Leeds City Council

Suffolk Court

Inspection report

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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

Overall summary

We inspected the service on 08 July 2015. The visit was unannounced. Our last inspection took place on 21 August 2013 and there were no identified breaches of legal requirements.

Suffolk Court accommodates up to 40 elderly people, with physical disability and living with mild to moderate dementia. Out of the beds, 21 are for permanent residents, 15 are allocated for intermediate care and four for respite care.

Accommodation is in single rooms which all have en-suite facilities. Lounge and dining facilities are situated on both floors with the main large dining and lounge area being on the ground floor. There is level access to the enclosed gardens with some rooms overlooking this area.

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 2008 and associated Regulations about how the service is run.

Summary of findings

During our visit we saw people looked well cared for. We observed staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated they knew people's individual characters, likes and dislikes.

We found the service was meeting the legal requirements relating to Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People's care records demonstrated that all relevant documentation was securely and clearly filed.

Staff we spoke with told us they were aware of their responsibilities with regard to safeguarding people who lived at the home. They were able to tell us about the symptoms of possible abuse taking place and how they would report this.

We saw the provider had a system in place for the purpose of assessing and monitoring the quality of the service. Records showed that the provider investigated and responded to people's complaints, according to the provider's complaints procedure.

The home met people's nutritional needs and people reported they had a good choice of food.

People's medicines were managed safely and people received appropriate healthcare support. We saw people were referred to relevant healthcare professionals in a timely manner.

We looked at four staff personnel files and saw the recruitment process in place ensured that staff were suitable to work with vulnerable adults. There was an on-going training programme in place for staff to ensure they were kept up to date and aware of current good practice.

Infection control was managed throughout the home. We looked in people's bedrooms and found people had personalised their rooms with ornaments and photographs.

Summary of findings

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.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

People told us they felt safe. Infection control was managed. Individual risks had been assessed and identified as part of the support and care planning process.

There were enough staff to meet people's needs and the recruitment process was robust this helped make sure staff were safe to work with vulnerable people.

Good

Is the service effective?
The service was effective

People had regular access to healthcare professionals, such as GPs and dieticians. Referrals were made when any additional health needs were identified.

People had a varied and balanced diet. They said the food offered was good.

The service was meeting the requirements of the Mental Capacity Act 2005. Staff understood how to support people who lacked capacity to make decisions.

Good

Is the service caring?
The service was caring.

All of the staff we observed offering people support demonstrated a caring attitude.

Staff knew people's preferences, abilities and skills. Staff were able to explain and gave examples of how they maintained people's dignity, privacy and independence.

Good

Is the service responsive?
The service was responsive to people's needs.

Care and support plans were written with a person centred approach and ensured staff had clear guidance on how to meet people's needs.

Complaints and concerns were dealt with appropriately.

People told us they enjoyed the activities that were available in the home.

Good

Is the service well-led?
The service was well led.

The registered manager was supportive and well respected.

There were systems in place to assess and monitor the quality and safety of the service.

People who used the service, relatives and staff spoke positively about the approach of the management team.

Good

Suffolk Court

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 08 July 2015 and was unannounced. The inspection team consisted of one adult social care inspector, specialist advisor with a background in dementia care and an expert by experience with expertise in caring for 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 14 permanent residents, six short stay residents and two respite residents at the home. During our visit we spoke with eight people who used the service, four members of staff and the registered manager. We spent some time looking at documents and records related to people's care and the management of the service. We looked at people's care records. We looked at people's bedrooms and communal bathrooms.

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

Before the inspection, the provider completed 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 also reviewed the information we held about the service and contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care service in England.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living staying at Suffolk Court . Three relatives spoken with also told us they feel their relatives were safe.

One relative said, “He loves it here and I am so happy with it. This is his home, please don’t shut it down.”

We saw staff had good interaction with people and one relative told us [name worker], “Is marvellous she is lovely and would do anything for you. [Name worker] sorted baths out for my nan as she doesn’t like showers. She gets very good nursing care from the district nurse.”

Another relative told us, “I was on holiday when mum deteriorated. They sorted the local doctor when problems happened. They were absolutely great, picked up things in my absence and dealt with it.”

We spoke with the deputy manager about how staff at the home would raise any concerns they had about safeguarding people and we were told any concerns would be initially shared with the management team who could then seek advice from a dedicated safeguarding team in the local authority. We were told by the deputising manager that the home sometimes use agency staff and safeguarding policy/procedure was part of their induction.

Body maps were evident in some of the care files we reviewed and these had been completed to reflect, for example in one case, observations made by care staff when carrying out personal care activities; injuries caused as the result of a person falling. These body maps detailed the care team’s observations and cross referenced to the daily recording sheet of the person and any review of the person’s injury was written on the body map form. Staff had made contact with medical services as deemed appropriate for the person concerned.

It was clear the care home were aware of their responsibility to inform the Care Quality Commission of any significant events copies of these notifications were evident in some care files. Incident forms required by the local authority were also present and these were forwarded by the care home to the relevant part of the local authority.

Assessments of risk were evident in the care files which clearly showed what support a particular person may need in the event of an emergency for example, fire alarm in order to keep them safe.

Each care file had a missing person alert within it and photographic evidence had been sought to assist with finding a potential missing person.

There were several health and safety checks carried out, for example, room safety, window restrictors, trip hazards and water temperatures. The registered manager told us safety checks were carried out around the home and any safety issues were reported and dealt with promptly.

The care files of the people who were on short stay or respite at the home were not as comprehensive as the permanent people’s care files however, this reflected the temporary nature of the stay at the home and the different circumstances of the people concerned i.e. three people were discharged from hospital to the care home and one person had been admitted to the care home after his own home had been flooded.

An infection control policy was in place and staff were aware of and followed its guidance. We observed most staff following safe routines using protective equipment such as gloves, aprons and hand gel. However, we did notice one member of staff not wearing apron when supporting people with personal care and at meal times. This meant there was a risk of cross infection. We highlighted this to the registered manager who said she would speak with the person immediately.

Staff we spoke with told us personal protective equipment (PPE) was available. We saw ample supply of gloves of various sizes in the store room and around the home. All the bathrooms and toilets contained notices regarding hand washing procedures and had liquid soap and paper towels were available. These measures promoted a clean environment for people and reduced the risk of the spread of infection.

We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. Disciplinary procedures were in place and this helped to ensure standards were maintained and people kept safe.

We inspected medication storage and administration procedure in the home. We found that medicine trolleys and storage cupboards were secure, clean and well organised. We saw the drug refrigerator and controlled

Good

Is the service safe?

drugs cupboard provided appropriate storage for the amount and type of items in use. The treatment room was locked when not in use. Drug refrigerator and room temperature were checked and recorded to ensure medicines were being stored at the required temperatures.

Some prescription medicines contain drugs that were controlled under the Misuse of Drugs legislation. These medicines were called controlled drugs. We saw that controlled drug records were accurately maintained. The administering of the medicine and the balance remaining was checked by two appropriately trained staff.

Creams and ointments were prescribed and dispensed on an individual basis. The creams and ointments were properly stored and dated upon opening. All medication was found to be in date.

We looked at the medication administration records (MAR) sheet; they were complete and contained no gaps in signatures. We saw any known allergies for people who used the service were recorded on the MAR sheet.

Good

Is the service effective?

Our findings

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. During our visit we observed staff gaining permission from people before they performed any personal care or intervention. We saw evidence in the care plans that people or their relatives had given consent for their photograph to be taken, to the sharing of their information and their involvement in their care and treatment.

"The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom."

Mental Capacity Act (2005) assessments were evident in the care files however, the care file of the person who was assessed as not having the mental capacity to make particular decisions did not reflect the recording of the subsequent best interests decision which had been made. One care file showed how a person did not have the mental capacity to decide where to live however, in part this referred to the person by a different name which was inaccurate. This care file did not record the best interest's decision which had been taken but a request for a standard Deprivation of Liberty Safeguards (DoLS) authorisation had been completed. This was yet to be actioned.

A care file for a person who had passed away before the date of this inspection had been assessed as not having the mental capacity to decide where to live however, the best interest decision was not formally recorded. We were made aware a Deprivation of Liberty Safeguards (DoLS) authorisation had been granted following the Mental Capacity Act (2005) assessment.

At the front of some people's care files there was clear evidence of particular issues professionals needed to be aware of in order to provide appropriate support. For example, two care files clearly noted the people concerned had an allergy to a particular type of medication. Documentation contained within the six permanent peoples care files included reference to their physical health and it was evident this was being monitored by the care home, for example, blood tests; chiropody appointments; weight; blood sugars related to diabetes; urine sample related to a potential urinary tract infection. These checks were carried out in conjunction with relevant others health professionals. Pain relief was documented in relevant care files and guidance given to care staff as to how this should be administered.

The information contained within the care files clearly detailed how the issue of being resuscitated had been discussed and agreed with the person and their decision was recorded in their care file.

The care files of the short stay or respite people showed how for the first 72 hours of admission to the care home their food and fluid intake was monitored

The care files people addressed this issue appropriately for example, the care file for the t person who had passed away showed how concerns had been raised by the care home about the person's food/fluid intake which necessitated contact with agencies external to the care home.

It was recorded in all the care files we examined that the care home liaised with professionals external to the care home setting as appropriate for example, medical and nursing profession; social workers.

We observed telephone enquiries at the care home being handled professionally. These were related to the wellbeing of people from family members.

We looked at staff training records which showed staff had completed a range of training sessions. These included fire training, infection control, food hygiene, dementia awareness and pressure care. Staff we spoke with told us they thought their induction training had been comprehensive and covered for example, moving and handling, health and safety, and safeguarding.

Staff told us they had regular opportunities to give their point of view about the service, we were told this was in either their supervision meetings or during their annual appraisal. Staff told us they were supported by the registered manager through a three monthly supervision programme. Records we looked at confirmed this. Staff told us they felt this was effective and helped them to enhance their confidence and knowledge that allowed them to provide an improved service for people.

Good

Is the service effective?

People had sufficient amount to eat and drink. We observed lunch being served to people in the home and saw people who required support with eating their meal were assisted by staff in a discreet and respectful manner. People were offered a glass of fruit juice or water and also a hot drink. We saw staff were very attentive. We saw one person had problems with their hands and staff assisted them by cutting food but they asked the person first if they wanted help. Staff did not assume that people needed help which showed that people were being supported to maintain their independence. People we spoke with told us they enjoyed the food. One person said, “The food is the best you can get. I have been told I’m putting on weight but I enjoy my food.” Care files we looked at showed people’s dietary needs had been assessed and care plans were in place. People’s weights were monitored both weekly and monthly and records showed they remained stable.

Good

Is the service caring?

Our findings

The care files we reviewed for people had end of life planning contained within them. The documentation reflected a person centred approach to each aspect of identified need. Some of the permanent people had made advance directives which were identified in their care files.

When we initially entered the care home one of the short stay or respite people told us voluntarily that they was satisfied with their stay at the home. They talked about 'good food' and said they had 'no problems with any of the staff'. The person was also very happy with their room.

There was reference to the cultural needs of people in the care files of people. These care files also included a pen picture of the person concerned which gave a flavour of their past history in addition to their preferences.

It was evident in the care files of the permanent people that contact is maintained with the family of people as appropriate eg. liaising with family members in order to review a person's care plan; keeping family informed of changes to a person's situation.

Our use of the Short Observational Framework for inspection (SOFI) tool found interactions between staff and people who lived in the home were positive. We found people's choices were respected; staff were calm and patient and explained things well. We saw people were asked whether they wanted to wear an apron at meal time and their choices were respected. People were regularly spoken with as staff went about their duties.

We observed staff helping people move about the home making sure the appropriate equipment (wheel chair, walking frame) was being used correctly. All staff were patient and calm.

The people at the home and all relatives we spoke with confirmed the staff were caring.

One relative told us, "We are made to feel very welcome. They even bring mum a cup of tea at 4:00am as they know she likes that and they let her have her meals in her room."

All the people were appropriately dressed and groomed. Throughout our inspection we observed people being treated with dignity and respect. It was clear from our observations staff knew people well and people who used the service responded positively to staff. A member of staff said, "Privacy and dignity just comes naturally, we knock on doors before entering, we try to ensure people maintain their independence."

We observed staff speaking with people whilst assisting them, for example, a member of staff was helping a person rise from their chair, they explained what they were doing and gave reassurance throughout.

We observed staff taking people to the toilet and on one occasion we observed staff straightening the clothes of a person coming out of the toilet. However, she then went into the toilet and flushed it and exited without washing her hands. This was raised with the registered manager who said she would be having discussion with the member of staff.

The premises were spacious and allowed people to spend time on their own if they wished.

Good

Is the service responsive?

Our findings

We saw when possible the provider undertook pre admission assessments before people moved into the home. This ensured the service could meet the needs of anyone in their care. We found care plans were detailed and contained information that staff needed to provide effective and kind care. One staff member told us, "We are encouraged to read the care plans so we know all the information that's written in them."

The care files of the six people who permanently lived at home that we reviewed, were comprehensive in detail. These care files were clearly divided into sections which made easy access to particular documents within the files. Each care file had a contents guide at the front and a care file audit of the files had occurred. The care files contained a comprehensive assessment of the people's needs which fed into the subsequent care plan and formulation of risk. There was record of a person's night time care needs for night staff which effectively gave snap shot guidance on prevalent risks.

We saw that care plans were regularly reviewed by staff and that an annual review took place which included near relatives or advocates and appropriate healthcare professionals. This showed the provider had taken appropriate steps to involve all relevant people in the care planning process.

Relatives told us they were involved in people's care plans. One person said, "Whenever there is a change I am asked to read and sign the care plan."

Staff we spoke with told us they had input in the care planning process through the key worker system and used the care plans as working documents. The key worker system meant that all people living at the home had a named member of staff who took a specific interest in their care, treatment and support. The staff we spoke with demonstrated a good knowledge of people's needs and how individuals preferred their care and support to be delivered.

We looked at the complaints policy which was available to people who lived at the home, relatives and staff. The policy detailed how a complaint would be investigated and responded to. We spoke with four members of staff who was able to tell us how they would support people to make a complaint. One relative spoken with said, "My sister knows how to complain but we haven't had any complaints."

We observed the care home has a folder at the entrance to the home which details compliments/complaints about the home. We spoke with the registered manager about this and it was moved so that it is not obvious which person has made a complaint or to which person a complaint refers.

All of the people we spoke with said they felt comfortable in raising any concerns with the registered manager. One person said, "I tell them if they are doing things wrong and they change it." We looked at the concerns and complaints records. Complaints were recorded and it was clear how the provider had responded to them and what action was taken. This included giving feedback on issues raised to prevent re-occurrence in the future. One relative told us,

"If you have any complaints, you just knock on [name manager]'s door."

We spoke with six people who told us they were happy with the activities on offer such as bingo, mind games and singers coming in. Their individual care plans recorded these events and the resulting benefits. This showed that people were actively encouraged to participate in a range of appropriate social and leisure activities.

The care home had an activities folder at the entrance to the home which details recent activities and gives group feedback on the activity. It was important the service obtain individual feedback on any activity in order to monitor overall relevance of planned activities for the people.

We observed an interaction between the deputy manager of the care home and another staff member which related to the organisation of an activity outside of the care home setting, this related to transport.

Good

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

Two people's care files had a contract within the files which the registered manager of the care home and the person had signed however; this did not detail the fee for staying at the care home. It is inappropriate to ask people to sign an incomplete document. This was discussed with the registered manager, who said this would be addressed.

Our observations on the day were that staff were well managed. All seemed to know what they had to do and there was a good working atmosphere.

However, number of people mentioned that staff were uncertain about the future of the home and their jobs. This was mentioned to the registered manager who told us this was in the past and staff have been reassured of their jobs.

We found there was a quality assurance monitoring system in place that was focused on providing positive outcomes for people who used the service.

We saw evidence of a rolling programme of meaningful audits to ensure a reflective and quality approach to care. Audits carried out by the registered manager included medicines, care plans and the internal environment and fabric of the building. The outcomes of these audits were translated into action plans to ensure problems were addressed speedily. For example, we saw that any maintenance issues within the home were identified quickly and recorded in the maintenance register for action by a suitable contractor.

Records showed decisions about people's care and treatment were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of communication and accountability within the staff team.

The staff we spoke with told us they were well supported by the registered manager and senior staff team and were encouraged to air their views and opinions about the service so that improvements could be made if necessary. We saw the minutes of the resident meeting which recorded current and proposed menus and suggestions for activities. One relative we spoke with said, "They do have meetings and they put a notices up, however, I don't always attend." This showed us the provider had appropriate systems in place to obtain the feedback of both people who lived at the home, relatives and staff.

Two visitors spoken with said regular meetings were held and residents and relatives were invited to attend. They said this was sometimes when they would raise any issues they might have.

We saw a senior member of the management team met with the registered manager on a monthly basis to discuss matters of common interest. This included learning points from incidents, training needs and performance. This ensured the provider had a strategy for maintaining quality and conformance across all services.