

Leeds City Council

# Spring Gardens

## Inspection report

Westbourne Grove  
Otley  
Leeds  
West Yorkshire  
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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

We inspected Spring Gardens on 4 January 2017. The visit was unannounced. Our last inspection took place in September 2015 where we identified three breaches of legal requirements which related to safe and care treatment, person centred care and good governance. The provider sent us an action plan telling us what they were going to do to ensure they were meeting the regulations and a clear time frame in which they would complete this. On this visit we checked and found improvements had been made in all of the required areas.

Spring gardens is a local authority care home. It provides personal care and support for up to 30 older people. The home is situated in the Otley area of Leeds. There are two floors with lift access and there are several communal lounge areas. There is an enclosed garden to the rear.

At the time of our inspection the service did not have a registered manager. 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 2008 and associated Regulations about how the service is run. The manager had completed their application form and had been given a date for their interview with the Care Quality Commission.

There were systems in place in the home to ensure that people received their medication as prescribed.

There were enough staff to meet people's needs. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff were given effective supervision and appraisals.

Staff were up to date with all mandatory training in the home.

Staff were aware of the processes in place to report incidents of abuse; and had been provided with training on how to keep people safe from abuse and harm. Processes were in place to manage identifiable risks and to promote people's independence.

People were supported to eat and drink well and to maintain a varied and balanced diet of their choice. People had access to healthcare facilities and support that met their needs. The home had a local GP who supported the home with weekly visits or calls.

People had developed good relationships with the staff team who treated them with kindness respect and compassion. Systems were in place at the service to ensure that their views were listened to; and their privacy and dignity was upheld and respected.

People's needs had been assessed and care plans outlined their preferences and how they should be

supported. Staff showed a good knowledge of these preferences when asked about the people they supported.

People were able to enjoy activities of their choice. Arrangements were in place for people to maintain links with the local community, friends and family.

The service had quality assurance systems in place which were used to drive continuous improvements within the home.

We saw the provider ensured the premises and equipment were safe to use. We saw evidence of certificates in response to these.

## 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.

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident action would be taken to make sure people were safe.

Medicines were managed safely and administered in line with the prescribing instructions.

There was enough staff in the home to ensure people were safe.

### Is the service effective?

Good ●

The service was effective

People were offered a varied and well balanced diet.

People received appropriate support with their healthcare and a range of other professionals were involved to help make sure people stayed healthy

Mental capacity assessments were completed in people's care plans and DoLS had been appropriately sought

### Is the service caring?

Good ●

The service was caring

People told us they were well cared for.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

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

There was opportunity for people to be involved in a range of activities.

People felt confident raising concerns. Complaints would be responded to appropriately.

People received support as and when they needed it and in line with their care plans.

**Is the service well-led?**

**Good** ●

The service was well led

Staff and residents meetings took place which meant people were involved in the service.

There were procedures in place to monitor the quality of the service where issues were identified, we saw there were action plans in place to address these and when action had been taken.

People and staff spoke positively about the registered manager.

# Spring Gardens

## **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 04 January 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience with a background in care of older adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 28 people using the service. During our visit we spoke or spent time with eight people who used the service and one relative. We spoke with three staff; the chef and the manager of the home. We spent time looking at documents and records related to people's care and the management of the service. We looked at four people's care plans and four people's medication records.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications. Spring gardens completed a PIR prior to our inspection. 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.

We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch had completed a visit of the home in May 2016. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

At the last inspection in September 2015 we found the provider did not ensure the premises were safe for use for their intended purposes. At this inspection we found the provider had made the required improvements. The manager completed fire alarm tests weekly. All emergency lighting had been tested.

People told us they felt safe in the home. Some comments included; "Best thing here for me is the safety, I was robbed in my own home before I came; it's good to feel secure", "Yes I feel safe, people always bobbing in to see if you're ok, I'm never left deserted", "Best thing is it just feels safe", "When they put me in the bath they are always very careful", "They lift me on a chair into the bath, yes I'm safe, and there is someone with you all the time" and "They are kind and gentle, no worries, never been hurt."

Recruitment of staff was carried out safely. Employment references were sought and checks made with the Disclosure and Barring Service (DBS) to ensure prospective employees were not barred from working with vulnerable people. Making checks such as these help employers make safer recruitment decisions.

Staff we spoke with told us they thought people were safe at Spring Gardens. Reasons for this included knowing how to take action when people appeared to be struggling or unwell, maintaining a safe environment and understanding people's needs from their care plans. One staff member told us, "The care plans are easy to follow."

Staff told us they had received training in safeguarding, and we saw records confirmed this. Staff we spoke with were able to tell us how and when they would report safeguarding concerns and said they were confident senior staff would take appropriate action. In addition they were aware of how and when whistleblowing may be appropriate and confirmed they were aware of the provider's policy in relation to this. 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

Staff told us they were present in sufficient numbers to provide care and support when people needed it, and told us they had time to chat with people during their shifts. One staff member said, "You have to have a bit of time to chat with your residents, and now there are five of us on a shift we can do that."

The provider ensured the premises and equipment were safe to use. We saw servicing certificates such as those for electrical and gas installations were up to date, and saw fire safety equipment was regularly serviced and tested. Staff we spoke with said they had received training in fire evacuation, and we saw records which confirmed regular drills and training updates took place. Staff told us they felt confident they would know what to do in the event of a fire and said there were enough staff to manage any required evacuation. Evacuation plans were in place for each person at the time of inspection.

A range of systems were in place to help people feel safe and have the most freedom possible. Care files contained risk assessments for health and support, which covered areas such as moving and handling, and becoming ill.

We observed medication been dispensed to people in the home. We observed the staff member talking to each person advising them what the medication was for and sitting with each person until they had taken the medication. This was completed in a non-task orientated way.

We checked the systems in place regarding the management of medicines within the home for people. We found records were all accurate. This meant all people in the home had received all of their medicines as prescribed.

Four random medication administration records (MAR) sheets were checked and administration was found to be accurate in terms of stock held. Each MAR had a photograph of the individual person for identification purposes and allergies were noted. Any incidents of non-administration or refusals were noted on the MAR sheets.

We looked at medication storage and saw the medication room was well-lit and spacious. Records of temperature were checked and recorded daily. As and when required (PRN) drugs were in place at the home. It was noted that there were protocol sheets with the MAR records indicating the reasons as to when they could be given and why. This meant there was guidance in place for staff to follow.

## Is the service effective?

### Our findings

People told us they felt staff were competent in carrying out their role. Comments included; "Oh yes, they know what they are doing." And "When using the hoist. They are good, proficient; very good in that respect."

People told us the care they received fully met their needs. Staff encouraged them to do things for themselves and remain independent. One person told us they needed help to get dressed and said staff encouraged them to do what they could for themselves. One person said, "They encourage you to look after yourselves. They tell you what you need to do and watch over you while you do it."

We saw records which showed the provider had a rolling programme of mandatory training and refresher training in place. This included safeguarding, equality and diversity, manual handling, medicines administration and fire safety. Records we looked at showed all staff training was up to date.

Staff received on-going support through a programme of supervision and appraisal meetings. Although these were up to date in line with the provider's policy, some staff told us they were not sure how many meetings they had per year or how often these took place. We raised this with the manager during the inspection. Staff we spoke with said the meetings were useful and told us they gave and received honest feedback about performance and development needs. Staff told us if they asked for additional training this was arranged for them.

A relative had sent feedback to the home which included making reference to staff. They said, 'The staff are all second to none, nothing too much trouble for them.'

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 supported living settings are called the Deprivation of Liberty Safeguards (DoLS).

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. At the time of the inspection the home had sent through three (DoLS) applications. The service was meeting the requirements at the time of our inspection in relation to (DoLS).

Staff we spoke told us they had received training in the MCA, and records we saw confirmed this. Staff understood how to support people who may lack capacity and could describe how they helped people

make choices and decisions appropriately. One member of staff told us, "You always start from the assumption that people have capacity. Information in the care plans tells us more about this and you get to know the people who live here." Staff knew the implications for someone who had a DoLS in place, and how they should support them in line with this.

Staff we spoke with understood the importance of reporting any concerns about changes in people's health or mood to ensure they received effective support from health and social care professionals. One staff member said, "You can tell a lot about whether people are in pain from changes in their mood. I'd report any concerns, and make sure the person got to see a doctor."

We observed the lunch experience and noted the dining room was full with about 25 people. The tables were set nicely with cloths and napkins and drinks, hot and cold, were served during the meal. The food was hot and looked nutritious with two choices on the menu. We saw food was pureed for people with special needs. People told us they enjoyed the meal and the staff were kind and attentive. However the room was very quiet in spite of the large number of people. Staff were focussed on the task and minimal interaction was observed throughout the meal. We spoke to the manager on the day of inspection about this. They told us they had not observed this before and would look into it.

The feedback about the food was generally positive. People told us they got plenty to eat and drink during the day, had a choice over menus and could have snacks between mealtimes if they wanted them. People told us; "The food is quite good, I have a soft diet and the chef couldn't be more helpful. If I want something I can ring and they will bring it", "I can't complain about the food. We can have extra drinks and snacks if wanted" and "The food is very good. When I'm hungry and eat it, I enjoy it".

At the inspection, we found people had access to healthcare services when they needed them. We saw evidence in people's care plan which showed they regularly visited other healthcare professionals such as the GP and optician. It was recorded monthly in all four care plans we looked at that people had maintained, or gained weight over the last 12 months. We spoke with one visiting health professional during the inspection who spoke positively regarding their involvement with the service.

Staff said there were good arrangements in place that made sure people's health needs were met.

## Is the service caring?

### Our findings

People told us they felt staff were caring towards them and their families. Comments included; "They always knock and close the curtains when I'm getting dressed", "They always knock when coming into the room. When washing me they keep me well covered. I am self-conscious but they always make me feel comfortable" and "The care is very good; they listen and are really concerned about you."

We saw people were well presented. Clothes looked well cared for and personal care had been attended to. We saw people's rooms were very individual, meaning people had been given the opportunity to personalise them to their taste.

Staff were knowledgeable about the people they supported and spoke about them with fondness. Staff told us ways in which they protected people's privacy and dignity when they were providing care and support. These included knocking on doors before entering, ensuring people's doors were closed and using towels to ensure people were covered when receiving personal care.

Staff we spoke with had a good understanding of the principles of equality and diversity, and could tell us how they would ensure all people who used the service had their individual needs met. This included understanding the importance of supporting people to maintain their religious practices and helping people understand the diversity of other people who lived in the home. One staff member said, "I'd explain to people that they might like one thing, and someone else might like another. I'd remind them you have to respect who people are."

One member of staff told us how they felt the service was caring. They said, "I look at it this way, we're coming into people's home to do what they want and need. I look after people in the way I'd want my parents to be cared for."

Care plans we reviewed were seen to have been developed using a person-centred approach. For example in one care plan it clearly stated that one person preferred a bath on a certain day. The manager told us people and their families had been involved in developing and reviewing care plans. We saw care plans were dated and signed by the manager and the staff.

# Is the service responsive?

## Our findings

At the last inspection in September 2015 we found the provider had not done everything reasonably practical to make sure people received care and treatment to meet their needs. At this inspection we found the provider had made the required improvements. The provider had completed a full audit of people's care files. Daily activities were recorded and were implemented in the home.

We spoke to a relative who told us they had lots of contact with the staff from the home who kept them updated about any issues or concerns about their family member. They told us, "They are good at keeping me informed are always ringing me up if there are any concerns or the doctor called."

In the PIR the provider told us, 'Each assessment of need is completed in conjunction with the individual and family & healthcare professionals. This covers all aspects of physical, social and emotional needs and choices. Everyone is given a welcome/information pack which contains information and requests information regarding the individual's specific needs / wishes and choices'.

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of the people they were planning to admit to the service. Following an initial assessment, care plans were developed detailing the care needs/support, actions and responsibilities, to ensure personalised care was provided. Care plan reviews were evidenced with family involvement throughout.

The manager told us they did not have an activities coordinator, and said the care staff were responsible for ensuring people had enough to do. Staff we spoke with confirmed this was the case and said they felt they had enough time to do this. Staff told us they made suggestions for activities but let people choose what they wanted to do. We saw some people preferred to spend time in their rooms, and staff told us how they ensured these people did not become isolated. They told us they would always tell people about activities and ask if they wanted to participate, and made sure they remembered to visit people in their rooms and chat to them.

One relative had sent a letter of thanks to the provider which referred to the activities on offer in the home. They said, 'Activities are well thought out and carried out with humour'.

In the PIR the provider told us, 'We have a daily activity programme in place and customers benefit from the plan and can choose to be actively involved'.

The home provided a varied entertainment programme and the activities records showed they had tried to get feedback from staff and residents on what events had worked well and been popular. There was a record of a meeting in October 2016 where staff had analysed the feedback sheets and produced an action plan. Two people had been dedicated as responsible for coordinating the activities.

Records showed since October regular daily activities had been held which had been attended by varying

numbers up to over 20 people in some cases.

Most of the people we spoke with told us about events and outings they had attended which they said they enjoyed. These included concerts and sing-alongs, games, flower arranging, parties for birthdays and Christmas and trips out. People said they had enough to do and were not bored. On the day of inspection there was chair exercises, games and a film planned for people. Alcoholic drinks were brought around in the afternoon which the carers said were provided twice a week.

One person told us there had been a meeting held with people where they had put forward their suggestions for trips they would like. Some of these had since been provided. One person said, "We have someone come to play the organ once a month which is lovely; have dancing and recently we went to the chip shop. I really enjoy the trips out."

The provider had policies and procedures in place to ensure complaints were managed appropriately. We saw evidence that concerns were documented and investigated, and people who had raised issues were informed of the outcome. The manager told us they acted on informal concerns raised with them. They said a number of people had mentioned items of laundry going missing, and we saw this issue was raised in meetings with staff.

We saw the home received a large number of compliments from people who used the service and their relatives. Comments included; 'I will not forget all the help and support that you gave [name of person]', 'The care you have given has been brilliant and we are so grateful for what you have done for [name of person]' and 'Thank you for the love and support you have given [name of person], especially the wonderful birthday party'.

In the PIR the provider told us, 'All reported concerns are dealt with immediately by the duty manager and the registered manager is notified as soon as possible. Compliments and complaints are monitored and outcomes/lessons learnt are cascaded to the staff team as appropriate'.

People told us they had not had any reason to complain but said they would feel comfortable in raising matters with their regular carer or the manager. There was evidence that management were open and approachable. The manager told us they would deal with any complaints according to their policy. The manager had received no complaints since the last inspection.

## Is the service well-led?

### Our findings

At the last inspection in September 2015 we found the provider did not have appropriate systems in place to operate the home effectively. At this inspection we found the provider had made the required improvements. The provider had a robust quality assurance process in place which was completed by the manager every month.

At the time of inspection the newly appointed manager had applied to become registered and was awaiting a fit person's interview the following week. A relative had sent feedback to the home which referred to leadership. They said, 'The leadership at Spring Gardens is superb. Organised and caring.'

Staff told us although there had been a number of changes of manager, they felt leadership was good and they worked well together as a team. Staff told us the new manager was approachable, easy to talk to and was clear about their vision for the service.

Staff were proud to work at Spring Gardens and we found people lived in a happy and lively environment. One member of staff told us, "I feel proud when people tell us it's nice here. It is nice."

The manager ran regular meetings with both staff and residents and their relatives. Staff told us the meetings were constructive and they felt they were able to speak openly and make suggestions for improving the service. Items discussed included reviews of care plans, activities and planned improvement works. We saw a range of topics were discussed with residents and relatives including ideas for trips and activities, menus and an introduction to the new manager.

We saw there were advertised times for manager's surgeries. The poster showing the times of these said, 'Please come along with any concerns, comments or suggestions you have about the home.' This meant the manager was making additional efforts to engage people in the running of the service they or their relatives used.

We saw there had been surveys carried out with both residents and relatives, and the results of these including information about action the provider planned to take was on display on the noticeboards. We looked at the more detailed analysis of the surveys and saw responses to all questions posed were overwhelmingly positive. Where people had given adverse feedback we saw actions had been put in place to address these concerns.

We saw evidence the manager audited people's care plans and risk assessments on a monthly basis. All safeguarding referrals had been reported to the Care Quality Commission and there had been no whistleblowing concerns. We saw the management team also checked the staff training matrix on a weekly basis to make sure they provided accurate and up to date information.

We looked at the records of safety checks carried out in the home. These included maintenance records, fire records and water safety checks. There was evidence these were carried out regularly and any actions

identified were clearly documented to show they had been addressed. There were systems in place to monitor accidents and incidents and we saw that the service learnt from incidents, to protect people from harm which indicated the manager was looking at improving practice in the home.