

Leeds City Council

The Green

Inspection report

Seacroft Green
Seacroft
Leeds
West Yorkshire
LS14 6JL

Tel: 01133782203

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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 the 12 April 2016. At the last inspection in April 2014 we found the provider met the regulations we looked at.

The Green is a residential home providing personal care and support for up to 37 older adults; some of whom are living with dementia. The home also offers a respite care service. It is located near the centre of Seacroft. Leeds Local Authority manages and operates the home.

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 told us they felt very safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. Overall, individual risks had been assessed and managed to ensure people's safety. However, some improvements were needed to ensure a consistent approach.

People were protected against the risks associated with medicines because overall the provider had appropriate arrangements in place to manage medicines safely. Recruitment procedures were safe.

Systems for monitoring quality were in place. Where improvements were needed, these were addressed and followed up to ensure continuous improvement; however, these actions were not always fully documented to show the effectiveness of the systems.

There were policies and procedures in place in relation to the Mental Capacity Act 2005. Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions; and where people did not have the capacity; decisions were made in their best interests.

People were very well cared for. Staff knew people very well and understood how to meet people's needs. People or their relatives were involved in making decisions about their care and were involved in the care planning process. People engaged in social activities that met their needs. Friendship and family and friends involvement in the service was actively encouraged.

There were systems in place to ensure complaints and concerns were fully investigated and people who used the service and their relatives said they felt confident to talk to staff about any concerns.

People told us they got the support they needed with meals and healthcare. Health, care and support needs were assessed and met by regular contact with health professionals.

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 told us they felt safe. Staff knew what to do to make sure people were safeguarded from abuse. There were appropriate arrangements for the safe handling and management of medicines.

Overall, individual risks had been assessed and managed to ensure people's safety

There were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

Health, care and support needs were assessed and met by regular contact with health professionals. People enjoyed their meals and were supported to have enough to eat and drink.

Staff training, supervision and support equipped staff with the knowledge and skills to support people safely.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Is the service caring?

Good ●

The service was caring.

Staff and the management team had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were well cared for.

People were involved in planning their care and support.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Is the service responsive?

Good ●

The service was responsive to people needs.

People's needs were assessed and care and support was planned.

People enjoyed a range of person centred activities to suit their needs.

Systems were in place to respond to concerns and complaints.

Is the service well-led?

Good ●

The service was overall well- led.

The management team were familiar with people's individual care and support needs and knew people who used the service and staff very well.

People were not put at risk because systems for monitoring quality were in place. Where improvements were needed, these were addressed and followed up to ensure continuous improvement; however, these actions were not always fully documented.

People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning and improvement.

The Green

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 12 April 2016 and was unannounced.

At the time of our inspection there were 29 people using the service. During our visit we spoke with six people who used the service, eight relatives or friends of people who used the service and seven staff including the registered manager and deputy manager. 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 medication records and care plans.

The inspection was carried out by one adult social care inspector and two specialist advisors in governance, nursing and dementia.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications sent to us by the home. We contacted the local Healthwatch. We were not made aware of any concerns by them. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications. Before the inspection providers are asked to complete 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.

Is the service safe?

Our findings

People who used the service, their relatives or friends said people were well looked after. Comments we received included: "I believe [family member] is in very good hands here"; "I have every confidence that [friend] is safe and cared for well, no concerns at all" and "We are looked after very well indeed, oh yes, no problems in that department." We saw positive interaction throughout our visit and people who used the service appeared happy and comfortable with the staff.

Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. Staff had received training in the safeguarding of vulnerable adults and the records confirmed this.

We saw overall that comprehensive risk assessments were in place for people who used the service; including physical care needs, falls, malnutrition, moving and handling, mental health, taking own medicines, behaviour and going out on visits/trips. In addition, each person had a personal evacuation plan. Staff accessed information about individual risks from residents' files, daily handovers and communication sheets. We were told that risks were also discussed in supervision with all the staff team and we saw records to confirm this. However, for one person who used the service for respite care, we found the risk assessments were not reviewed monthly or at each visit to the home to ensure they were up to date. We brought this to the attention of the registered manager for action.

We also saw a wide range of risk assessments to manage people's safety were in place. These included; gritting of premises and sitting in the garden during hot weather. Risk management plans also covered areas such as infection control, lone working, night care arrangements and the environment. These were discussed with staff and displayed in the staff area.

People who used the service, their relatives or friends did not have any concerns with the numbers of staff available and their ability to meet care and support needs safely. One person said, "Always someone when you need them, no concerns at all." A relative said, "There are always plenty of staff, no-one has to wait long for anything." 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. 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. A visiting professional told us staff were always visible and accessible in the home and there seemed to be little staff turnover.

There had not been any new staff employed at the home for a number of years. The manager said staff turnover had been very minimal and any new staff in the service had transferred from other services run by the provider; where they also had been working some years. We looked at recruitment processes and saw appropriate checks were undertaken before staff began work. However, the staff file check list was not always completed in full and signed as checked. The registered manager agreed to rectify this during our visit. We saw records of checks made with the Disclosure and Barring Service (DBS). The DBS is a national agency which holds information about criminal records and people who are barred from working with

vulnerable people. These checks help employers make safer recruitment decisions.

We saw there were systems in place to analyse and monitor accidents and incidents. Information showed incidents were reviewed for any patterns or trends and ways of preventing re-occurrence.

We carried out an inspection of the premises and equipment used in the home. We saw that the home was clean, tidy and homely. There were no malodours and all equipment we looked at was clean and fit for use. We saw there were systems in place to make sure equipment was maintained and serviced as required. We saw up to date maintenance certificates were in place.

Thorough systems were in place to ensure people living permanently and temporarily at the home always had adequate supplies of their medications at all times of the day. We saw safe processes and procedures in place for ordering, checking, storing and disposal of medication.

All medicines were stored safely in locked cupboards in a clean locked room and the room temperature and fridge were checked daily. Controlled drugs were stored securely and we checked recorded totals matched what was actually stored in the cupboard.

We examined medication administration record charts and records of six people. We found all these had accurately listed people's medicines as part of a full needs assessment and were completed correctly. All six people had signed agreements giving consent for staff to administer and look after their medications at the home. Best interest decisions relating to the safe storage and administration of medicines were also in place for people. We also saw supporting care plans recording specific actions required by staff to enable people to take their medicines safely, for example 'Remind [Name of person] of the use of her tablets and the fact these are prescribed by her GP.'

Medication reviews involving staff and GPs had taken place for all six people within twelve months in line with NICE guidance, for managing medicines in care homes, and when required. Changes to medicines were dealt with safely; the updated prescription was always seen by the home staff before being sent to the chemist. We saw recorded information explaining the reasons for changes and reviews.

We were told that no one was given medicines covertly and staff were aware of the appropriate guidance to be followed if medicines were deemed essential and to be in the person's best interests. Staff also told us the correct action to take should a medication error or medicines-related safeguarding incident occur.

We saw one member of staff wearing a 'Do not disturb' tabard whilst administering medications to people; they were not distracted by telephone calls and other staff were available if needed by people who used the service. Staff knew what the medicines they were administering were for and were familiar with the people's individual ways of taking their medication. Staff communicated well with people, bending down to talk to them at eye level quietly and managing individuals according to their care plan to take medicines. People who used the service told us they received their medication at the correct time.

We saw variable dose and 'as required' medicines being offered to people and the application of creams/emollients was recorded in care plans in accordance with people's preferences. We were also shown a body map used to rotate medication patches to ensure the risk of skin damage was reduced. The administration of medication to people was planned at specific times of the day and processes were in place to remind staff about medicines due at times outside of the regular medication times, for example, a medication alarm is used for frequent Parkinson's disease medicines. We saw the medication 'round' coincided with people's lunch on our visit, other 'rounds' were planned at breakfast and tea-time. We saw

people interrupted during their meals to take medications and saw ear drops given to two people who were sitting at the dining table after eating their meal. This should be reviewed to ensure mealtimes were not interrupted. The registered manager agreed to do so.

Several people had daily medications prescribed half an hour to one hour before breakfast and we saw differences in the way staff managed this when people had not received them due to being asleep at the time. We discussed this inconsistency with the registered manager as there was a risk people may not receive their medication as prescribed. The registered manager said they would address this with the staff team.

The home's medication policy was currently under review to ensure it met the requirements of NICE guidance, for managing medicines in care homes. Staff who administered medication had been trained to do so and plans were in place to ensure annual competency checks took place.

Is the service effective?

Our findings

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. We saw people were asked for their consent before any care interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent. We saw staff using an appropriate, caring, unhurried manner and showing attentiveness with people. Explanations were given to people before actions were taken for example giving medicines, offering tea.

Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. A visiting professional told us they felt people's rights were promoted and independence encouraged at all times. A health professional we contacted said, 'DoLS & MCA /safeguarding processes were adhered to & understood as an effective part of the residents care.'

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).) 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 were being met.

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 overall 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 could describe the principles such as "doing what's best for the resident" and "helping them make decisions". Records showed staff had completed training on the MCA and DoLS.

Care plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed the principles of the MCA had been applied and decisions agreed were in people's best interests. However, we did see for one person they had been assessed as having capacity to make decisions about their medication yet a best interest meeting had taken place to agree medication administration. It was unclear which was the most current documentation.

Records showed arrangements were in place that made sure people's health needs were met. We saw evidence that staff had worked with various agencies and made sure people accessed other services in

cases of emergency, or when people's needs had changed. Health professional's comments included; 'I found that any request I made for information /communications with other agencies to be made GP's etc. was well carried out', 'Complex & challenging care meetings involving multiple agencies & family were supported by senior staff' and 'They keep in regular contact with our team if they have any issues or problems which they would like us to help with. '

People who used the service or their relatives spoke highly of the health support they received and said staff were prompt in seeking medical assistance for them. One relative said, "We know [family member] will get medical attention if needed." Another relative said, "They are very prompt in response to any sort of illness or ill health, very good indeed."

People who used the service were complimentary about the food and menus in the home. One person said, "It's always lovely and you can have what you want." Another said, "Plenty of choice." Peoples relatives said the food always looked nice; was well presented and people got the support they needed to eat. Menus were seen to have individual choice options and showed a good variety of foods were on offer. A health professional told us; 'Mealtimes & the table presentation / serving of the food & time taken was noticeably good & a pleasure -respecting the individuals adulthood. Breakfast was my favourite time to visit as the atmosphere was so pleasant & the smell of fresh cooked food & the warmth of activity met a high standard of person centred dementia care.'

We observed the lunch time meal in the home; tables were nicely set with table cloths and floral decorations. Most people were able to eat independently and did so, some chatting with other people at their table or with staff who were assisting them. The atmosphere was relaxed and unrushed; people appeared to enjoy their lunches. The food looked appetising, well presented and portions were generous. Vegetables were served from tureens on the table which people could choose from. One person did not want what was on the menu and were offered egg and chips as an alternative.

Staff told us the quality of the meals in the home was good, with plenty of choice and a cooked breakfast on offer every morning. We saw tea/coffee and biscuits being taken around in the morning and mid-afternoon. There were jugs of juice and glasses in the communal areas to ensure people's hydration needs were met. Staff told us they received good training and were kept up to date. There was a rolling programme of training available and staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. The training record showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff's practice remained up to date. Staff said they received regular one to one supervision and annual appraisal. The registered manager confirmed there were systems in place to ensure this. Staff said they found this useful and a good opportunity to discuss their training needs. Records we looked at showed this to be the case.

Is the service caring?

Our findings

People we spoke with told us they were very happy living at the home and staff were kind and caring. Comments we received included; "It's very nice here, there's lots of laughing" and "We're treated very well, we're fine." Relatives and visitors we spoke with said they found the staff caring, kind, patient and thoughtful. One relative said, "Staff are marvellous with my [family member], I am so impressed with their caring and patience." Other people's comments included; "Staff spend time talking to people and listening to them, they are very attentive and make sure people get what they need" and "It's so reassuring to see how relaxed and happy [family member] is."

Health professionals spoke highly of the caring nature of the service. One said, 'The care needs of the clients I assessed & became involved with were well met by care staff with attention to detail in place & personal preferences often being known quite quickly. I was so impressed with the person centred responses/patience & understanding.' Another health professional said, 'Care staff and management always appear to want the best for their residents, and seem to do what they can to achieve this.'

People looked well cared for, clean and tidy. People were dressed with thought for their individual needs and had their hair nicely styled. People appeared comfortable in the presence of staff. We saw staff treated people kindly; having regard for their individuality. Staff were friendly, patient, kind and enthusiastic in their interactions with people who used the service. People who used the service enjoyed the relaxed, friendly communication from staff. We saw staff using an appropriate, caring, unhurried manner and showing attentiveness with people.

Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. One staff member told us that when doing personal care they kept people covered up as much as possible and asked quietly if people wanted to go to the toilet. We also saw this approach to maintaining privacy and dignity was demonstrated through people's care plans with guidance for staff on how to be sensitive and discreet when undertaking personal care. People we spoke with and their relatives had no concerns about privacy and dignity. All people we spoke with said staff were very respectful in this area.

Staff were trained in privacy, dignity and respect during their induction and we saw there were processes in place to ensure everyone understood how to respect people's privacy, dignity and human rights. This included policies, procedures, staff training and supervision. Throughout our inspection, we saw staff respected people's privacy and dignity. They were thoughtful and sensitive when supporting people with personal care.

Relatives said they had been involved in developing and reviewing their care plans of their family members. One relative said, "I feel fully involved in all aspects of [family member's] care." Another relative said, "They always go through everything with us, we feel fully informed."

The registered manager told us that no one who lived in the home currently had an advocate. They were however, aware of how to assist people to use this service and spoke of how they had done so in the past.

Is the service responsive?

Our findings

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service. Care plans and corresponding risk assessments were developed following the pre-admission assessment in line with people's identified needs. Relatives of people who used the service said the moving in process had been a good experience and they felt fully involved in this. One person's relatives said, "I was over the moon when [family member] was accepted for here, we were so pleased."

We looked at the care records for four people who used the service. Care and support plans contained details of people's preferences, routines and information about people's health and support needs. Staff said they felt they had clear guidelines on what care people required. Pen pictures of people who used the service were quite brief containing details such as the names of spouses, children, occupations and interests; we felt these would benefit from more detail to enable staff to get to know people as individuals. However, staff we spoke with demonstrated a good knowledge of people's needs and individual preferences. Staff's comments included; "She hears better from her left ear" and "She likes a coffee and pork chops and prefers hot puddings to cold." Another staff member told us how one person did not wish to join other people for meals and how these were served in their room until they felt confident to re-join others in a different part of the dining room.

People who used the service were involved in a range of activities and told us they were satisfied with these and enjoyed them. Activity on offer included; interaction with visiting dogs, bingo, sing-a-longs, a variety of musical entertainers, drinks and nibbles events, Zoolab (visiting exotic animals to interact with) and garden parties. On the day of our visit, the service had a hire car to enable outings to take place. Some people went to a local garden centre for a look round and a coffee. In the afternoon, people were engaged in one to one interaction with staff or a lively game of musical bingo.

Relatives of people who used the service told us how they got involved with activity and the organising of activity or events. One relative told us they had presented a talk and screen show on old music halls, cinemas and theatres in the area. They said they had thoroughly enjoyed this as had the people who used the service. They said they had finished off the event with an old time sing-song as the talk had inspired so many memories for people. Another relative said they had given a talk on an international scouting jamboree which had then resulted in the local scouts attending the home to present a gang show. This relative said it was a great way of encouraging community involvement for both the people who used the service and the scouts.

People's relatives told us there was plenty going on in the service; also saying that some people were not ones for joining in and their preferences were respected. A person who used the service said, "You can do what you want when you want, I like when the animals come." A relative told us the home was very supportive in encouraging friendships between people who used the service. They told us they had recently been able to take their family member and her friend for a celebratory birthday meal. They said the home had been very helpful in enabling and helping to organise this.

A health professional we contacted told us; 'The care environment & the openness & friendliness of the care staff was evident in the warmth of the whole room & the carers interactions with residents as soon as walking in. At any time of day I visited I found there was a feeling of activity & the room felt alive with residents variously engaged. In my conversations with relatives found them to also give me this feedback. Care staff were lively seemed to be enjoying their work & engaged with the residents' experiences.'

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. Complaints were recorded manually and we saw one complaint in 2015 dealt with appropriately with lessons learned and shared with staff, and an anonymous one in 2014 to do with equipment in an inappropriate place which was promptly dealt with. We were told that complaints were discussed with the staff involved and also used in lessons learned to improve the service and individual experience. The local authority complaints policy and procedures were used and advice on how to complain was on display.

The people we were able to communicate with told us they had no complaints about the service but knew who they should complain to if necessary. They said they would not hesitate to raise concerns and complaints. Most said that they would speak to the registered manager or staff. People's relatives were aware of the complaints procedures and felt confident any concerns or 'niggles' they brought up would be addressed. We saw from staff meeting minutes that any feedback on concerns and complaints was discussed with staff in order to prevent re-occurrence of issues.

Written compliments had been sent by relatives, these were shared with staff and copies kept (nine since September 2015). We saw grateful and complimentary comments towards staff, for example, 'the care [family member] received from all the staff could not have been better' and 'I and all the family will never forget the kindness and understanding you have all shown [family member].'

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 who used the service, relatives and other visitors all spoke highly of the management team and how the home was well run. Comments we received included; "This a very well run home, excellent communication and feel fully involved", "I like the manager very much", "The peace of mind I have from having [family member] in this well run and organised home is priceless" and "The management are well on the ball, enthusiastic, up for anything and open to suggestions." People told us they would recommend the home to others.

Health professionals we contacted told us; I found the senior staff friendly polite & professionally appropriate. To be knowledgeable about the resident needs; whether it be medication /who had visited /arranging family meetings etc. I felt The Green was well led for the benefit & well-being of the residents above all else. Everyone I met on care team seemed to be largely invested in that goal & culture of care. In my experience, over 3 years The Green continuously improved its care giving & systems for the benefit of its residents but also making it a good place to visits as a professional where I saw good dementia care being consistently delivered' and 'It is a well led home, which is safe and caring for the residents. They keep in regular contact with our team if they have any issues or problems which they would like us to help with. Care staff and management always appear to want the best for their residents, and seem to do what they can to achieve this.

We do not have any concerns about the care and running of this residential home, from what we have seen and experienced.'

Staff spoke highly of the management team and spoke of how much they enjoyed their job. The registered manager had been in post for a number of years and had a clear understanding of the service and told us they set out to lead by positive example. A staff member said when speaking about the registered manager, "Very visible and always here." Another staff member said, "She's my manager but also my friend and I would go to her with any problems."

Staff said they felt well supported in their role and felt they could raise concerns and they would be listened to. They also said they could bring ideas forward such as opening a 'shop' within the home for people who used the service which is being done. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home.

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. 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 May 2015. 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 a photograph board of staff for identification purposes and this had been actioned.

Feedback was also encouraged in other ways; relative's meetings were held at differing times of the day

every three months, to encourage greater participation, the registered manager personally checked satisfaction by day to day contact with relatives and people who used the service and regularly received letters and cards from relatives. We saw any concerns raised were acted upon to prevent re-occurrence. The quality of the service was monitored and we saw a comprehensive twelve month Programme of Audit on display for all staff to view. We examined detailed audits carried out by senior staff on infection control, mattresses, and medicines and saw these were effective. We were told that any shortcomings identified in the audits have been actioned but we could not track this in the action plans. These could be improved to clearly document any completed audit actions, timescales and the individual responsible for actioning them, thereby leaving a clearer record of improvements. We discussed this with the registered manager who agreed to ensure this.

The registered manager told us staff had agreed objectives to support the vision and values of the service, with the focus being that the home was the home of people who lived there. This belief was echoed by staff, one said; "We come to work in their [resident's] home." Relatives told us they felt the service was their family member's home. One relative said, "[Family member has her mates here, is very comfortable and I feel like I am visiting her in her own home." Another relative said, "I pop in on my way home from work just like I did when [family member] was at home, because this is her home now."