### **Amberton Court Residential Profile**



Thorn Mount Gipton LS8 3LR

## **Community Involvement**

Gospel Group Visits every 2 weeks Visits by Local Schools Monthly Visits by Salvation Army

### What did the CQC say we did well?

- \* Assessment of people's needs are undertaken and included details of risks, to ensure people's needs are met
- Care is received in a way that respects dignity and privacy
- \* A statement was taken from a relative who praised both staff home and environment
- Staff enjopyed their work and had a good understanding of principles of care
- \* Menus were nutritional and apprertising
- \* In addition our inspector showed ten areas of improvement since the previous year

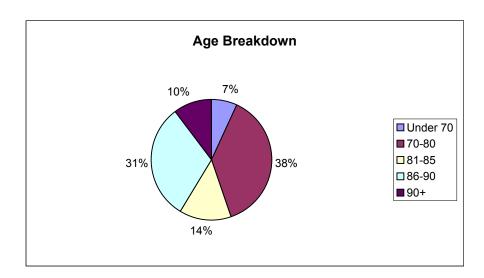
# What did the CQC say could be \* Staffing levels

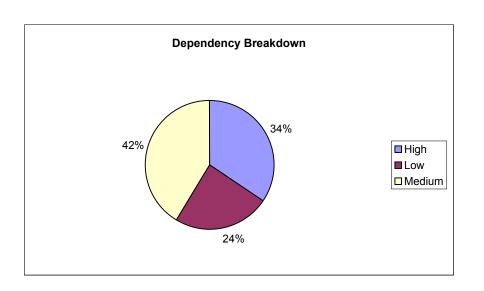
improved on?

- Care Plans
- \* Replacement of double glased units that have condensation

### **Residential Profile**

| No of Places            | Permenant<br>Short Stay<br>Intermediate Care<br>Total | 34<br>1<br>0<br>35 |
|-------------------------|---|--------------------|
| Average Occupancy 09/10 | 95%   |                    |





### **Burley Willows Residential Profile**



Willow Garth
Burley
Leeds
LS4 2HL

### What did the CQC say we did well?

\* Customers are able to make contact with family and friends and they are encouraged to be part of the decision making process.

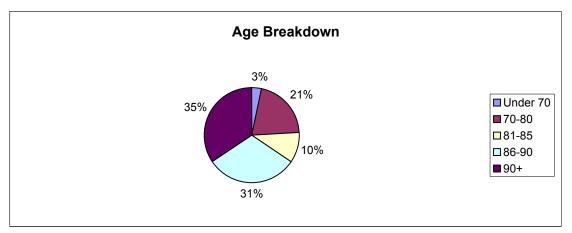
- \* A good varied and nutritious diet that takes into account individual choice is served.
- \* There is a complaints procedure and people feel that any concerns will be taken seriously.
- People feel safe at the home. Within a comfortable and well maintained environment.
- \* Trained and competent staff look after the people, they are protected by robust recruitment procedures.
- \* The home is well managed and the managers are well able to discharge their responsibilities.
- \* Excellent leadership to the staff and ensure that people living at the home are protected and cared for appropriately.

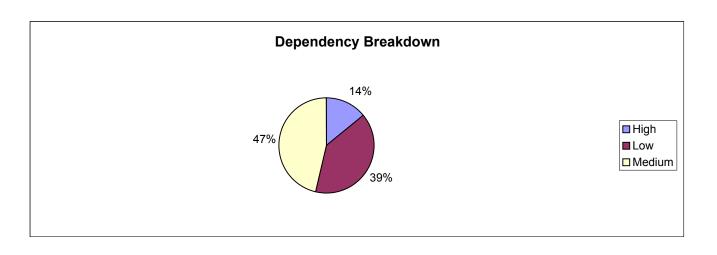
### What did the CQC say could be improved on?

- \* More in house training, equality and diversity, cultural awareness already booked.
- \* Continue to improve the activities for clients and to raise more funds for trips etc.
- \* Continually improve the environment
- \* To continue developing care records to ensure that staff have enough information so that they can look after people in the way they want.

## **Residential Profile**

| No of Places            | Permenant         | 28 |
|-------------------------|-------------------|----|
|                         | Short Stay        | 5  |
|                         | Intermediate Care | 2  |
|                         | Total             | 35 |
| Average Occupancy 09/10 | 80%               |    |





### **Dolphin Manor Residential Profile**



Stonebrigg Lane Rothwell LS26 0UD

### **Community Involvement**

|  | Awaiting |
|--|----------|
|  |          |

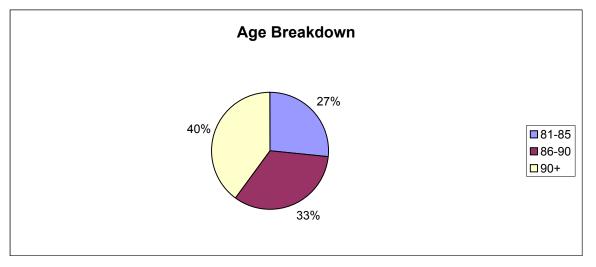
- \* People spoken to said that they are very well looked after at the home and that the staff are "great."
- What did the CQC say we did well? \* People are encouraged to maintain their independence and to do as much as possible for themselves.
  - The home is very clean and offers a safe and comfortable place for the people who live there. People are fully included in decision making at the home.
  - \* The home recognised that visitors are an important part of people's lives.
  - All visitors are made welcome and are offered refreshments to enjoy with their relative or friend. One relative said, "It is just like a family home."

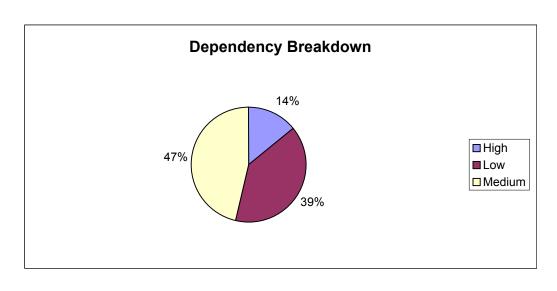
### What did the CQC say could be improved on?

\* The numbers of care staff on night duty should be reviewed taking in to account the dependency of the people living at the home and the layout of the home. This is to make sure that the safety and well being of staff and the people at the home is not compromised.

### **Residential Profile**

| No of Places      | Permanent         | 30 |
|-------------------|-------------------|----|
|                   | Short Stay        | 5  |
|                   | Intermediate Care | 0  |
|                   | Total             | 35 |
| Average Occupancy |                   |    |
| 09/10             | 84%               |    |







Brooklands Avenue Seacroft LS14 6NW

## **Community Involvement**

Local churches - Our Lady of Good Council St James Church

### What did the CQC say we did well?

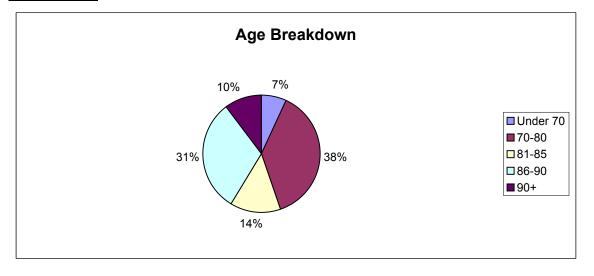
- \* Pre-admissions assessments
- \* Falls monitoring
- Professional Visitor gave excellent report
- Good feeling of wellbeing
- Good diversion practice
- Staff had good knowledge of people being cared for
- \* Food and nutricion and choice at mealtimes was very good
- \* Staff responding to clients without delay

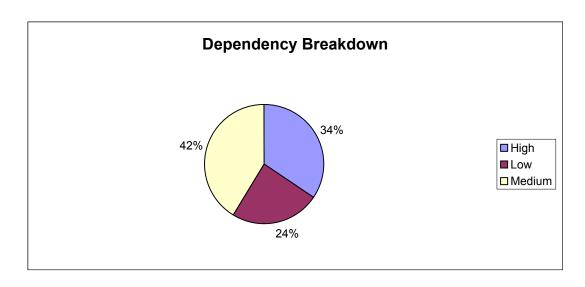
# What did the CQC say could be improved on? \* More explanation in lifestyle review sheets

- Staff to have support on recording on service user daily reports more indepth and relevant
- Activity programme update/revise
- \* Sensory room equipment in need of repair/renre
- \* Signposting
- Keypads on doors to be made less obvious if possible to minimise feelings of restricted freedom

### **Residential Profile**

| No of Places            | Permenant         | 34 |
|-------------------------|-------------------|----|
|                         | Short Stay        | 3  |
|                         | Intermediate Care |    |
|                         | Total             | 37 |
| Average Occupancy 09/10 | 84%               |    |





### **Grange Court - Residential Profile**



Chruch Gardens Garforth LS25 1HG

### **Community Involvement**

\* Pre-admission practicse
\* Staff knowledgeable about people's care needs

\* Lively and welcoming atmosphere

What did the CQC say could be improved on?

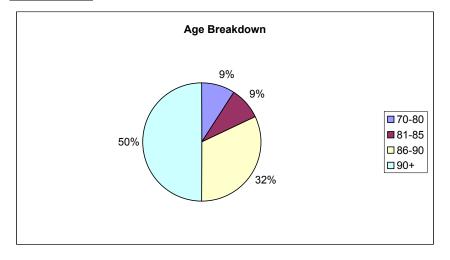
What did the CQC say we did well?

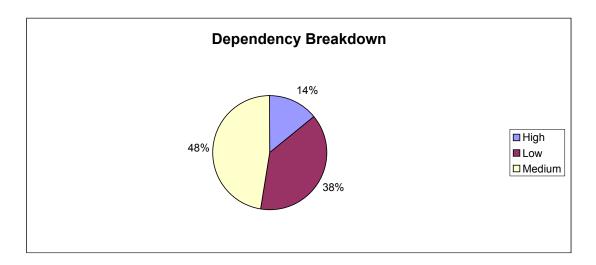
\* Some people at the home felt bored and needed more stimulation

\* Care records should be improved to provide good written evidence of care needs and the care provided

## **Residential Profile**

| Stay 1         |
|----------------|
| nediate Care 5 |
| 32             |
|                |
| 95%            |
|                |





### The Green Residential Profile



Seacroft Green Seacroft LS14 6JL

### **Community Involvement**

Seacroft Village Green Residents Association Group Attend Local Police Meetings Involved with North Seacroft Neighbourhood Scheme

### What did the CQC say we did well?

- \* Staff understand the role and why they are doing it
- Staff are patient, sensitive and discreet
- \* Staff have a good understanding of the importance of people remaining in control of their lives and being as independent as possible

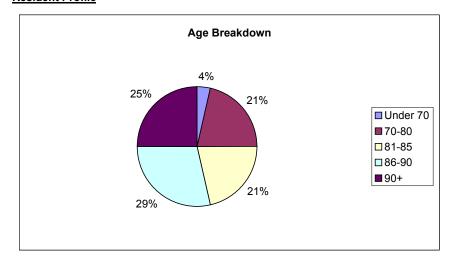
# What did the CQC say could be improved on?

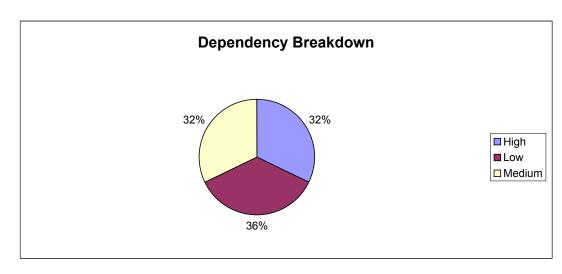
are not overlooked

- \* People admitted for regular respite should have their care needs re-assessed at each admission so that staff have up to date information about theire care and the home is sure that it can still meet the person's needs
- \* When people are admitted staff should carry out nutritional and falls assessments ensuring risks are properly identified
- \* Staff whose job includes giving out medication should have proper training
- Staff should have training updates in areas such as moving and handing, food hygience and first aid
- \* To prevent the risk of cross infection water soluble bags must be provided and be available at all times

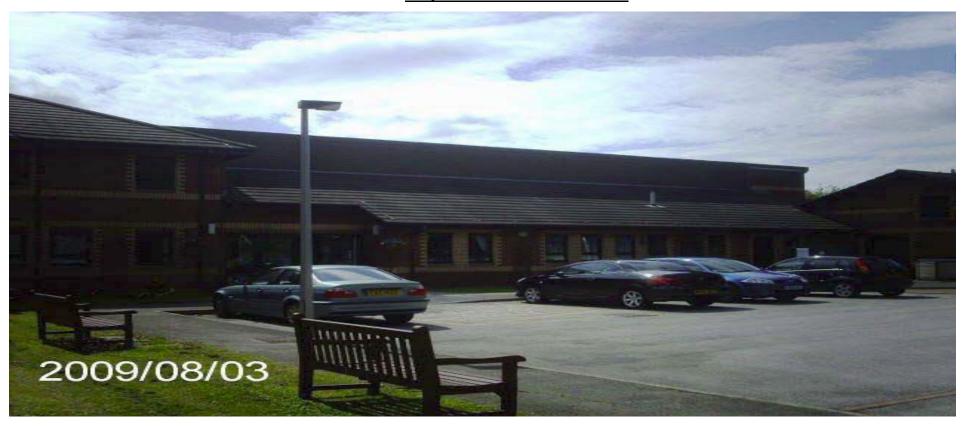
### **Residential Profile**

| No of Places      | Permenant         | 29 |
|-------------------|-------------------|----|
|                   | Short Stay        | 3  |
|                   | Intermediate Care | 5  |
|                   | Total             | 37 |
| Average Occupancy |                   |    |
| 09/10             | 97%               |    |





### **Harry Booth House Residential Profile**



Atha Crescent Beeston LS11 0PH

# What did the CQC say we did well?

\* Care Plans.
\* Risk assessments.

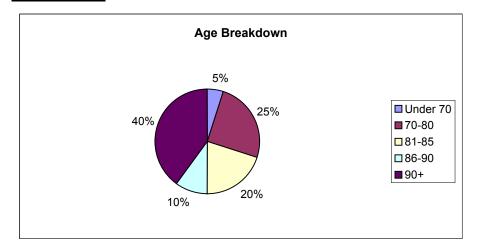
Activities/ reviews.

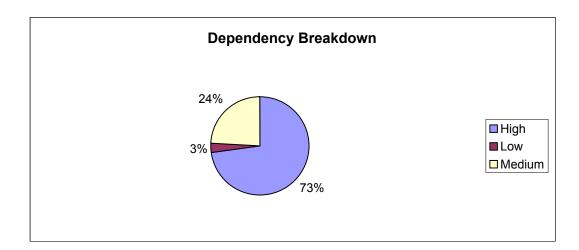
What did the CQC say could be improved on?

\* Consideration to be given when medication is administered so as not to interrupt on the meal times. \* One to One activities.

## **Residential Profile**

| No of Places      | Permenant         | 38 |
|-------------------|-------------------|----|
|                   | Short Stay        | 2  |
|                   | Intermediate Care |    |
|                   | Total             | 40 |
| Average Occupancy |                   |    |
| 09/10             | 92%               |    |





### **Home Lea House Residential Profile**



137 Wood Lane Rothwell LS26 0PH

### **Community Involvement**

\* The home has a warm and welcoming atmosphere. The people who live there appear comfortable and content in their surroundings and encouraged to make choices about What did the CQC say we did well? their day to day lives.

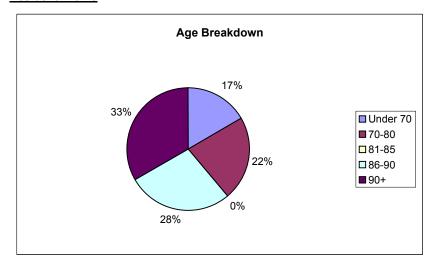
- The assessment and admission process is good and people can be confident that their needs can be met at the home.
- People are encouraged to spend time at the home before making up their mind about moving in.
- Staff know the people they care for well and have the training they need to help them understand how to look after people properly.
- The home provides a high level of care for the people who live at the home.

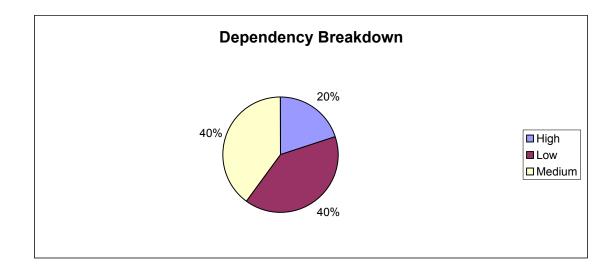
### What did the CQC say could be improved on?

\* They need to develop the information held within care records to ensure they reflect the care given. This is also so that staff have the information they need to look after people in a way they want.

### **Residential Profile**

| No of Places      | Permenant         | 29 |
|-------------------|-------------------|----|
|                   | Short Stay        |    |
|                   | Intermediate Care |    |
|                   | Total             | 29 |
| Average Occupancy |                   |    |
| 09/10             | 85%               |    |





### Kirkland House Residential Profile



Kirkland House Queensway Yeadon LS19 7RD

### **Community Involvement**

Monthly Visits from a local church Involvement from Guiseley Lions Involvement from AVSED - a local voluntary agency

What did the CQC say we did well?

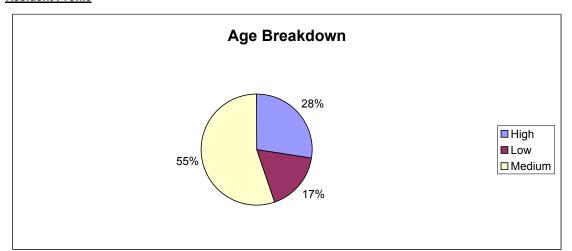
- \* Assessments before the person moves into the home to assess the needs \* Choice and Control offered
- Discreet and kind support offered
- People are encouraged to maintain and develop relationships and to maintain links with the community
- \* The home is well managed and organised

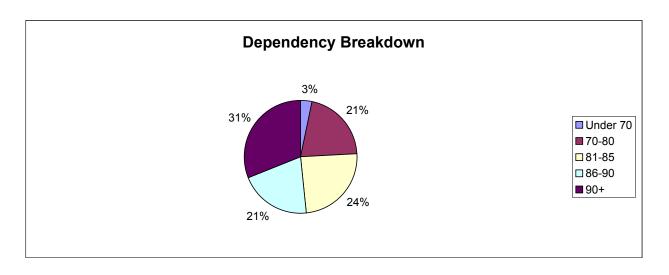
# What did the CQC say could be improved on?

\* Staffing levels must be reviewed and where necessary increased to make sure that there are sufficient staff on duty at all times

# **Residential Profile**

| No of Places            | Permenant         | 29 |
|-------------------------|-------------------|----|
|                         | Short Stay        | 2  |
|                         | Intermediate Care |    |
|                         | Total             | 31 |
| Average Occupancy 09/10 |                   |    |









**Community Involvement** 

- \* Very good relationships with our residents and relatives

  \* A strong ethos for involving our residents in all aspects of their lives
  - \* Excellent activities package
  - An open and transparent management style

# What did the CQC say could be improved on?

\* Review the amount of night staff we have on duty

# **Residential Profile**

| No of Places            | Permenant         | 27 |
|-------------------------|-------------------|----|
|                         | Short Stay        | 2  |
|                         | Intermediate Care |    |
|                         | Total             | 29 |
| Average Occupancy 09/10 |                   |    |

Tennyson Terrance Morley LS27 8QP

### **Manorfield House Residential Profile**



Manor Road Horsforth LS18 4DX

### **Community Involvement**

Local visits from schools and groups bi-annually

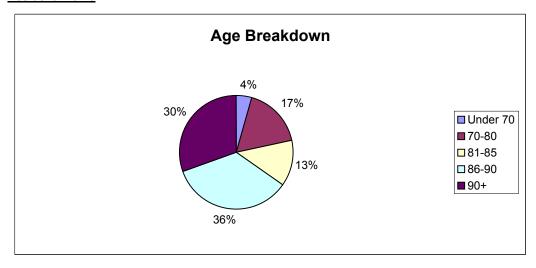
- \* The interests of the people living in the home are seen as very important to the manager and staff and are safeguarded at all times.
- What did the CQC say we did well? \* The number and skill mix of staff is said to be sufficient and staff are well trained.
  - Service User's live in a well maintained and safe environment which maintains independence with the provision of specialist equipment.
  - A robust adult protection policy and procedure ensures residents are listened to and protected from abuse.
  - Residents are able to exercise choice in daily routines and their social expectations are met.
  - ResidentsThey are provided with a varied and nutritious diet
  - Care needs are met and medication practices are safe with health care needs being met.

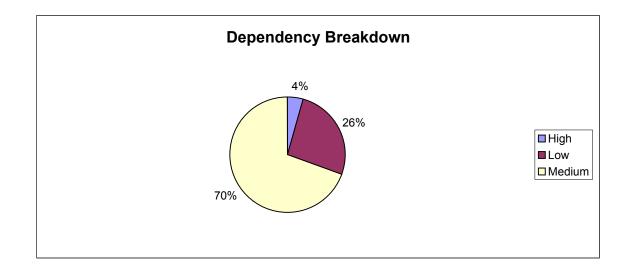
### What did the CQC say could be improved on?

- \* Lifestyle Plans to be made clear and detailed. To provide clear instructions for staff and evidence that care needs are met.
- Training records should be updated.
- All staff to receive first aid training
- Records do not consistently provide evidence.

### **Residential Profile**

| No of Places            | Permenant         | 25 |
|-------------------------|-------------------|----|
|                         | Short Stay        | 2  |
|                         | Intermediate Care |    |
|                         | Total             | 27 |
| Average Occupancy 09/10 |                   |    |





### **Middlecross Residential Profile**



Simpson Grove Armley LS12 1QG

### **Community Involvement**

Via Relatives and Friends

### What did the CQC say we did well?

Well trained & experienced staff team committed to providing high standards of person centred care.

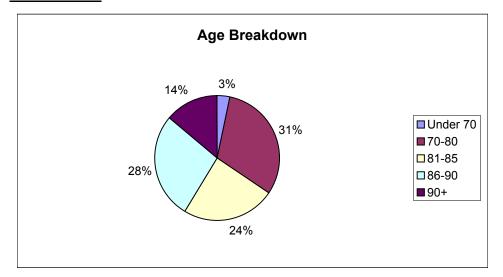
- Residents treated with dignity.
- Good support for family members .
- Good information about the home.
- Good record keeping.

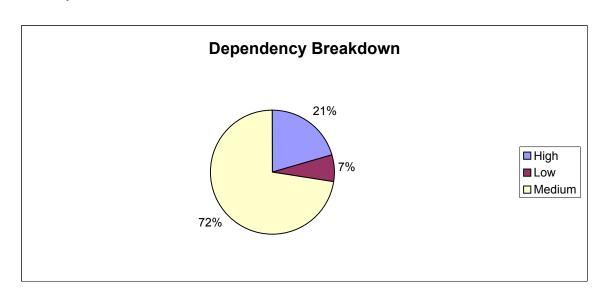
### What did the CQC say could be improved on?

- \* Staff training managing aggression (this has been completed)
  \* 2 improvements to the building (these have been completed)
  \* Staff must have 6 supervisions per year (this has been addressed)

### **Residential Profile**

| No of Places            | Permenant         | 25 |
|-------------------------|-------------------|----|
|                         | Short Stay        | 2  |
|                         | Intermediate Care | 5  |
|                         | Total             | 32 |
| Average Occupancy 09/10 | 98%               |    |





### **Musgrave Court Residential Profile**



Crawshaw Road Pudsey LS28 7UB

**Community Involvement** 

Monthly Visits for the local church

### What did the CQC say we did well?

- \* Well trained competent staff.

  \* Clear leadership and direction from the manager.

  \* Skilled at communicating with people who live at the home.

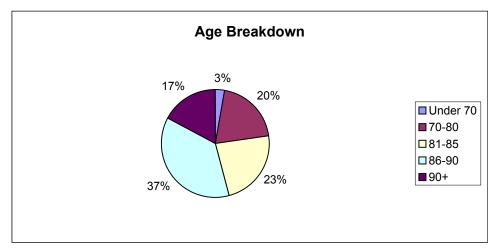
  \* Supporting people to make choices.

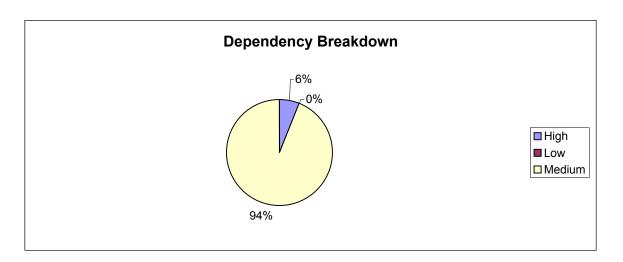
# What did the CQC say could be improved on?

Person centred care plans to reflect abilities and limitations.

Residential Profile

| No of Places            | Permenant         | 33 |
|-------------------------|-------------------|----|
|                         | Short Stay        | 3  |
|                         | Intermediate Care |    |
|                         | Total             | 36 |
| Average Occupancy 09/10 | 98%               |    |
|                         |                   |    |





### Primrose Hill Residential Profile



Westwood Way Boston Spa LS26 6DX

### **Community Involvement**

# What did the CQC say we did well?

\* People are provided with good information about the service.

- \* Evidence was seen to show they are enabled to visit the home to look round and chat to staff prior to taking up a place. This helps prospective residents to make an informed choice about whether they want to take a place at the home.
- \* People are provided with a good standard of care planning and risk assessment.
- \* Staff communicate very well with all the people living in the home.
- \* Staff have a good awareness about safeguarding vulnerable people and are aware of the procedures to follow if an incident is identified. This helps to minimise the risk of harm occurring to people living in the home.
- \* Rolling programme of refurbishment and specific monies are set aside to assist the process.
- \* Staff are recruited and trained to a good standard. This means people who use the service will receive a more consistent care package.

# What did the CQC say could be improved on?

People living in the home should be better informed about the complaints process.

New residents must be assessed prior to moving into the home.

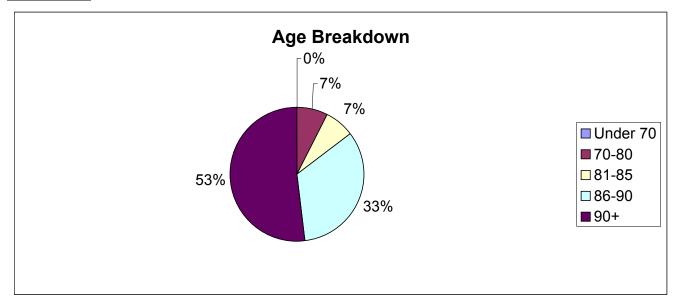
People must be risk assessed in area's such as falls and moving and handling.

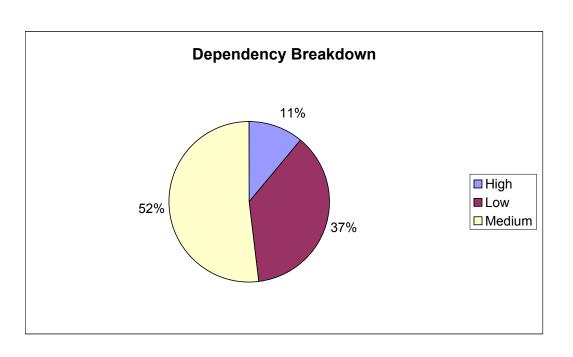
All incidents must be assessed using the internal safeguarding policy. All incidents that are

Clearly safeguarding matters must be reported to the appropriate professionals.

# **Residential Profile**

| No of Places      | Permenant         | 31 |
|-------------------|-------------------|----|
|                   | Short Stay        | 2  |
|                   | Intermediate Care |    |
|                   | Total             | 33 |
| Average Occupancy |                   |    |
| 09/10             | 95%               |    |





### **Richmond House Residential Profile**



Richmond Road Farsley LS28 5ST

# **Community Involvement**

Focus for community involvement from neighbours. Local schools and elected representative

Various faiths in the community visit the home

\* Well managed and run in the best interests of the people who use the service.

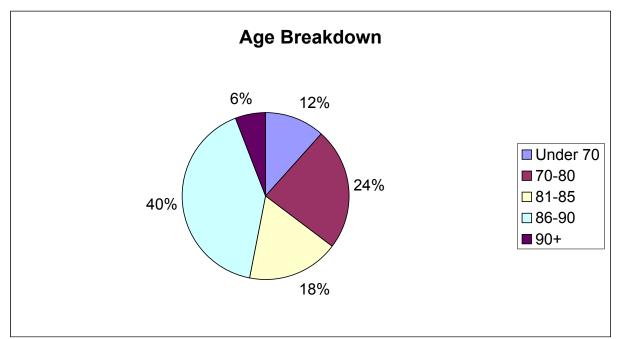
### What did the CQC say we did well?

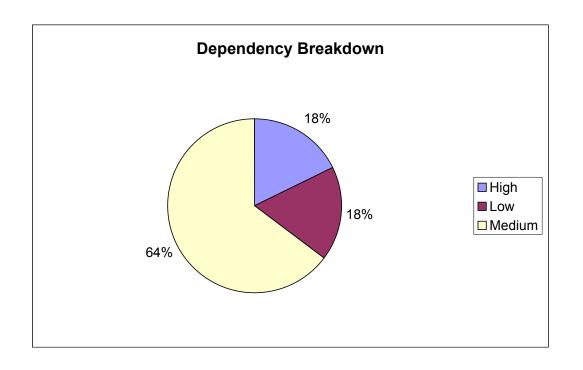
What did the CQC say could be improved on?

\* Improvements to Medication.
\* Additional administrative hours.

### **Residential Profile**

| No of Places            | Permenant         | 0  |
|-------------------------|-------------------|----|
|                         | Short Stay        | 12 |
|                         | Intermediate Care | 8  |
|                         | Total             | 20 |
| Average Occupancy 09/10 | 78%               |    |





### Siegen Manor Residential Profile



| Wesley Street<br>Morley<br>LS27 9EE |  |
|-------------------------------------|--|
|                                     |  |

### **Community Involvement**

Approaching a relative to chair a forum Links with multifaith churches in the area Occasional visits from schools

\* Excellent ratings for meeting health and personal care needs.
\* Feed back from professionals and customers was excellent.

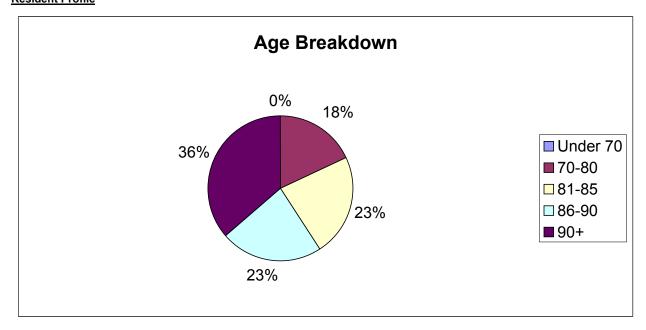
### What did the CQC say we did well?

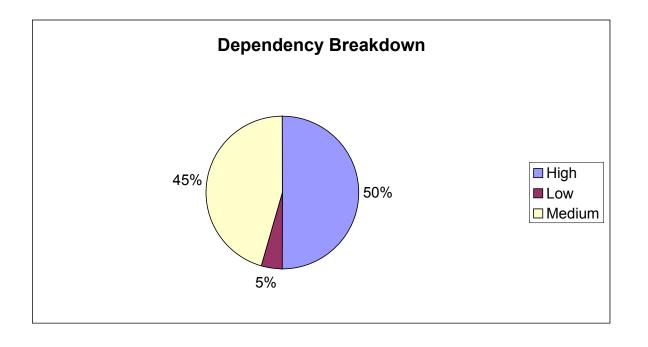
- \* Relative feedback was excellent.
  \* Daily life and social activities were considered excellent.
- Person centred care was commended.

### What did the CQC say could be improved on?

**Residential Profile** 

| No of Places      | Permenant         | 23 |
|-------------------|-------------------|----|
|                   | Short Stay        | 2  |
|                   | Intermediate Care | 5  |
|                   | Total             | 30 |
| Average Occupancy | /                 |    |
| 09/10             | 99%               |    |





### **Spring Gardens Residential Profile**



**Community Involvement** 

Monthly Visits from a local church Involvement from Guiseley Lions

Involvement from AVSED - a local voluntary agency

What did the CQC say we did well?

\* Staff are friendly and helpful

- \* People who live at the home have their needs assessed before they come to stay \* Staff are caring and respect people's privacy and dignity.
- \* Routines in the home are flexible and people can exercise choice in their lives
  \* Visitors are encouraged and made welcome
- \* People who live in the home have regular meetings and are able to make changes.

### What did the CQC say could be improved on?

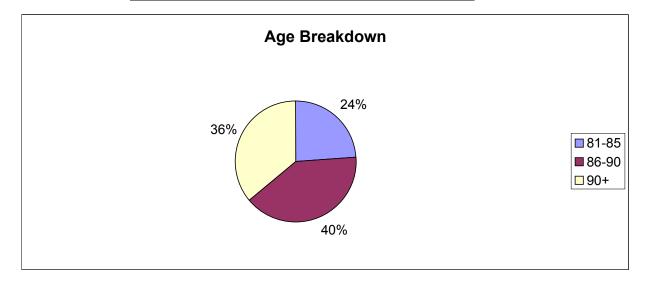
\* The home could look at providing more social activities.

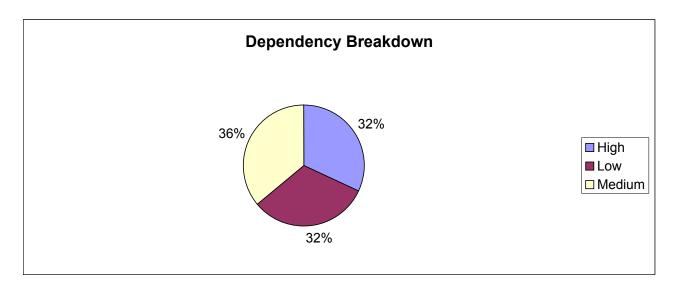
- \* Staff must have access to plans of care that give clear action to follow to meet people's needs.

  \* The manager should continually monitor the amount of staff working with the people to ensure there is enough staff to meet their needs during the night.
- \* All people moving into the home must have a full assessment of care needs.

### **Residential Profile**

| No of Places     | Permenant         | 28 |
|------------------|-------------------|----|
|                  | Short Stay        | 2  |
|                  | Intermediate Care |    |
|                  | Total             | 30 |
| Average Occupano | e <b>y</b>        |    |
| 09/10            | 99%               |    |





Westbourne Grove Otley LS21 3NN

### Suffolk Court Residential Profile



Silver Lane Yeadon LS18 7JN

### **Community Involvement**

Monthly Visits from a local church
Involvement from Guiseley Lions
Involvement from AVSED - a local voluntary agency

What did the CQC say we did well?

- \* People and their relatives spoke very well of the service and particularly the staff.
- Visitors said that they could visit at any time and were made welcome.
- \* The atmosphere in the home was warm and friendly. It was clear that there were good relationships between staff, people living in the home and their visitors.
- \* Staff were good at encouraging and assisting people.
- \* Policies are in place aimed to set out how the home protects people, and prevents harm or abuse and this includes a whistle blowing policy.

# What did the CQC say could be improved on?

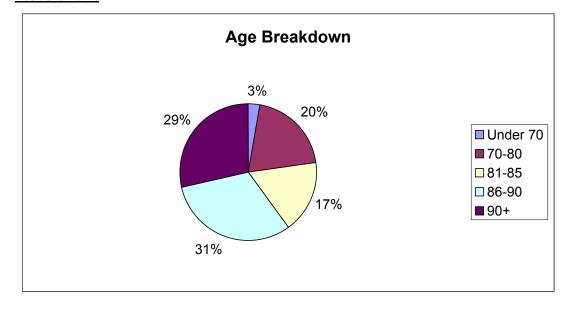
\* Care plans and risk assessments must provide evidence to show, where possible, people living in the home or their representatives have been involved with developing the care plans and risk assessments. This will ensure agreement to provide the care package has been gained.

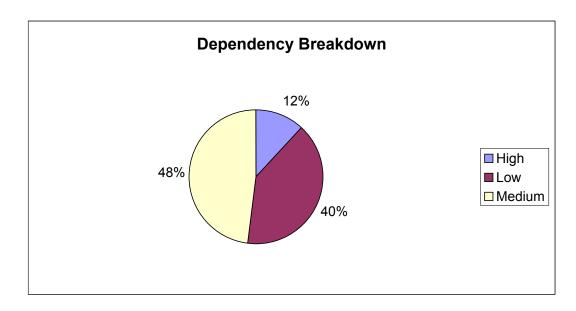
\* All care plans and risk assessments must be reviewed regularly and changed to reflect the care needs of the person receiving the care package. \* People must be provided with social and recreational opportunities that help stimulate their well-being. All planned activities should be based around the needs and choices of the people living in the home.

\* The fire officer inspected the home 11/08/09 and some issues requiring attention were highlighted. These should be addressed to help to promote the safety and welfare of people.

### **Residential Profile**

| No of Places            | Permenant         | 37 |
|-------------------------|-------------------|----|
|                         | Short Stay        | 3  |
|                         | Intermediate Care |    |
|                         | Total             | 40 |
| Average Occupancy 09/10 |                   |    |





### Westholme Residential Profile



Thornhill Road Wortley LS12 4LL

### **Community Involvement**

Working in Partnership with Armley Helping Hands

\* Locally recognised as a community based organisation supporting older people in Armley and Wortley district Leeds 12 (It has recently secured 5 years commissioning with an extension of three years enabling Westholme to have a continuing partnership agreement to 2018).

The purpose of the partnership is to enable Westholme residents to engage in their local community maximising community involvement and ownership. Sharing skills and experience and resources

- \* Residents have choice and access into new community activities i.e. access to local lunch club, day trips local community events. The partnership coordinates a cinema project within the home which provides a stimulation and engagement of residents and members of the public.
- \* Westholme has worked with the councillors and the Armley MP in making sure that Westholme is accommodating the needs of the local community.

### \* The Home is well managed, staff work hard to maintain peoples choices and respect.

\* People are encouraged to exercise choice about how and where to spend their time.

There are opportunities to take part in Social activities.

# What did the CQC say could be improved on?

What did the CQC say we did well?

\* Staff should complete Nutritional risk assessment when a person is admitted and later as necessary.

# **Residential Profile**

| No of Places      | Permenant         | 39 |
|-------------------|-------------------|----|
|                   | Short Stay        | 1  |
|                   | Intermediate Care |    |
|                   | Total             | 40 |
| Average Occupancy |                   |    |
| 09/10             |                   |    |

