Leeds City Council

RecoveryHub@SouthLeeds

Inspection report

Atha Crescent
Leeds
West Yorkshire
LS11 7DB

Tel: 07712106121
Website: Leeds.gov.uk

Date of inspection visit:
07 May 2019

Date of publication:
27 June 2019

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?	Outstanding

Summary of findings

Overall summary

About the service:
Recovery Hub@SouthLeeds provides nursing and personal care for up to 40 people in order to maximise independence following illness or injury, or to prevent avoidable admission to acute hospital and facilitate early discharge. A multi-disciplinary team of health and social care professionals provide care and treatment to people. 35 people were using the service at the time of inspection.

People's experience of using this service and what we found:
Without exception people told us the service was very well-led and all said they would recommend it to others. All people told us they felt safe with staff support and staff were approachable. One person told us, "The staff are brilliant, they put you at ease, they are always courteous." Another person commented, "It's marvellous here, I was worried at first, but staff can't do enough for you."

There was a strong and effective governance system in place. The management team carried out a regular programme of audits to assess the safety and quality of the service. There were opportunities for people, relatives and staff to give their views about the service. Processes were in place to manage and respond to complaints and concerns.

Strong, committed leadership put people at the centre of service provision. People, relatives and staff were exceptionally positive about the management of the service and all felt valued and respected.

There was a welcoming, bustling atmosphere and people were well-engaged. A range of activities and entertainment were available to keep people interested and stimulated. People and relatives were positive about the care provided. They confirmed that staff were attentive, kind and caring.

People received their medicines regularly and arrangements were in place for the safe management of medicines.

Incidents and accidents were investigated and actions were taken to prevent recurrence. The premises were well-maintained and clean.

People said there were sufficient staff although they were busy. People were provided with good standards of care by an established staff team who were well-trained and supported in their roles.

Records provided guidance to staff to ensure people received safe, person-centred, appropriate care and support. Some information was accessible to involve people in decision making about their lives.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

Communication was effective, staff and people were listened to. Staff said they felt well-supported and were aware of their responsibility to share any concerns about the care provided.

People were involved in decisions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People received a varied and balanced diet to meet their nutritional needs.

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

Why we inspected:
This service was registered with the Care Quality Commission on 09/05/2018 and this is the first inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was exceptionally well-led. Details are in our well-led findings below.	**Outstanding** ☆

RecoveryHub@SouthLeeds

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
RecoveryHub@SouthLeeds is a care home. The service provides short stay, assessment, intermediate care and rehabilitation to help promote people's independence to help them return to their own home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:
This inspection was unannounced.

What we did before the inspection:
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:
We spoke with 11 people who used the service and four relatives about their experience of the care provided. We spoke with 17 members of staff including the registered manager, seven support workers, one student nurse, one senior occupational therapist, one consultant geriatrician, two ancillary staff and the cook.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection:
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place for people to be protected from the risk of abuse. People and relatives told us people felt safe with staff support and trusted staff. One person commented, "I feel safe here, the care staff are brilliant."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. The registered manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe.
- Information was available for people, relatives and staff about adult safeguarding and how to raise concerns.

Assessing risk, safety monitoring and management

- The service promoted positive risk taking and people were assessed in key areas to identify and manage risk, keep people safe and at the same time promote their independence. One person told us, "Staff encourage me to walk. I've been to make a cuppa, under supervision."
- Information from risk assessments such as from risk of falls, medicines management or choking was transferred to people's care plans. Risk assessments were regularly reviewed to ensure they reflected people's changing needs.
- Where people required equipment to keep them safe, this was in place at the service and home assessments identified any equipment required when people returned to their own home. One person said, "There is some planning underway to go home. Equipment came to the house and staff reassured me."

Staffing and recruitment

- People told us there were enough staff available, but staff were busy. A relative said, "They do their best with the amount of staff they have. When I'm here I know [Name] can go to the lavatory." A person said, "They [staff] are rushed off their feet." Some people told us of long waits for assistance at handover in the evening. A person commented," During the night, staff are available, it's just at changeover we have to wait for help. Last night I waited an hour." This was confirmed by another two people.
- The registered manager told us agency staff were used to cover staff vacancies. A person said, "There seem to be a lot of agency staff at night. They are not as proficient, shall we say." We discussed people's comments with the registered manager who told us it would be followed up.

Using medicines safely

- Peoples' medicines were managed safely. Systems were in place to ensure that all medicines were ordered, administered, stored safely and audited regularly.
- Medicines administration records indicated people received their medicines regularly. This was confirmed by the people we spoke with. One person commented, "I get my medicines on time, I receive pain killers and

the pain is well-managed."
● Staff were trained in handling medicines and a process was in place to make sure each worker's competency was assessed.

Preventing and controlling infection
● Measures were in place to control and prevent the spread of infection.
● Staff completed training and were knowledgeable about the requirements. We observed staff using personal, protective clothing and equipment safely.
● The home was clean, tidy and fresh smelling.
● Housekeeping staff followed cleaning schedules to ensure all areas were systematically and regularly cleaned. One person commented, "My room is fine, it's clean. The lavatory is always clean, my bedding is too."

Learning lessons when things go wrong
● People were supported safely as any incidents were reported, recorded and monitored. Accident and incident reports were analysed, enabling any safety concerns to be acted on.
● Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- The manager had submitted DoLS authorisations appropriately.
- Records showed people's capacity to consent to various aspect of care or treatment had been assessed. Where a person lacked capacity to make a decision, a best interest decision had been made with family members and other professionals, such as social workers or GPs.
- Staff asked people whether they wanted any support and respected their decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The service was staffed by social and health care staff. Two consultant geriatricians visited weekly and were part of the multi-disciplinary team.
- The staff team provided assessment and a package of care to meet people's needs. This was to help people become more independent in aspects of daily living and rebuild their confidence in order to return home. One relative told us, "It's excellent, the service is efficient."
- People's outcomes were good. A visiting professional said, "[Name] is interacting here, they didn't at home. They are getting support and making progress.".
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as re-positioning to prevent pressure ulcers, were completed consistently.
- Information on best practice guidance was available for staff.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care
- People were supported to maintain their healthcare needs. People were registered with a local GP. One

visitor told us, "I know [[Name] has seen a doctor."
● People's care records also showed they had regular input from a range of health professionals. One person said, "I've had about six hospital visits when I've stayed here and it's always very well-organised."
● Records showed there were care plans in place to promote and support people's health and well-being.
● A multi-disciplinary meeting was held weekly to discuss people's health care progress and plans were made for people's discharge. One visiting professional told us, "We have a meeting tomorrow and [Name] will go to the meeting. They know they are getting better."

Supporting people to eat and drink enough to maintain a balanced diet
● At the lunchtime meal people received assistance with their meals if they needed it. People's specific dietary needs including cultural requirements were known to staff and catered for. One relative commented, "[Name]'s weight is fine. There is plenty to eat at mealtimes and when the tea trolley comes around."
● People and their relatives told us the food was of a good quality with a choice at each mealtime. One person told us, "I've told them [staff], I'm only here for the food. It's all freshly cooked and you can have more if you want."

Staff support: induction, training, skills and experience
● People received care from well-trained, motivated and skilled staff.
● New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role.
● People were supported by staff who received ongoing training that included training in safe working practices and for any specialist needs. Staff confirmed they received opportunities for training,
● Staff told us they were well-supported and received regular supervision and appraisal.

Adapting service, design, decoration to meet people's needs
● The building had been recently refurbished. It was homely and spacious with well-furnished communal areas.
● Signage was in place to help maintain people's orientation.
● There was a large garden for people to look at and enjoy during the warmer weather.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were provided with kind and compassionate care. People and their relatives were all very positive about the care provided. One person told us," Staff are generally patient and kind." A relative commented, "Staff are brilliant, nothing is too much trouble."
- The service showed they made every effort to support people and enhance people's well-being, through a strong and visible person-centred culture. One person said, "I am treated as an individual. Staff ask me how I feel and do I need anything."
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. The registered manager promoted equality and diversity within the service to increase staff awareness. A learning corner had been set up to increase staff knowledge. For example, staff had learned about the Sikh religion in collaboration with a Sikh person. Plans were being made to create a Faith room. Lesbian, Gay, Bisexual, Transsexual [LGBT] information was available, and links had been made with an organisation that supported older people.
- We observed all staff interaction with people was attentive, kindly, encouraging and appropriate. A person said, "Staff are always asking if I'm okay."
- Staff were also aware of signs of distress and how to alleviate this. We saw a person had become anxious and upset, staff responded quickly and took time to reassure and sit with the person until they felt settled again.

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

- Welcome boxes were available in people's rooms that contained detailed information about the service. People also had access to their care records in their bedrooms.
- People said they understood the care and treatment choices available to them and were given appropriate information and support. One person told us, "Oh yes, I'm not kept in the dark, I would ask." Another person said, "I'm getting the right care, it's early days though."
- People had opportunities to make choices in aspects of their daily lives whilst at the service. They were asked by staff what they would like to eat or drink and where they would like to spend their time. One person commented, "Staff will ask which clothes shall I get out for you?" Another person said, "I have a choice of meals. I like to dine in my room, I prefer that and I'm allowed to."
- People's families said they felt involved in their family member's care. They also said they felt welcome at the service. One relative commented, "I've not seen the doctor or social worker yet but a meeting is being arranged."
- The service used assistive technology to enhance people's wellbeing and keep them safe. The service was equipped with an IT suite and library where people could use resources. The registered manager told us the

service had recently been successful in acquiring some IPads for people to get used to using technology. People could also access on line services and Skype and keep in touch with family and friends.

● There were details available for people relating to accessing advocacy services. The registered manager told us they were used as required.

Respecting and promoting people's privacy, dignity and independence

● The service promoted people's independence and supported them to regain their confidence to return to their own home. One person said, "I see the physiotherapist. I'm getting more mobile, but it's hard work."

● Care plans provided detailed information about how to involve people in their care. Staff described how they encouraged and supported people to do as much as they could for themselves. One staff member commented, "I need to remember to step back and not take over for the person."

● People were treated with dignity and respect. One person said, "The staff are very respectful. I get privacy when I'm washing. If I can't reach places to wash, they always ask permission to wash me and explain things."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

● People were supported by staff who had a good understanding of their care and support needs. This enabled them to provide personalised care tailored to the needs and wishes of the individual.

● Care records contained detailed information for staff on how best to support people. They also included detailed information about their health needs. Extensive daily records of people's support and monitoring charts were maintained by staff.

● People and relatives were actively involved in planning and developing their care and told us they felt valued and listened to. One person said, "Staff do listen, I have no concerns. The physiotherapist has been very good."

● People's needs were reviewed on a regular basis and any changes were recorded accordingly. Staff handover meetings provided staff with information about people's changing needs and how to meet them.

Meeting people's communication needs

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

● The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. We observed around the building that advertised information was in writing and could be made more accessible to people who lived with dementia, who may no longer recognise the written word. For example, menus and advertised activities could be pictorial to help some people recognise and make a choice. We discussed this with the registered manager who told us it would be addressed.

● Information was available in people's care records about how they communicated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Records contained some information and staff had a good understanding of people's likes, dislikes and preferences.

● People had access to a range of activities such as games, arts and crafts, exercise classes along with entertainment, coffee mornings and pet therapy. One person commented, "There was Easter bonnet making at Easter. Staff are always thinking of things to do." A relative said, "There is a film night. Activities do happen, as advertised. I cannot knock the place. No-one is left out, there is always interaction."

● Staff signposted people and their relatives to sources of advice and support. Useful information in the form of leaflets and posters were displayed around the service. For example, one person had been given

information about Asian groups in the community and another person's family had been given information about day care services.

End of life care and support

● The registered manager told us the purpose of the service was to provide rehabilitation. However, multi-disciplinary meetings took place within the service and with external palliative care specialists to discuss how to facilitate people's wishes if they were terminally ill.

● At the time of inspection, no person was receiving end-of-life support although palliative care had been provided to a person previously.

● Staff had received training about end-of-life care and peoples' care records contained information about their religion and wishes at this time.

Improving care quality in response to complaints or concerns

● A complaints policy was available. Systems were in place to address any concerns raised.

● People and relatives told us they would feel confident to speak to staff about any concerns if they needed to. One person said, "I have no real complaints." Another person commented, "My buzzer didn't work and they sorted it out within a day."

Outstanding ☆

Is the service well-led?

Our findings

Well-Led this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- There was an ethos of continual improvement and keeping up-to-date with best practice across the service.
- Various stakeholders were tasked with ensuring the organisation was meeting its objectives and that they were providing a safe and effective service for all people who experienced the best outcomes.
- All people, relatives and other professionals told us people who used the service were at the heart of it. The management team showed their passion and commitment to ensure a person-centred culture. People's comments included, "I'd definitely recommend the place, it's like a first-class hotel" and "The Hub would pass the Mum's test for me."
- The registered manager and management team were dynamic and innovative and ensured the service kept up-to-date with best practice. For example, Principles of Maintenance Cognitive therapy for people who live with dementia MCST sessions were advertised and leaflets given to families for courses.
- The service was fully committed to provider forums and events that were organised via the local and health authorities. Written evidence and professional's feedback showed the service was outward looking and willing to collaborate with others.
- The registered manager was highly responsive and inclusive and had developed strong links with organisations in the community to promote learning, raise awareness and to ensure the rights of people were respected. For example, with local charities and community organisations.
- A weekly telecare drop-in surgery took place at the service for people and families so they could receive equipment to support the person to live independently at home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Without exception people, relatives and staff all spoke very highly of the registered manager.
- An exceptionally motivated and enthusiastic staff team was in place, led by a highly-motivated management team that worked together to follow best practice and achieve very positive outcomes for people who were referred to the service.
- Staff were encouraged to develop their skills through training and personal development. Staff were champions and had responsibility for leading on different aspects of care.
- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the running of the service.
- There was a well-established and fully embedded governance framework. The registered manager had an

excellent understanding of their role in ensuring good governance and compliance with legislation.
● Plans for the further development of the service were thorough, with good governance an integral part of the development strategy.
● The registered manager promoted transparency and learning from mistakes. For example, where there had been medicines errors rigorous scrutiny and additional audits were undertaken to look at lessons learned and reduce the likelihood of reoccurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Observation and inspection of records showed bespoke care packages were developed and provided to people at the service to help them rehabilitate and regain their confidence. Care and support was offered at the pace of the person and recognised that each person was a unique individual with rights.
● The service was committed to protecting people's rights with regard to equality and diversity. Staff were trained to understand how they supported people's rights and this was embedded in their practice.
● People received a range of information and were kept very well-informed about events in the service and initiatives in the local community that may enhance their quality of life, after they left the service. For example, to reduce social isolation.
● People were consulted individually and had the opportunity to attend regular engagement forums whilst staying at the service and also after they left. For example, the monthly dementia care coffee morning or co-production meetings.

Continuous learning and improving care; working in partnership with others
● There was an ethos of continual improvement and keeping up-to-date with best-practice. A quality improvement group met regularly with support staff to reflect on practice and discuss strengths and areas of improvement.
● The service had submitted a teaching in care homes application. The programme of work encourages services to become centres of excellence in person-centred care.
● The service development plan showed partnership working was the focus. This was to ensure that the person's needs were paramount and understood so that they could be best supported to return to their own home. In most cases people were successfully rehabilitated and returned home.
● Weekly meetings took placed with the registered manager and health care manager to discuss the running of the service. Joint meetings took place with other staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager was aware of their responsibilities with regard to Duty of Candour. They told us of how they were open and honest but they had not needed to use the Duty of Candour.