome pack which contained information about the service and what people could expect from it. Consideration was given to people's dignity and the challenges of possibly being admitted to the service in an emergency. A selection of toiletries and underwear were in the welcome pack to ensure people's dignity was not compromised. Staff undertook fundraising activities to keep the packs supplied. The welcome pack also contained useful information on care services people may need when returning home and advice on maintaining good health.

People were complimentary about the approach of staff and the compassion they were shown. Staff were frequently described as 'excellent' or 'brilliant'. People said staff had time to discuss their recovery with them and treated them with respect. One person said, "Nothing is too much trouble at all, they are very helpful, really good." A person who had previously used the service said, "I felt understood and valued as a person, not just a patient." One person told us they had raised concerns over a staff member's communication with them. They told us this had been addressed by the management team.

We observed interactions which were gentle, caring and respectful. There was a calm and relaxed atmosphere and people had developed good relationships with staff. People had their life history documented which staff used to get to know people and to build positive relationships. People told us staff were aware of their preferences and supported them in the way they liked. Staff respected people's privacy by knocking on doors and waiting to be asked in. We saw people were spoken to discreetly about personal care issues so as not to cause any embarrassment.

People's care and support was planned proactively with them. People told us they were aware of their recovery plans and goals and were fully involved in preparations for returning home. One person told us they had been supported with a home assessment which had identified the need for equipment they required when they returned home. They told us how much more confident and reassured they felt by this. None of the people we spoke with were aware of having a written plan of care. However, they said they had frequent conversations with staff about their care needs and plans for returning home.

People were encouraged to make choices, and their independence was encouraged. Staff spoke with pride of the work they did to support people in their recovery and to get back to their own homes. One said, "There is nothing better than seeing people re-gain their skills and be able to walk more, make their own drinks and generally be better all round." A person who had previously used the service told us they had arrived at the service unable to walk unaided. They said that through the support and encouragement of staff, good care and physiotherapy they had been able to drive themselves home and their mobility was much improved. A relative spoke of the support their family member had received to enable them to re-gain their mobility and they could now go to the toilet independently which afforded them more dignity.

The provider had policies in place in relation to protected characteristics under the Equality Act 2010. People were protected from discrimination and were supported in any cultural support they required as part of their package of care.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People's needs were assessed prior to using the service and for 72 hours after admission to ensure all key areas of people's needs and recovery plan were identified. A person who had previously used the service told us this process was very thorough and led to a detailed plan of care being developed for them. People's care was focussed on achieving the best possible outcomes for them; with the goal of returning to their own home after a period of re-habilitation. People told us they were provided with personalised care to meet their assessed needs and preferences. One person told us; "I have physio, staff push me and encourage me to do my best. I will get home." Another said, "I was nervous and unstable on my feet when I arrived; overall my well-being has improved."

Care plans described people's care and support needs including personal care, health needs, dietary needs and mobility. Some care plans, such as those for bathing were not person-centred and did not describe the individual support people required. However, staff told us the care records and their knowledge of people gave them enough information and enabled them to meet people's individual needs and preferences. The provider had policies and procedures on end of life care and people could discuss their wishes if they wanted to. Care plans were regularly reviewed by the care and health care teams. The progress people had made was clearly documented and next step plans to increase people's independence or mobility were drawn up.

The provider was aware of the importance of ensuring people had access to meaningful activities during and after their period of recovery. There was a community engagement worker (CEW) in post who organised and arranged activities within the service and signposted people to groups and activities in their own communities when they returned home. This helped to reduce social isolation and increase people's well-being. One person, who was due to go home, told us they had been given booklets on what was on in their home area. They said they were going to join a local elders club and go to bingo at the Irish centre. A person who had previously used the service told us they were made aware of events in their area and now attended several of them each week. These included, a cinema club, a balance and falls prevention class and talks on topics of interest. The CEW had developed links with other service providers such as good neighbours schemes, luncheon clubs and dementia cafes to enable people to access these on their return home.

The CEW told us they met people on admission and spent time identifying what people's interests were. They said they aimed to provide a programme of activity based on people's preferences and interests. We looked at the 'What's on' activities file which listed daily activities that included; quizzes, knitting, exercise classes, bingo, crafts, board games and afternoon teas. People spoke enthusiastically of their enjoyment of these. One person told us they had started knitting again with the encouragement and support of staff.

External entertainers also provided activities within the service. These included singers, dance groups, pet therapy and concerts from a local ukulele group. We saw photographs of people participating in these

events and it was clear they were enjoyed. Intergenerational projects were in place; with children from local schools involved in events such as coffee mornings. People told us they had enough to do and could participate if they wished. One person told us they would like more to do in the evenings. A live well café event was about to be launched at the time of our inspection. This was open to the local community and people who had previously used the service.

People and their relatives were given information about how to complain and details of the complaints procedure were displayed in the service. The provider had processes in place to manage and respond to any complaints about the service. People and their relatives said they felt able to raise any concerns they had with the management team or staff.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well led and awarded a rating of Good. At this inspection, we found the service continued to be well led.

The service had a registered manager. They were not present at the time of the inspection and the deputy manager was in the position of acting manager. The acting manager was enthusiastic and showed passion for the success of the service in delivering and achieving its aim of enabling people to achieve greater independence in their recovery. All the staff we spoke with said the acting manager was an open, visible and approachable leader. One staff member said, "[Name of acting manager] is doing a brilliant job. Helps us all do our job well."

Staff said they felt well supported and valued in their role. They described a positive culture in the service and spoke with pride about how much they enjoyed their role. They attended staff meetings to discuss people's needs and important issues that affected the running of the service. These meetings were used these to share good practice and to discuss any lessons learnt to continually improve the service.

People, their relatives and professionals told us of their confidence in the management of the service. One person said, "The place runs smoothly and we are well looked after." All the relatives we spoke with knew who the acting manager was. One relative described the acting manager as approachable and friendly. A health professional said, "The hub is well- led by the manager who is open to suggestions for developing and improving staff training by the rehab team." Another health professional said, "[Name of acting manager] is an excellent manager and really puts patient safety and their care first."

The acting manager had established links with other agencies. They had membership of a local lesbian, gay, bisexual and transgender (LGBT+) organisation which addresses the social isolation faced by older LGBT+ people and this gave people access to a newsletter and events held by this organisation. They also attended regular management forums and network groups alongside managers of other services, which meant they had opportunities to share and develop good practice. The provider also worked in partnership with other agencies when required for example healthcare professionals, health commissioners and social workers.

There was a commitment to continuous improvement in the service. Arrangements were in place to monitor the quality and safety of the service. This included audits on care plans, dignity, medication, cleanliness and health and safety. Where improvements had been identified, these had been addressed. Some records did not always show when actions had been completed and care plan audits did not show how the quality of care records was assessed. Medication audits had not been used effectively to identify issues we found with medicines records. The acting manager and service delivery manager agreed to review these audits and records to ensure they were strengthened to fully reflect this. Senior managers from the organisation maintained overview of the performance of the service. They visited regularly to check standards and the quality of care being provided. If any shortfalls were found, an action plan was put in place to ensure improvements were made.

There were several ways people could provide feedback on their experience of the service. Monthly forum meetings were held. This gave people an opportunity to discuss the service, make suggestions, raise any concerns and be kept up to date on issues. A person who had previously used the service had taken on a volunteer role and attended forum meetings to assist with sharing their experience with others. They told us they were delighted to be asked to carry out this role and to be able to 'give something back' after their positive experience of the service. Exit questionnaires were completed when people left the service. We looked at a number of these and saw there was a high degree of satisfaction with the service. People's comments included; 'brilliant', 'wonderful', 'better than a first-class hotel'. The provider had also encouraged people who had used the service in the past to complete vlogs (video communication records for the internet) to talk about their experience of the service. We reviewed some of these and again saw positive feedback had been gained from people.