

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on the 24 August 2017. At the last inspection in July 2015 we found the provider met the regulations we looked at and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Suffolk Court accommodates up to 40 elderly people. Seven beds are for permanent residents, 31 are allocated for transitional care; where people stayed at the service for a period of rehabilitation, and four for respite care.

People were supported by caring staff at all times. People who used the service described a highly positive experience at the service and described the staff and management team as caring and helpful. We saw clear evidence of a person centred approach towards people's individual rehabilitation and support. This enabled people to regain or retain their health and independence.

Staff treated people as individuals and showed they had developed positive relationships with people. Care plans were person centred and reflected people's individual preferences. Staff said the care plans helped them to get to know people and remember everyone had past experiences and lives to be celebrated. Staff went above and beyond their required duties to ensure people had fulfilled lives. The service had a strong commitment to supporting people and their relatives, when end of life care was provided for people who used the service. Staff were trained to provide positive care for people nearing the end of their life to ensure a person's end of life was as peaceful as possible.

People remained safe at the service. People received their medicines as prescribed and safe systems were in place to manage people's medicines. Sufficient numbers of staff were available to meet people's support needs. Staff could describe how to keep people safe from abuse and neglect. People had suitable risk assessments and management plans in place. People were protected by the provider's recruitment procedures. Audits of the premises helped ensure the premises were well maintained, clean and safe.

People continued to receive care and support from staff who were knowledgeable and competent in their role. Staff had received training to ensure their knowledge was up to date. Staff had regular supervision that helped identify training needs and improve the quality of care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to a range of healthcare professionals in order to meet their health needs. The service recognised the importance of seeking timely advice from health professionals so that health and wellbeing was promoted and protected. People told us they were supported to eat and drink sufficient amounts to meet their needs and there was always a good choice of food and drink. Where people were at risk of malnutrition, referrals had been made to the dietician for specialist advice.

People's needs were assessed before they stayed at the service and support was planned and delivered in response to their needs. People could choose from a wide range of activities and their decisions on whether to get involved in activities were respected. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

Quality assurance systems in place were sufficiently robust to identify areas for improvement. The manager and staff were committed and enthusiastic to providing a person centred service for people. We observed during our visit, the management team were approachable and responsive to staff and people's needs.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Outstanding ☆

The service was very caring

People and relatives expressed extremely positive views about the caring nature of the staff and manager. Staff had built trusting, respectful and genuine relationships with the people who used the service.

The manager led the staff team in delivering person centred compassionate care which promoted people's dignity, independence and well-being.

Staff went the 'extra mile' to support people to live full and active lives. They showed they valued people as individuals.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well- led.

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 24 August 2017 and was unannounced.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the manager. We contacted Healthwatch for their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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. This was returned when we asked for it.

The inspection was carried out by one adult social care inspector and an expert-by-experience who had experience of older people's services. 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 21 people using the service. During our visit we spoke with three people who used the service, four relatives, six members of staff and the manager. We also spoke with a visiting health care professional. We spent time with and observed how people were being cared for, and looked around areas of the home which included some people's bedrooms and communal rooms. We looked at documents and records related to people's care and the management of the home. We looked at three people's care and medication records.

Is the service safe?

Our findings

People who used the service told us they had every confidence in staff and felt safe in their surroundings. One person said, "Every effort is made to make sure you don't hurt yourself." A visiting health care professional told us they found the service to be safe and they had no concerns that people were not cared for safely. They said, "I come here often and I have never seen anything that concerns me. The staff are lovely with everyone." We saw positive interaction throughout our visit and people who used the service were happy and comfortable with the staff. Staff knew what to do to make sure people were safeguarded from abuse. One staff member said, "I would report any signs of abuse, anything that concerns me; that's how we have been trained."

People were protected against the risks they may face. Where people were at risk we saw clear management plans were in place to ensure their well-being. These included the risks associated with mobility, falls, skin care, and nutrition. Staff were aware of the risks people faced and could describe how they kept people safe while also maintaining and encouraging independence. One staff member said, "It's important to encourage people and help them regain some independence."

People who used the service, their relatives and staff said staffing levels were appropriate to meet people's care needs. People told us their call bells were responded to in a timely manner and they did not have to wait long if they needed assistance from staff. One person said, "Never kept waiting." One person who used the service said there could be more staff but confirmed their needs were met.

Staff told us the rota was managed flexibly to meet people's needs according to their dependency. One staff member said, "The manager makes sure we have what people need." Rotas we looked at indicated the staffing was provided in this manner, as occupancy and people's dependency levels changed. A visiting health professional said they always found staff were available to assist with any procedures they may carry out. They said, "I've never had a problem finding staff here; always someone available to assist."

There had not been any new staff employed at the service for a number of years. We looked at the recruitment records of the most recently recruited staff member. These showed there were effective recruitment and selection processes in place.

There were systems in place for safely ordering, receiving, storing and disposing of medicines. Medicines records were maintained well and medicines were stored at the correct temperatures as detailed on the manufacturer's guidance. Controlled drugs (medicines which are more liable to misuse and therefore need close monitoring) were stored securely. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. All MARs contained information about how each person preferred to take their medication and had all the information needed to identify people correctly.

We saw, where people required medicines 'as and when', for example pain relief, this was supported by a specific plan to ensure staff knew when to administer these medicines. Some people were prescribed a

variable dose. Staff were able to describe the circumstances of when each variable dose would be given. However, this had not been noted in people's care plans or on their MAR. The manager made immediate arrangements to rectify this.

We observed medicines being administered and saw safe practice was maintained throughout. We saw staff communicated effectively with people and sought consent before administering medicines. People told us they received their medicines in a safe way, and when they needed them.

People told us the service was always clean and their rooms were cleaned regularly to a good standard. People's comments included; "Everything is spotless" and "The staff have high standards." We looked around the service and found it was clean, safe, welcoming and well maintained. We saw all areas were nicely furnished and decorated. The furnishings were of a good standard. Some furnishings had been renovated by the staff team to give them a modern and fresh feel. Staff spoke proudly of the work they had done in this area. One staff member said, "It's great to make it nice for people." We saw there were systems in place to make sure equipment was maintained and serviced as required.

Is the service effective?

Our findings

People were supported by staff that had the right skills and knowledge to consistently provide good quality care and support. People confirmed they were happy with the staff that supported them and felt staff understood their needs. One person said, "Staff are excellent they work hard and are well trained." Another person said, "They don't seem to be fazed by anything."

Staff told us they received training and support that enabled them to meet people's individual needs well. We saw there was a rolling programme of training available to staff. Training records showed most staff's training was up to date and refresher training had been provided to ensure staff's practice remained current. Additional training was also provided when needed. This included training on continence equipment and how to support people with swallowing difficulties. The manager was also in the process of arranging further end of life care training with a local hospice and training on topical medicines to ensure best practice in these areas. Staff were supported through regular one-to-one supervision meetings and annual appraisals. These meetings were used to provide feedback to staff about their performance and discuss training needs. Staff said they found these helpful. One staff member said, "I always find them constructive."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff and manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We saw people's decision making ability was assessed and monitored. We saw where people had refused care interventions their wishes had been respected. We saw people's consent was gained by staff before any care interventions were carried out such as moving and handling or assistance with food.

People were supported to have enough to eat and drink and maintain a well-balanced diet. We spoke with people about what they thought of the food and did they think there was enough choice. Comments we received included; "There is a good choice", "There has never been anything on the menu I don't like" and "Very nice, you only have to look at the menu; it's home cooked." People told us the service was very accommodating and if they didn't like what was on the menu an alternative meal could be prepared for them. One person told us, "Most of the food is acceptable; they would find me something else if I don't like what's on the menu."

We observed the lunch time meal in the service. We saw the tables were attractively set. Menus were available; both on the tables and the dining room wall. There was also a 'light bite' menu offering an alternative choice for people who may prefer a snack type meal. The lunch time service was very efficient, organised and calm. There was background music playing and we observed staff sitting and chatting to people throughout lunch talking to them about their families and their interests. People received any support they needed in a dignified manner. We saw people had drinks with their meal and these were refilled if required. The food looked hot and appetising and portions were of a good size.

People were supported to maintain good health through accessing external healthcare such as hospital appointments, dentists, and visits from opticians, chiropodists and community nursing support. A visiting health care professional told us the staff in the service were prompt in gaining medical support for people. They also said any advice they gave on supporting people with their health needs was always followed well. They said, "Everything is very good, I have confidence when I leave any instructions the staff will carry them out. We have a great relationship, we all work well together."

The manager told us of a new initiative they had just introduced to try and reduce the need for out of hours GP visits and emergency hospital attendance for people who used the service. They had joined a digital care hub. This gave people in the service access via a secure video link to nursing and medical professionals at a local hospital 24 hours per day, seven days per week. The manager told us treatment and advice had already been gained in this way and prevented a person from an unnecessary hospital visit.

Staff spoke with pride of the work they did to assist people in their re-habilitation. They said people often returned to their own home with much improved health after their stay with them. Staff said they worked with other health and social care professionals to ensure this. Records we looked at confirmed this. We also saw records which showed health care professionals had complimented the service on how their support had assisted people to gain good health.

Is the service caring?

Our findings

Without exception, people we spoke with thought the staff were very caring and helpful, and said support was always there for them. People's comments included; "They are alright the staff. They are always caring" and "Never rude always polite." People's comments in a survey undertaken by the service in July 2017 reflected the kindness of staff. Comments included; 'Empathy and understanding from all the staff here is amazing, and the care I received was excellent', 'My care worker was so good; she would have made a fantastic nurse' and '[Name of staff member] is very friendly and approachable. She was very kind to me'. A relative told us; "They speak to him quietly and politely, they have banter with him." Another relative said, "We always feel at home, the atmosphere is wonderful and there is a lovely attitude." A visiting health care professional said the staff were exceptionally caring. They said, "I see it all the time, they are just great with people."

Throughout the day we observed positive care interactions between staff and people who used the service. For example, staff helped a person from a chair to their walking frame and stayed with them to offer reassurance. The person was having a problem with pushing the frame and staff gave a suggestion of how to make it easier to use. The person followed the suggestion and then managed the frame better. We found staff were encouraging and supportive in their communication with people. Staff provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs. People were encouraged to be as independent as they could be. Throughout our inspection we frequently heard staff encourage people to do things for themselves or with minimal support. Staff spoke of the importance of maintaining and improving people's independence. One staff member said, "It makes people feel good." Another staff member said, "It's good for people's self-esteem."

People looked comfortable and relaxed in the presence of staff. People who used the service and staff shared jokes and their conversations were natural. It was clear staff had got to know people well and developed good caring relationships with them. People's life history and experiences were extensively documented, which provided staff with essential information on past experiences of the people they cared for. We saw staff treated people as equal partners which showed how much they valued people who used the service. Staff told us they shared stories of their own holidays and interests to put people at ease, encourage conversations and help to get to know people. Staff told us they liked their job because they could make a difference to someone.

Staff spoke about the people they were looking after respectfully and with warmth. Staff were confident they provided good care and told us how they respected people's privacy and dignity. Throughout our inspection, we saw staff respected people's privacy and dignity. They were thoughtful, sensitive and discreet when supporting people with personal care. We observed staff knocking on people's doors and waiting to be asked in before entering their rooms.

People looked well cared for; smart, clean and tidy which is achieved through good care standards. A relative said, "[Name of family member] always smells clean and is always dressed tidy. Once when we had a family party, staff got him ready in a nice suit and even polished his shoes." Another relative told us how the

home helped them out when they were ill. They said, "When I was ill I couldn't come to see my mum. The management and staff helped enormously they looked after her so I didn't have to worry they were always there. She is comfy, clean, well- fed and cared for extremely well. She likes the staff and is happy. I trust them completely."

Staff went the 'extra mile' for people. We heard staff attended the home on their days off to take people to local events such as the town carnival. We saw staff were flexible in their hours to make sure the service had the right staff available to people at all times. Staff had assisted, in their own time, to re-decorate areas in the home such as the hairdressing salon and a lounge. The manager said, "They (the staff) were so keen to make it nice for people."

One staff member had been appointed Dignity Champion in the service. The manager said the Dignity Champion would be expected to demonstrate good practice and challenge any bad practice with regards to respecting people's dignity at all times. We saw information on dignity and respect had been put on display in the service to promote the message of dignified care. Staff had identified the ways in which people's dignity was compromised during emergency admissions to the service. To combat this, 'dignity packs' had been put together. These contained toiletries and new underwear which people may need in this situation. These were placed in a 'welcome' pack which also contained information on the service; useful information on care services people may need when returning home, a welcome gift and a motivational poem to help put people at ease. The manager said, "We read through this with people on admission to get the conversation going and start getting to know people." The poem reminded people they were valued; and would be able to work with the staff to re-gain improved health and maximise their independence.

The welcome pack had a picture of the manager on the box. The manager said this was to make sure everyone would know who they were and was especially important if they were not on duty to welcome people on admission. We saw this visual communication method was used around the service with pictures and photographs used to aid people's understanding. This included photographs and pictures on meeting and activity advertisement posters and menus. The manager said they introduced themselves to all people who used the service as soon as possible upon their admission. We observed the manager in frequent interactions with people who used the service and their relatives. It was clear they had an excellent rapport with them and had got to know them as individuals.

Relatives told us the staff were familiar with their family member's likes and dislikes. One relative said, "They know he likes milk, sport on the TV he likes to go to bed early." Our observations showed us staff knew people's individual preferences such as how they liked their drinks or how they preferred to have their fruit prepared.

People were involved in making decisions about their care and support. People who used the service and their relatives told us they had been involved in developing and reviewing their care plans. One person told us, "Staff go through it with me. Everything is discussed, I approve it and things get done." A relative said, "It's the book in her bedroom. I was involved at first. Every so often we are asked again." Records showed people who used the service had signed their support plans to show they were involved and in agreement with the support planned.

People using the service were encouraged to be involved in the running of the service and made to feel valued. Regular 'residents and relatives' meetings were held and these provided people with an opportunity to give feedback on the service and make suggestions. People we spoke with were aware of the meetings and told us they attended them if they wished. One person who attended the meetings told us they were kept informed on the service. They said, "They tell us about new staff and a new carpet the service was

getting." One relative told us that they knew about the meetings but didn't feel they needed to go to one.

People who used the service on a short term or temporary basis were asked to complete a questionnaire at the end of their stay. This information had been reviewed and put on display in the service. People's comments included; 'I felt safe and comfortable and enjoyed my stay', 'My stay was brill; all the staff from cleaners, kitchen, care assistants, managers was the best. I couldn't have stayed anywhere better' and 'I can't thank them enough for all they have done for me'. One person had said they wanted a different room for their next stay. The manager said they had noted this and it would be provided.

People told us they would recommend the service to others. One person said, "I can give them full marks and would tell anyone to come here." A relative said, "It's the nearest thing to home. [Family member] loves it here."

We saw information on how to access the services of an advocate was available in the service. (An advocate supports people by speaking on their behalf to enable them to have as much control as possible over their own lives.) The manager told us of how they had recently sourced advocacy support for someone who had been nearing the end of their life. This demonstrated the caring nature of the manager. They said by assisting the person in this way they had helped the person reduce the anxiety of arranging their affairs.

The service provided a high standard of care to people with end of life care needs. End of life care was delivered sensitively and with compassion. Staff spoke of their involvement in caring for people at this time. One staff member said, "I consider it an honour and a privilege to be with people at the end." The manager told us they worked with a local hospice and provided de-briefing for the staff team when they had supported someone with end of life care. They told us the hospice team enabled staff to reflect on how the experience had been; what had gone well, was there anything they could have done better and was there more support they needed. The manager said, "We need to make sure end of life care is perfect; you only get one chance to get it right." All the staff we spoke with echoed this comment and showed a strong commitment to ensuring good end of life care and support to people's relatives and friends at such a difficult time. Further training for staff in end of life care was planned with the local hospice. The manager had identified it was important to ensure they always maintained best practice in this area of care delivery.

Is the service responsive?

Our findings

Most people who used the service said they had enough to do and found the activities on offer interesting. One person said, "There has been a wonderful amount of party's recently." Another person told us they enjoyed games such as dominoes and quizzes. A relative told us, "There are lots of things to do and she chooses what she wants to get involved with." Another relative said, "Her church members come to the service and get involved." Two male residents thought there could be more for men to do. "There are dominos and quizzes but it's not enough." We discussed this with the manager. They said they had recognised that men's cultural needs were perhaps not as well catered for and had plans for an area of the garden to have a shed where potting up of plants or other creative activities could take place. They said women would also be offered the opportunity to use these facilities too.

The service had a part time activities co-ordinator and they were responsible for planning and delivering a range of group and individual activities. On the day of our inspection the activities organiser was not working, so we spoke to a member of the care staff who was fully informed on activities in the service. They told us of the activities people were involved in and of the outings and trips people participated in. They said, "We ask everyone to get involved, but one or two people like to keep themselves to themselves and this is respected." They told us they could book transport for trips and had recently been to shopping retail parks and out for pub lunches. People were able to continue to follow their hobbies and interests. We were told of the plans for one person to go to Headingley stadium to watch rugby league. He had been an avid fan all his life and was to also attend a dinner with VIP rugby league guests. Staff told us of another person who had been in to the city centre to see the Tour de France cycling race. We saw a coffee morning had been held with a guest speaker who talked about Yeadon (the area where the service is) during and after the war. A staff member said, "Residents found this very interesting as they knew about it and some had lived through it."

We observed staff playing a game of play your cards right with people during the afternoon. People showed interest and everyone got involved. Everyone gave their opinion about whether a person should go higher or lower with the cards. This involved a lot of chatter and banter between staff and people who used the service. There was a small group of people in the dining room involved in colouring and drawing with a member of staff.

People's needs were assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit. From these assessments a detailed care plan was drawn up. People's care plans were person centred because they contained information about their life history, who and what mattered to them and their hobbies and interests. People's care plans included detailed information about how people wanted to be supported. For example, the plans contained details about what people could do for themselves and things they wanted or needed support with. Staff were provided with clear guidance on how to support people as they wished. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe people's care needs well.

People told us they were happy with the service. They felt if they had a problem they would be listened to.

People knew who to go to if they had a complaint. People's comments included; "If I had a problem I would go to the manager", "Go to the office" and "Probably tell one of the staff. There is a notice about complaints and what to do down stairs." A relative told us they had raised concerns about their family member's health. They said action was taken straight away and they were happy with how things had been dealt with.

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. It was clear from the records people had their comments listened to and acted upon. The manager said they welcomed complaints and saw them as an opportunity to improve the service. We saw there was a process in place to ensure any learning from complaints and concerns was shared with the staff team. Staff told us they were kept informed of important issues that affected the service.

Is the service well-led?

Our findings

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.

The manager was supported by a team of assistant managers and care and support staff. People who used the service, relatives and visiting health professionals all spoke highly of the management team and how well the service was run. People who used the service said, "Very good leaders here. They have it well organised and are always there for people", "They listen to people and help solve problems" and "The manager talks to me she knows who I am." A relative told us, "What impressed me is how practically the management are involved. They know people's needs and interests. The senior team are very much involved." A visiting health care practitioner said the service was well-organised.

Staff spoke positively of the management team and of how much they enjoyed their job. One staff member said, "I love working here, I wouldn't want to do anything else." Another staff member said, "I love what we can do for people; to see them progress is great." Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained. Staff described the manager as approachable and said they felt valued. One staff member said, "I feel comfortable to make suggestions and ask questions if I need to." We saw staff meetings and staff focus groups were held on a regular basis which gave opportunities for staff to contribute to the running of the home. Staff described the culture of the service as 'person centred' and 'good team working'.

People who used the service and their relatives were asked for their views about the care and support the service offered. We saw evidence questionnaires had been completed, analysed and results fed back through posters on the walls in the service. There was a high degree of satisfaction expressed in the questionnaires. Comments included; 'Best breakfast I have ever had and all the staff have been efficient', 'You are doing a fantastic job' and 'I enjoyed my stay, it's a laugh.' We saw where any suggestions for improvement had been made, these had been acted upon. For example, more salads and soft foods had been introduced.

The manager told us there was a system of a continuous audit in place. This included audits on care plans, medication, infection control, health and safety, and the premises. We saw documentary evidence these took place at regular intervals and any actions identified were addressed. The manager made sure out of hour's spot checks took place. They told us, "It's my service; I need to make sure it is always safe." Senior managers from the organisation visited the home regularly to check standards and the quality of care being provided. If any shortfalls were found, an action plan was put in place to ensure improvements were addressed.

Records were well maintained and organised at the service and those we asked to see were located promptly. Staff had access to a range of policies and procedures to help them in their role and areas of

practice such as safeguarding, medicines management and consent. These provided staff with up to date guidance on best practice.

Accidents and incidents were recorded and kept under review to ensure staff learnt from previous experiences. We saw the manager maintained a log of safeguarding incidents and could see any events were reported appropriately to the local authority and the CQC.