Yorkshire Residential Care Limited

Gledhow Lodge

Inspection report

51-53 Gledhow Wood Road
Gledhow
Leeds
West Yorkshire
LS8 4DG

Tel: 01132667806

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 1 April 2016 and was unannounced. This meant that the provider did not know we would be visiting.

The service was last inspected in March 2014 and found to be compliant.

Gledhow Lodge is a large listed Georgian house situated in North Leeds close to bus routes, local shops and Roundhay Park. The home is registered to provide accommodation for up to 25 people who require personal care. The accommodation includes single and double bedrooms some are en-suite, three lounges and a separate dining room. The accommodation is situated on two floors that are serviced by the stairs and a passenger lift. There is level access to the enclosed garden. At the time of the inspection 20 people were using the service, most of who were living with dementia.

There was a registered manager in place and they are also the registered provider. 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 registered manager visited the home several times a week and was making a decision about whether their long-term role would be as the registered provider or one that combined the registered manager role as well. There was a manager in place at the home who took the lead in managing the day-to-day care with support from the registered manager.

People told us that staff worked well with them. Staff outlined how they supported people to engage in activities and have fulfilling lives. We found that a range of engaging activities were provided at the home.

People we spoke with told us they felt safe in the home and that staff made sure they were kept safe. We saw there were systems and processes in place to protect people from the risk of harm.

People who used the service and the staff we spoke with told us that there were enough staff on duty to meet people's needs.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work.
Staff received a wide range of training, which covered mandatory courses such as fire safety as well as condition specific training such as dementia care.

Staff understood the requirements of the Mental Capacity Act 2005 and had appropriately requested

Deprivation of Liberty Safeguard (DoLS) authorisations. Staff had been working hard to ensure capacity assessments were completed in line with the Mental Capacity Act 2005 code of practice. They and the manager recognised that they were still developing the skills needed to always complete these accurately.

We observed that staff had developed very positive relationships with the people who used the service. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity.

People told us they were offered plenty to eat and we observed staff to assist individuals to have sufficient healthy food and drinks to ensure that their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. However the format of care plans meant the information was limited. The manager was aware of this problem and was in the process of changing to a format that would contain detailed information about how each person should be supported. We found that risk assessments were in place.

We saw that the registered provider had a system in place for dealing with people's concerns and complaints. The manager had ensured people were supported to access independent advocate.

People and relatives we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them.

The manager and registered manager had a range of systems to monitor and improve the quality of the service provided. We saw that they were enhancing these systems with the introduction of a computerised quality assurance system.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place.

Appropriate systems were in place for the management and administration of medicines. Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people who used the service. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty.

People were provided with a choice of nutritious food. People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

This service was caring.

People told us that they liked living at the home. We saw that the staff were very caring and discreetly supported people to deal with all aspects of their daily lives.

We saw that staff constantly engaged people in conversations and these were tailored to ensure each individual's communication needs were taken into consideration.

People were treated with respect and their independence, privacy and dignity were promoted. The staff were

knowledgeable about people's support needs.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs and had been reviewed on a regular basis .

We saw people were encouraged and supported to take part in activities a wide range of activities. People routinely went on outings to the local community.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be looked into and reviewed in a timely way.

Is the service well-led?

Good

The service was well led.

We found that the registered provider and manager were very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found that the manager was very supportive and felt able to have open and transparent discussions with them.

Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

Gledhow Lodge

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.

An adult social care inspector completed this inspection, which took place on 1 April 2016 and was unannounced. This meant that the provider did not know we would be visiting.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

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.

During the visit we spoke with five people who used the service and four relatives. We also spoke with the manager, senior care worker , three care staff, two cooks/carers and the domestic. The registered manager was present when we visited.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at three people's care records, three recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms, all of the bathrooms and the communal areas.

Good

Is the service safe?

Our findings

We asked people who used the service what they thought about the home and staff. Many of the people who used the service found it difficult to express their views but indicated that they were content at the home. Relatives told us that they found staff were very kind. They told us that they thought the staff provided care that met people's needs and kept individuals safe.

Relatives said, "We find that the staff are very attentive and really go the extra mile to make sure my relative is looked after and well." And, "This is an excellent home and the staff are great."

People who were identified to be at risk had appropriate plans of care in place such as plans for ensuring action was taken to manage pressure area care and safely assist people to eat. Charts were used to document change of position and food and hydration which clearly reflected the care that we observed being given. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

Staff were able to clearly outline the steps they would take if they felt they witnessed abuse and we found these were in line with the local authority safeguarding team's expected practice. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. Staff said, "I would report like that and have done. No one should expect to put up with that sort of behaviour."

We found information about people's needs had been used to determine staffing levels. Through our observations and discussions with people and staff members, we found that there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was case. A senior care worker and three to four care staff were on duty during the day and a senior and one care staff were on duty overnight. In addition to this the manager provided cover during the week. Also additional support staff were on duty during the day such as catering, and domestic staff.

We looked at the recruitment records for most recently recruited staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they had attended interview, obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable adults.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed

the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency.

Accidents and incidents were managed appropriately. The manager discussed how they analysed incidents to determine trends. They outlined how they had used this to assist them to look at staff deployment and if an individual would benefit from a referral to the falls team. We saw that where accidents had occurred they had been fully recorded and appropriate remedial action taken.

All areas we observed were very clean and had a pleasant odour. Staff were observed to wash their hands at appropriate times and with an effective technique that followed national guidelines.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We spoke with the housekeeper who told us they were able to get all the equipment they needed. We saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also found that fire drills were completed every six months for day staff and every three months for night staff and refresher training was undertaken annually. This frequency was in line with that required in the Health and Safety Act 1974; fire regulations.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and the portable appliance testing (PAT) were scheduled to be tested. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure they were within safe limits.

We found there were appropriate arrangements in place for obtaining medicines, checking these on receipt into the home and storing them. We looked through the medication administration records (MAR's) and it was clear all medicines had been administered and recorded correctly. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

Adequate stocks of medicines were securely maintained to allow continuity of treatment. Information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. All staff who administered medicines had been trained and completed regular competency checks to ensure they were able to safely handle medicines.

Good

Is the service effective?

Our findings

The people we spoke with told us they thought the staff were good and had ability to provide a service, which met their needs. People told us they had confidence in the staff's abilities to provide good care and believed that the home delivered an excellent service.

People said, "The staff always seem to take prompt action and get the doctor in straight away." And "The staff are great."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The care records we reviewed contained limited assessments of the person's capacity to make decisions. We found these assessments were completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice. The care record design only encouraged minimal recording and the manager recognised this needed to be improved. They discussed the action being taken to ensure the MCA records would be fit for purpose in future.

When people had been assessed as being unable to make complex decisions there were records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done after consideration of what would be in their best interests. Best interest decisions were recorded in relation to care and support, finance and administering medicines amongst others.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. The manager told us they had been working with relevant local authorities and DoLS authorisations were in place for people who lacked capacity to ensure they received the care and treatment they needed and there was no less restrictive way of achieving this outcome.

We found some staff struggled to understand that when people had capacity they could make unwise decisions and how to complete decisions specific capacity assessments. The manager had recognised this gap and outlined that they were in the process of providing additional training.

All the staff we spoke with were able to list a variety of training that they had received over the last year such as moving and handling, infection control, meeting people's nutritional needs and safeguarding. Staff told us they felt able to approach the manager if they felt they had additional training needs and were confident that this would be facilitated.

We confirmed from our review of staff records and discussions with the staff and people who used the service we found the staff were suitably qualified and experienced to fulfil the requirements of their posts. We confirmed that all of the staff had also completed refresher training.

We saw that staff who had recently commenced work at the home had completed an in-depth induction programme when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

We found that all the care staff were completing the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

Staff we spoke with during the inspection told us they had regularly received supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told an annual appraisal was carried out with all staff. We saw records to confirm that supervision and appraisal had taken place. We saw the manager was completing competency checks for care staff.

We saw that MUST tools (a nutritional assessment tool), which are used to monitor whether people's weight were within healthy ranges were being accurately completed. People were seen when concerns arose and attended regular appointments. We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. This meant that people who used the service were supported to obtain the appropriate health and social care they needed.

We observed that people received appropriate assistance to eat in both the dining room and in their own rooms. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. We found that during the meals the atmosphere was calm and staff were alert to people who became distracted and were not eating. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the opportunity to eat at other times. All the people we observed enjoyed eating the food and very little was left on plates.

Good

Is the service caring?

Our findings

The people we spoke with said they were happy with the care provided at the home. Relatives discussed at length their views on the service. They thought the care being received was very good.

People said, "Staff in here are fantastic and we always get a warm welcome. We come most days and always find the staff are kind and caring to everyone." And, "They are all very kind."

We observed staff used a caring and compassionate approach when working with the people who used the service. Staff we spoke with described with great passion, their desire to deliver high quality support for people. We found the staff were warm and friendly.

The manager and staff we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. One care staff worker said,' The people living here are why we are here and we want to make sure they get the best quality care possible. It is their home and we are the guests."

We saw people were given opportunities to make decisions and choices during the day. For example, what activities to join and we saw that one person routinely went out in the local community on their own. The care staff told us they accessed the care plans to find information about each individual and always ensured they took the time to read the care plans of new people.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them. All the bedrooms we saw contained personal items such as photographs, pictures (both wall mounted and displayed on surfaces) and lamps. We did discuss with the manager about the home being more dementia-friendly and they agreed to explore how to make the home easier to navigate for people living with dementia.

Good

Is the service responsive?

Our findings

We saw people were engaged in a variety of activities for example discussions about events in the news, jigsaw and sing-a-longs. From our discussion with the people and relatives we found that the activities were tailored to each person.

People said, "There seems to be activities on most days and I bring in DVDs for my relative to watch. They recently got a new television and staff are just getting to grips with how this is used but I'm sure we will get there." And, "I find that my relative is always encouraged to join in different activities."

We saw staff promptly responded to any indications that people were experiencing problems or their care needs had changed. Staff discussed the action the team took when people's needs changed for example contacting the GP if the person appeared unwell and looking for reasons why people's behaviour may have changed. This ensured wherever possible the placement still met people's needs.

We found the care records design led to it being difficult to record a wide range of information but what was there was pertinent to the people's needs. As people's needs changed their assessments were updated, as were the care plans and risk assessments. Staff could clearly detail each person's needs. The people we spoke with told us they found the staff made sure the home worked to meet their individual needs and to reach their goals. The manager told us they found that the format for the care records was not helpful and constricted the amount of information the staff were able to record. They discussed their plans to introduce a new format and showed us examples which would be more informative.

Staff were able to explain what to do if they received a complaint but commented that they rarely received complaints. They were also able to show us the complaints policy which was on display. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action.

Relatives told us that if they were unhappy they would not hesitate in speaking with the manager. They told us although they had not needed to make a formal complaint, any little niggles they had were addressed straight away and this gave them confidence that any problems would be resolved. We saw that when complaints had been made the manager had thoroughly investigated and resolved then used the information as learning and a means to improve the service.

We saw that the manager had established links with local advocacy groups and this information was on display in the home. The manager recognised when people who used the service might need independent advocates to assist them make decisions and took the appropriate action to ensure this service, when appropriate, was accessed.

Good

Is the service well-led?

Our findings

The people spoke highly of the service, the staff and the manager. They told us that they thought the home was well run. People told us that they were very happy at the home.
The registered manager was also the registered provider and they did oversee the operation of the service but had appointed an additional manager to assist them with the day-to-day management. The manager had completed a range of reviews of the service and worked with the registered manager to proactively alter practices and ensure staff keep abreast of the latest developments in care practices and NICE guidance around working with people who required residential care.

The home had a clear management structure in place, led by an effective manager who understood the aims of the service. The registered manager had taken steps to ensure the manager was able to put these systems in place for example they had allowed the manager to introduce had a wide range of audits, make changes to areas identified in the audits as underperforming; put mechanisms for analysing accidents: and research into alternative care record templates . The manager ensured staff kept up to date with the latest developments in the field and implemented them, when appropriate, into the services provided.

We found that the manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that they were reflective and looked at how staff could tailor their practice to ensure the care delivered was completely person centred. We found that they actively monitored the service and used the information they gathered to make improvements. For example the manager had reviewed the dining room experience and menus, which had led to a change in how the menus; ensuring the tables were consistently set and that condiments were readily available. The manager undertook monthly reviews of care plans and medicines and kept a log of where actions were required and when they had been completed.

We found the staff had a detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care. We saw the manager had supported staff to review their practices and looked for improvements that they could make to the service. For example the manager assisted staff to look at how they worked with each other and the impact any tension might have upon the atmosphere in the home. Staff told us the discussions around teamwork had helped them to understand what makes good teamwork and how to address and differences of opinion without this adversely affecting their working relationship with each other.

We saw that the manager held regular discussions with the people who used the service, relatives and staff, which provided a forum for people to share their views. Questionnaires were sent out to people and their relatives. Records confirmed that a wide range of topics were discussed at resident and relative meetings, for example the activities, and that when people or their relatives made specific requests actions were taken to put this in place.

The staff members we spoke with described that they felt part of a big team and found the manager was very supportive. The staff we spoke with described how the manager wanted to provide an excellent service

and really cared about the people at the home. Staff said they felt supported by registered provider and the manager and would be confident to raise any issues they had or to request more support. Staff told us there was good communication within the team and they worked well together.

Staff told us the morale was excellent and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that they were encouraged to share their views.

The manager had recently developed a computerised quality assurance system and we saw this would provide comprehensive reports. This combined with the manager routine oversight of the home ensured good governance arrangements were in place.