

Leeds City Council

Rossefield Manor

Inspection report

Rossefield Lawn

Bramley

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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 undertook an announced inspection of Rossefield Manor (extra care housing) on 21 September 2015. We gave the provider 48 hour notice of our visit to ensure that the registered manager of the service would be available.

Rossefield Manor is extra-care housing and provides personal care services to people in their own homes. At the time of our inspection 28 people were receiving a personal care service.

At our last inspection in September 2013 the service was judged to be meeting all of the regulations we inspected at that time.

The service had a registered manager in place. 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

Staff and people told us they were able to speak to the registered manager and supervisor if they had any concerns. The service completed spot checks on all staff on medication and observations on staff around the care of the people who they support. Formal supervisions were in place to look at support and training for all staff. This meant that people were supported in their role.

We felt staff understood how to help people make day-to-day decisions and were aware of their responsibilities under the Mental Capacity Act (2005).

Medicines were administered to people by trained staff and people received their prescribed medication when they needed it.

The people we spoke with all said that they felt safe in their home whilst care and support was provided.

Records we looked at and in our discussions with staff we found staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People told us they were supported to eat and drink. Staff supported them to healthcare appointments when requested and provided personal care as required to meet people's needs.

There were effective systems in place to monitor the quality of the service.

Rossefield Manor had a complaints procedure in place. People who used the service and staff knew how to complain. Complaints and compliments were dealt with in accordance with the provider's policy.

There was an accident and incident file in place. The accidents had been recorded and actioned where required by supervisor and the registered manager.

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.

The staff had a good knowledge of safeguarding procedures and how to put these into practice.

There was a robust recruitment policy in place for all staff.

Good



Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff received supervisions, observations and spot checks and these were carried out in line with the provider's policy.

People were supported when needed to access healthcare appointments if staff had any concerns about a person's health.

Good



Is the service caring?

The service was caring.

All the people we spoke with told us that staff spoke to them in a very kind and respectful manner and always felt listened to.

People were involved in making decisions about their care and the support they received.

Good



Is the service responsive?

The service was responsive.

The service responded to health care needs.

Support plans were in place at the service and people contributed to their support plans.

People said they felt confident that any concerns or complaints would be dealt with.

Good



Is the service well-led?

The service was well led

Staff told us they were supported by their supervisor and they could take any concerns to their manager.

Accidents and incidents were recorded and addressed by the supervisor and registered manager.

The home had mechanisms in place which allowed people using the service to provide feedback on the service provision.

Good



Rossefield Manor

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.

The inspection took place on 21 September 2015 and the visit was announced. We gave the provider 48 hour notice of the inspection. We did this to make sure the registered manager would be at the service as sometimes the registered manager is out of the office supporting staff or visiting people who used the service. This inspection was carried out by two adult social care inspectors.

Prior to inspection we reviewed all the information held about the home. The provider had been asked to provide a provider information return (PIR). This is a document that provides relevant up to date information about the agency that is provided by the manager or owner of the agency to the Care Quality Commission.

During the inspection we went to Rossefield Manor and spoke to the registered manager and supervisor. We reviewed care records of three people that used the service, reviewed the records of four staff and the records relating to the management of the service. During the visit we spoke with three people who use the service six staff, two relatives and one volunteer.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person told us, “I feel safe with the staff,” and they told us they felt staff were really nice, and were willing to help them if they had any specific concerns or needs.

Another person said, “I feel safe in and out of the community with the carers that come to support me they are all lovely.” All the people we spoke to said that they felt safe as they all had their own risk pendant or bracelet which they could use to alert staff when they needed support.

Staff had completed training in safeguarding vulnerable adults. This was evidenced in their staff file and also through staff speaking to staff. The service had a safeguarding policy in place and the registered manager told us that all staff had received a copy of this during induction, which staff confirmed at the time of our inspection. Staff were knowledgeable in recognising signs of potential abuse and how to report any concerns.

Staff told us that they would never leave a person on their own if they had any concerns. Staff said, “We would not leave anyone on their own we would always speak to the supervisor or another staff member for support.” This meant that staff were ensuring people’s health and welfare were at the focus of what they do.

Appropriate arrangements were in place for obtaining medication from the local pharmacy. The supervisor said that the prescriptions were sent straight to the GP’s and then the local pharmacy delivered these straight to Rossefield Manor. We saw an up to date medication policy in place in the service.

Staff were able to tell us about people’s medication and any side effects which could occur. Staff said that they would not support people with their medication unless this was recorded on the medication administration record (MAR) sheet. We looked at three people’s medication records and these were completed and signed by staff and stored in the person’s own room in a locked cabinet.

We saw risk assessments were completed to assess any risks to a person using the service and for staff who were supporting them. Risk assessments were in place around personal care in their home and the support needed for the person. Training on moving and handling and also the use of any equipment including hoists were completed by all staff. All staff had completed an induction period before working alone. This was evidenced through staff files and also through staff discussion on the day of inspection. This meant that people’s safety was not compromised.

We saw accidents and incidents were appropriately recorded. These were reported straight to the supervisor and registered manager so that appropriate action would be taken.

There were sufficient staff to keep people safe. Staffing levels were determined through the needs of the people. If people’s needs changed the supervisor said they would hold a review so that the registered manager and staff could support the person in a way they needed to make sure they were safe. One staff member said, “When people are on holiday it can be hard and we work extra shifts or use agency to make sure all the people receive their care.” Rossefield Manor had one staff member available through the night. There was a system in place that the staff could call the head office for on line support through the night if needed in an emergency. There was also a manager on call every night seven days a week for support if this was needed.

Recruitment procedures were in place and the required checks were undertaken before staff could start work. All staff had been checked with the Disclosure and Barring Service (DBS) The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. The registered manager said that applicants attended an interview to assess their suitability for the role and we saw this evidenced in a file locked in the cupboard in the office. All staff contracts were in place and signed by staff before starting their role. Staff undertook an induction programme, shadowed senior staff and attended all mandatory training before commencing work.

Is the service effective?

Our findings

People we spoke with felt that their care workers were well trained, competent and behaved in a professional manner. One person told us that all the staff were really nice and they all know what they are doing. One person said “The staff know how best to support me and are always kind.”

People were supported in their home and in the community by staff that had the knowledge and skills to meet their needs. Training was completed for all staff, face to face training on induction then a review of the training was completed by all staff and competencies of this were addressed in supervision and through direct observations by the supervisor. Staff who spoke with us confirmed that all training had been completed and that on-going training was available. This was evidenced throughout the staff files.

Some of the people who received care from Rossefield Manor had the capacity to make their own decisions at the time of our inspection. For the people who did not have capacity to make decisions, family and health professionals involved in their care made the decisions in their “best interest,” in line with the Mental Capacity Act (MCA) 2005. The MCA is legislation designed to protect people who are unable to make decisions for them and to ensure that any decisions are made in people's best interests. Families were involved in developing the support plan with their relative to identify any needs that were required from the service and how this would be carried out. The registered manager explained that if they had any concerns about a person's

ability to make a decision that they would address this with the local authority and make sure that an assessment of capacity would be completed. Staff were aware and had received training in the MCA.

People were supported where needed at mealtimes in relation to their support plan. Rossefield Manor had a large dining area for people to have breakfast or lunch. People could choose to serve themselves or there was a cook who could support in the serving of food. People we spoke with told us they were happy with the levels of support given to them in regard to food and drink. All the people we spoke with said that they enjoyed all the meals and enjoyed the support around mealtimes. Staff had received training in food and safety which was evidenced in their file and also in discussion with staff they confirmed they had completed this training.

We were told by people using the service that most healthcare appointments were made by themselves or their relatives.

We reviewed three support plans during the inspection. Descriptions of the person's life history, likes and dislikes were in place to give staff helpful background information. The support plan also included individual risk assessments, communication assessments and detailed information which was relevant for that person to ensure that they received the care and support that the person required. The supervisor said that the support plans were updated and reviewed annually or as and when someone's needs changed. This was evidenced throughout the support plans we looked at on the day of inspection. This meant the agency provided people with care that met their needs.

Is the service caring?

Our findings

People who use the service spoke very highly about their care workers especially the carers who they have built up a good rapport with. One person told us, “They’re more like family now than carers – they treat us so well.” Another person said, “They give me fantastic and considerate care always – they make sure I’m comfortable. They’re cheerful and chatty which I very much appreciate.” Another person told us, “I’m very happy with everything they do for me. It is all done with great care.”

People were complimentary about the levels of involvement they had with their care, telling us staff always asked for their permission before care was provided. One person told us, “They always before doing anything and always talk to me while carrying out my care needs. Nothing’s ever too much trouble for them.” Another person said that they could not thank the staff enough for the care that they provide.

We observed interactions between staff and people who were supported in extra-care housing. We found staff

showed compassion while communicating towards the people they supported. The staff we spoke with demonstrated to us that they considered maintaining the dignity and respect of people to be important and were able to describe ways in which they ensured this happened. One person said “We always knock on the door or ring the bell before we enter their home.” Another person said “we always reassure people we support while providing personal care.”

Staff spoke about the people, who they support with affection, telling us often that they get real job satisfaction when they know they have made a difference to someone’s health, or left someone feeling happier than when they arrived. One staff member told us, “We treat people as individuals, and put ourselves in their shoes.” Another staff member told us about their colleagues, “We all work together and support each other, nothing is too much trouble we do really care about the people we support.” Another staff member said that they treat people with the same respect and dignity as they would do if it was their own relative.

Is the service responsive?

Our findings

Staff were knowledgeable about the preferences and interests of the people they supported.

The staff were also aware of any health and support needs people needed to provide them with a professional and personalised service. One person who used the service told us that they were really happy that their care workers were aware of their needs so well, which they said made them feel very safe with them.

One person told us how grateful they were for the good care that they received, telling us, “I came to Rossefield Manor to keep my independence I just needed a little support, and they have done this they are here to support me if and when needed.” People told us that care packages were regularly reviewed, as their condition changed. Other people who used the service also told us that their care package had decreased or increased as they became more or less dependent. This meant the person received care that appropriate to their needs.

Staff supported people to access local communities, shops and outings to minimise the risk of people becoming socially isolated. Rossefield Manor had a large kitchen area and living room so people could interact and socialise together if they chose to do so. The rooms were also used to hold activities which were arranged by the people who lived at Rossefield Manor. There was hairdressers and also a room that relatives could sleep in which was available to book so people could stay to be with their family.

People received care which was personalised and responsive to their needs. People were allocated staff, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was evidenced through the person's file. The person had been involved in the process with staff support where needed. They also liaised with family members and other professionals when required. We looked at the care plans for three people who currently used the service. These support plans were written in an individual way, which included people's preferences, likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

People were encouraged to maintain their independence and undertake their own personal care where possible. One staff member said “I always encourage people to do as much of their own personal care as they can.” We looked at care files and these reflected the changes throughout the people's independence over the last year.

People who use the service were aware of the complaints policy. We saw a complaints procedure in place with any actions needed by the registered manager. The registered manager said that she would deal with complaints by contacting the people themselves if necessary or would write a letter to the person involved. There had been no complaints in the last 12 months.

Is the service well-led?

Our findings

Staff told us that the supervisor was very supportive and that they would be listened to if they raised any concerns. People also said that they could approach and felt comfortable with staff or the registered manager with any concerns.

We spoke with the supervisor and the registered manager about the governance of the service and it was apparent by the system that the registered manager had in place and feedback by people that they were committed to having a robust quality assurance monitoring system. The supervisor completed weekly and monthly reports and sent these to the registered manager this report looked at and identified key events such as admissions and discharges, staff issues and compliments and complaints.

We saw evidence that the supervisor and registered manager audited people's care plans and risk assessments. All safeguarding referrals had been reported to the CQC and there had been no whistle blowing concerns. We saw the supervisor also audited the staff files and checked the staff training matrix on a weekly and monthly basis to make sure they provided accurate and up to date information. This meant people had the knowledge and understanding to support people.

The registered manager told us that the supervisor carried out monthly spot checks on medication and observations with all staff as they supported people in their homes, this was to make sure care and support was being delivered in line with their agreed support plan and that staff were competent in delivering the care. On the day of the inspection this was evidenced through the staff files. We saw staff had being observed monthly by the supervisor, any training needs identified were then recorded and acted upon.

A number of people told us about surveys that had been sent to them asking for their views about the service. In the surveys people said that they were happy with the service and the support staff provides to them around their care needs. People said that the staff were always friendly and that the management team were very approachable.

Staff had completed a survey in August 2014. In the survey staff had said that they had the skills and knowledge to complete their job. Staff stated that they felt they were listened to and could speak to the registered manager or supervisor for support at any time.