

Leeds City Council

Siegen Manor Resource Centre

Inspection report

Wesley Street
Morley
Leeds
LS27 9EE
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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

Our inspection took place on 7 December 2015 and was unannounced. At our last inspection in October 2013 we found the provider was complying with all the regulations we looked at.

Siegen Manor Resource Centre is a purpose built home providing personal care for up to 30 older people. It is

located near the centre of Morley. Leeds Local Authority manages and operates the home which provides accommodation in single rooms. At the time of our inspection there were 22 permanent residents.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

People told us they felt safe and well looked-after in the home. We saw people were protected from potential harm and abuse from staff who had been trained in the safeguarding of vulnerable people and knew when and how to raise any concerns.

We saw the provider undertook robust background checks when recruiting staff and ensured that staff were deployed in sufficient numbers at all times to provide safe care and support. Staff understood how to diffuse any incidents between people and we saw evidence of this in action during the inspection. We observed people were relaxed around each other and in the presence of staff.

Individual risks were understood and well assessed and we saw that care plans were regularly updated to ensure guidance to staff reflected people's current needs.

Systems were in place to ensure the safe management of medicines and we saw that these were adhered to.

We looked at records which showed equipment was kept serviced and well-maintained. We saw the home was kept clean, although we asked the registered manager to take action to repair damage in the sluice room which may have impacted on the effectiveness of cleaning in this area.

People told us care and support was provided to a high standard and we saw evidence in training plans and records that the provider ensured that staff were supported to do this with a good programme training. In addition staff were also supported through regular supervision and appraisal.

The provider and staff understood the requirements of the Mental Capacity Act (2005) and the implications of this for the ways in which care and support were provided. People's choices were sought and requested and independent advocates were appropriately used when needed. Deprivation of Liberty Safeguards were being appropriately managed and the need for these was identified in a timely way. We asked the registered manager to submit some applications after our inspection and received confirmation that this had been done.

There was a good provision of food and drink which people told us they enjoyed. People told us they had enough to do and we saw pre-planned events and activities which reflected what people wanted to do each day.

People told us the service was caring and that staff were kind and compassionate. We observed a good standard of care being provided on the day of our inspection. People told us they and their families were involved in decisions about their care and support needs. Care plans were kept up to date through regular review and staff could tell us in detail about people's care needs, preferences and wider lives.

We received feedback which told us there was a positive culture in the home and that staff and people who used the service found the registered manager approachable, supportive and responsive.

The registered manager monitored the quality of service delivery through a number of means including a programme of audits and checks, feedback forums and questionnaires.

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.

Staff were trained in the safeguarding of vulnerable adults and understood how and when to report any concerns.

Individual risks were well assessed and the knowledge used to inform care plans which were individual, contained good guidance for staff and updated regularly.

Medicines were safely managed by staff with appropriate training.

Good



Is the service effective?

The service was effective.

There was a comprehensive training programme in place to ensure staff received appropriate training for their role.

Staff were supported to deliver effective care through regular supervision and appraisal.

The provider ensured staff were trained in and understood the Mental Capacity Act (2005).

Good



Is the service caring?

The service was caring.

People told us the staff were kind, compassionate and patient. We observed this to be the case throughout the inspection.

We saw that people's privacy and dignity were respected.

People told us they and their relatives were encouraged to be involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive.

People told us they received the care and support they needed when they needed it.

There were processes in place to ensure that complaints and concerns were well managed.

There was no advertised daily programme of activities. Staff asked people what they wanted to do each day and responded to these requests.

Good



Is the service well-led?

The service was well-led.

Staff told us there was a positive, open culture in the home. Staff and people who used the service told us the registered manager was approachable, supportive and responsive.

The registered manager sought feedback from people and staff in a number of ways and worked to include them in the running of the home.

Good



Summary of findings

There was a robust system of audits and checks in place, with good provider support.	
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Siegen Manor Resource Centre

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 7 December 2015 and was unannounced. Our inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their expertise was in dementia care.

At the time of our inspection there were 22 people living at the home. During the inspection we spoke with five people who used the service, six visiting relatives and eleven staff including the registered manager and deputy manager. We

looked in detail at the care plans of four people and looked at a range of records relating to people's care and the management of the home. We spent time looking around the building, visiting all communal areas, medical and sluice rooms, some bathrooms and toilets and some people's rooms.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications. 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. We did not ask the service to provide us with a PIR prior to this inspection. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

All the people we spoke with told us they or their relatives felt safe in the home. One person who used the service told us, "It's safe because the staff look after you here." Another said, "I wouldn't go anywhere that wasn't safe. I've no fear here." One visiting relative told us, "The layout is conducive to safety. People can easily be observed by the staff."

Staff we spoke with told us they received training in safeguarding of vulnerable adults and could describe how to recognise and report signs of potential abuse. One member of staff told us, "It's our duty to protect people from harm." Staff we spoke with said they had confidence anything they reported to the registered manager would be acted on and told us they knew about the whistleblowing policy and how to report concerns to bodies such as the CQC. We reviewed the safeguarding incidents reported to us and the log kept by the registered manager together with records of all accidents and incidents investigated by the registered manager. We saw incidents were reported to the local authority when necessary and appropriate investigations were undertaken.

We observed people who used the service were relaxed in each other's company and in the presence of staff. Staff we spoke with told us they understood how to diffuse any incidents between people should these arise. One member of staff said, "We have had training. In challenging behaviours; the priorities are to ensure no one harms themselves or other residents. We use distraction technique and that's where knowing people really well - what they like and knowing about their previous life is so important." During our inspection we observed an incident where two people who used the service showed signs of irritation with each other. We saw a member of staff take immediate and very effective action to diffuse the situation. A visiting relative told us, "I've seen an incident which was dealt with immediately and very professionally."

We looked at the recruitment records of three staff and saw the provider ensured appropriate background checks before people commenced employment in the home. We saw files contained references that showed previous good character and relevant experience, and saw records of checks made with the Disclosure and Barring Service (DBS).

The DBS is a national agency which holds information about criminal records and people who are barred from working with vulnerable people. These checks help employers make safer recruitment decisions.

People who used the service did not tell us about any concerns with the numbers of staff on duty and their ability to meet care and support needs safely. One relative we spoke with told us, "There are always plenty of staff; enough to take care of everyone." Another said, "People are safe. It's secure and there are always enough staff on the floor." We looked at rotas for the previous month which showed us staffing levels were consistent. Through speaking with people, looking at records and making observations during the inspection we concluded the provider ensured sufficient staff were on duty to meet people's needs.

We looked in detail at the care plans of four people who used the service. We saw risk was well assessed across a number of areas including moving and handling, smoking, leaving the building without an escort and falls. Assessments were kept up to date to ensure the provider minimised the risks to people wherever possible and gave clear guidance to staff to show how individual risks should be managed for each person.

We spent time looking round the home, looking at all communal areas, bathrooms, some people's rooms and storage areas. We saw that in general the provider maintained the environment well and people were further protected from risk because there was a high standard of cleanliness and equipment was regularly maintained. We saw some areas of work surface and cupboards in the sluice room were damaged, meaning that cleaning may not always be effective in this area. We discussed this with the registered manager during the inspection and they told us they would ask the provider to make repairs.

We saw the provider had systems, policies and procedures in place to ensure that medicines were managed safely. We looked at training records which showed training was kept up to date for staff and people who used the service told us they did not experience any problems with the administration of medicines. One person said, "Staff give me my pills. I have pain killers and they will give me them when I need them." A visiting relative told us "[Name of person] gets their medication when they need it." We

Is the service safe?

observed a medicines round during the inspection and saw staff took care to ensure people knew what medicines they were taking, had choice whether to take them and were given pain relief if this was needed.

We looked at the Medicines Administration Records (MAR) of four people. We saw these included photographs of the people, details of individual medicines including pictures and information relating to any allergies each person may

have. MAR sheets were correctly completed with no gaps. We checked stocks of boxed medicines against these records and found no discrepancies. Medicines were securely stored in a dedicated room and we saw appropriate procedures in place for separate storage of any medicines awaiting return to the supplier. We looked at the arrangements for the recording, storage and administration of controlled drugs and found these to be in good order.

Is the service effective?

Our findings

People who used the service and their relatives told us care and support was provided by staff with a high level of competence. One person said, “They know just how to look after you. They’re very good.” Another person said, “They know what they’re doing. They do it well.” One person’s relative told us, “It’s a gem of a place. We never thought care could be like this and it’s wonderful.” Another said, “From what we’ve seen they know how to look after people well.”

We looked at training plans and records and saw staff had completed a range of mandatory training including safeguarding, manual handling and infection control. In addition selected staff had completed training in additional areas such as dementia awareness, administration of medicines and end of life care. There was a plan in place to ensure staff received refresher training in all mandatory topics at appropriate intervals. All staff we spoke with told us they found the training effective and said they could ask for additional training at any time. We saw evidence staff undertook a comprehensive induction programme which covered all areas of mandatory training before commencing work with people who used the service. The registered manager told us there was a period during induction where new staff worked alongside senior staff but did not provide care and support. One member of staff told us “There was a supervision at the end of my induction. We talked about what I had achieved and whether I was ready to get started.”

Staff told us they received support through regular supervisions and appraisal, and had personal development plans which captured their training needs and objectives for future development. We looked at the supervision records of three staff and saw they contained detailed records of discussions and action plans to ensure that development needs were met. One member of staff told us, “Supervisions are two-way discussions, we talk about problems and concerns and any training we feel we need.”

The care plans we looked at contained evidence of input of health professionals such as district nurses, dieticians and opticians when required. People told us they found it easy to see a GP when they felt this was needed. One person said, “They get you a doctor if you need one. You can see

anyone you need. If you can’t get to them the staff will get them here to you.” A visiting relative told us, “[Health care] is all taken care of by the home, who let us know. Communication is really good, everyone working together.”

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 we spoke with told us how they were able to make their own choices. One person who used the service said, “I think I do make decisions myself. They ask me and I tell them. They always ask me if it’s alright before they do things.” Another person told us, “I believe I do make my own decisions.”

Staff could tell us about the Mental Capacity Act (2005) and how this applies to people in residential care. . During the inspection we observed staff asking for consent before care or support was given. We saw that people were encouraged to make choices about how they spent their day, for example where they sat, what and when they wanted to eat and drink and what they wanted to wear. We saw evidence in people’s care plans that individual capacity was assessed and reviewed regularly. People had signed consent documentation covering a number of specific decisions including consent to care and treatment, to live at the home and for the administration of medication. Where people did not have capacity to give consent we saw best interest decisions had been appropriately made and documented.

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). At the time of our inspection one person was subject to a DoLS and we saw evidence that other people’s care plans contained an assessment that showed a DoLS was required, but applications had not been submitted to the local authority. We raised this with the registered manager during the inspection and they told us they would take action. We were sent confirmation that the applications had been made after the inspection.

Is the service effective?

We spoke with staff who were able to tell us about the DoLS that was in place and how this was being managed with discreet checks and monitoring.

People were enthusiastic about the food served in the home. One person who used the service told us, “The food is very good. It tastes well and there's plenty of it. You can get seconds. If you don't like what's on the menu they'll make you something else.”

We observed the lunchtime meal. Cutlery, glasses, cups and saucers, condiments and a jug of juice were placed on each table. People were given the option of where they wished to sit. The food looked freshly made, hot and appetising. We observed staff were very discreet in preparing some people's food so that they could manage it unaided. We saw notices around the home saying that if

people wanted a hot drink at any time then they should just ask. There were also kitchen areas where visitors could make drinks freely and people who used the service could make a drink or something to eat with supervision. Care plans contained monitoring and screening tools to assist with the management of people's hydration and nutrition together with information as to people's favourite foods and guidance as to how a culturally appropriate diet should be provided for people who wanted this.

We observed the home had a pleasant and welcoming atmosphere with light, bright decor suitable for residents living with dementias. It was spacious and well laid out in the communal areas and the residents rooms were nicely decorated and personalised.

Is the service caring?

Our findings

People told us they were supported and cared for by staff who were kind and compassionate. One person said, “The staff are wonderful with the patience of angels. They listen to you and I see them helping others. They help with everything.” Another person told us, “They’ve never been unkind to us. We all get on and they always make time to talk to you.” A visiting relative told us, “[The staff] are very caring and friendly. All the interactions are personalised and they use appropriate touch. You can see that everyone is treated as an individual.” Another said “All the staff go out of their way to be kind, even the domestic staff. They go the extra mile.” A third told us their relative was “Treated like an individual.” One visitor told us about their relative’s key worker. They said, “[Name of member of staff] is mum’s key worker and they have a wonderful relationship. [Name of member of staff] is kind, caring and compassionate. They show mum affection but it’s respectful and appropriate.”

One relative told us how the staff had helped their family member to adjust when they started to use the service. They told us, “The staff are wonderful. They’re never, ever too busy to stop for a word about mum and tell us how things are with her. In the beginning we had concerns because mum was unsettled but they worked with her and with us to help her settle so they must know what they’re doing.”

People who used the service looked well cared for which is achieved through good standards of care. Throughout the inspection we observed staff engaging people who used the service in conversation and we saw that people were enjoying this. One person told us “I like living here.”

Staff we spoke with told us how they developed relationships with the people who used the service. One said, “You need to know as much about people as possible. Their quality of life depends on your understanding of them and what’s important to them.” Another told us, “I do this job because I love working with the elderly. They are full of knowledge and if you get to know them very well they tell you all sorts of things and they’re happier.”

People we spoke with told us their privacy and dignity was well respected, and throughout the inspection we observed staff knocking on doors, addressing people by name and discussing care and support needs discreetly. People who used the service told us the staff took care of their possessions well. One person said, “They look after my clothes really nicely. They are washed and ironed when I get them back; it’s great.” People’s relatives told us they were able to visit when they wished. One relative told us, “We respect lunch times but apart from that we can come and go as we please. That speaks volumes to us.”

We asked people who used the service and their relatives how they were involved in making decisions about their care and support. One relative told us, “The staff encourage mum to be part of the discussions we’re involved in concerning her care.” Another said, “We’re all fully involved in every aspect of her care; even the slightest little thing.” Care plans we looked at contained evidence of people’s involvement and information to help staff develop meaningful relationships with people. For example in one person’s care plan we saw examples of the dialect that the person liked to use and information as to the meaning and the emotion they were trying to convey.

Is the service responsive?

Our findings

People told us they received the care and support they needed. One person said, "Help comes when we need it." Another told us, "I get up and go to bed when I want. The staff help and take notice of me. They do things my way." A visiting relative told us, "It [the care] is all very personalised, that must be because of the warm relationships they have with the staff." Another said, "The key worker asked me to provide a profile of mum. This is so they can know her better and make sure her care is really fit for just her."

Care plans showed evidence of the provider undertaking a thorough assessment of people before they began using the service, meaning they had ensured they understood and could meet the person's care and support needs. This information was then used to develop individual care plans which contained clear guidance for staff on delivering appropriate care and support to people. Care plans also included information to enable staff to provide person centred care and support in the ways that people wished and preferred. Staff we spoke with demonstrated a good knowledge of people. They were able to tell us in detail about people's care and support needs, their likes and dislikes and important events and people from the person's life.

We saw evidence of regular review of people's care plans which meant the provider was ensuring the information they held about people's care and support needs was kept up to date. Staff handovers at the start of shifts ensured that up to date information was passed on and any concerns acted on. Daily notes were kept for each person listing observations such as diet, well-being and mobility. Although these were up to date we found the entries were often non-specific and repetitive. We raised this with the registered manager during the inspection and they told us they would review how these records were kept.

The provider had robust systems and processes in place to ensure that any complaints or concerns were recorded, managed and resolved. We looked at records which showed actions taken and how outcomes were communicated back to people. People who used the service and their relatives could not tell us in detail about formal systems to manage complaints but said they would raise any concerns without hesitation. One person who used the service said, "I've not been told about it [the complaints procedure] but if I needed to I wouldn't be afraid to voice it [any concern]." A relative told us, "I don't think we got any formal information on complaints but I would know how to go about it."

We saw there was no programme of organised daily activities displayed in the home. Staff we spoke with told us they did not do this as it did not reflect a person-centred approach. Instead people were asked what they wanted to do and staff members would facilitate the activity. People told us they took part in a range of activities including arts and crafts, dominoes, knit and a natter, eating out, shopping, reminiscence, board games and quizzes.

Visitors told us about their relative's quality of life. One told us "It's as good as it can be. There's stimulation all the time, activities, watching TV, staff interacting with residents." Another said, "I think [Name of person] has a good quality of life here, and the other people too. There's lots for them to do. Activities, parties - every important event is made into a celebration here for everyone to enjoy."

We saw notices of events for the month displayed around the home and visitors were invited to attend with their relatives to many of them if they wished. We looked at the records of activities undertaken and found they were generic and logged participation but not whether people had enjoyed the activity. We discussed this with the registered manager during the inspection and they told us they would take action to improve the way the records were made.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. People who used the service and their relatives told us they knew the registered manager and found them approachable. One person told us, “The home is well-led with a strong team that is caring, warm and honest.” Another said, “You see the manager regularly; there's an open door policy and they're all lovely.” A visiting relative said, “I think the management is good because the level of communication is very good. We are always kept informed about everything.” Another relative told us, “From what we have seen it is well-led. The home is spotlessly clean, things run to time, there's a nice atmosphere and there is plenty going on.”

All staff we spoke with gave positive feedback about their relationship with the registered manager and told us there was a positive culture in the home. One staff member said, “The culture is one that involves you. It's a good staff team. The management are approachable and very supportive, personally and professionally.” Another told us, “The culture is open and honest. Staff are valued. Management is supportive if you need it and approachable.”

People who used the service said they felt fully involved in the running of the home. We looked at records of meetings which the provider held for people who used the service and their relatives. At the most recent meeting held in November 2015 we saw there had been discussions about how people wanted to celebrate Christmas and what their childhood traditions had been. In addition there was feedback as to upcoming works including a new carpet which was due to be fitted and a discussion about any other changes people would like to see. We also saw a monthly newsletter was circulated. Some relatives we spoke with told us about their experience of the meetings. One said, “They're useful and responsive. They increase the sense of family.” Another told us, “We always attend. Some of the family have to travel some distance and the staff ensure there is food and drink for them when they get here.”

Relatives of people who used the service told us about ways in which the registered manager sought input and views from people in addition to regular meetings and conversations. One relative said, “There's a comments box in reception but they're so approachable. They're always asking what we think of things. We've done several questionnaires. I'm sure our input influences things here. They work at keeping families involved.” Another told us, “We are always encouraged as a family to be part of what goes on and to give feedback. We complete questionnaires regularly.”

The registered manager also ensured they gave staff opportunity to hear about and contribute to the running of the home. Staff we spoke with told us they attended regular meetings and found them useful. One staff member told us, “We have monthly meetings - the manager keeps us up to date with things we need to know. They have been very supportive over the uncertain future of the service.” Staff told us they felt able to speak openly in meetings and said the registered manager acted on what they said.

The registered manager told us they had good support from the provider who visited regularly and undertook a series of checks, which resulted in a report and action plan. The registered manager discussed these visits and any lessons learnt in meetings with the deputy management team, and we saw evidence that these discussions were comprehensive and included clear delegation of any actions needed. We saw records of discussions with the provider which showed they included checks on staffing, medicines management and analysis of accidents and incidents. In addition to this the registered manager undertook a rolling programme of checks and audits to monitor and improve service delivery. These included care plans, infection control and analysis of falls. We saw that audits looked for emerging trends and lessons to learn and resulted in changes to people's care plans where necessary.