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York House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out 14 June 2016 and was unannounced. During our last inspection in January 2014 we found that the service met the legal requirements in the areas we looked at.

York House is a family run business and provides care and accommodation for up to 13 people who have mental health needs. At the time of our inspection there were 12 people living at the home.

The home had 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 (CQC) 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.

Staff were aware of the safeguarding process. Personalised risk assessments were in place to reduce the risk of harm to people, as were risk assessments connected to the running of the home, and these were reviewed regularly. Accidents and incidents were recorded and the causes of these analysed so that preventative action could be taken to reduce the number of occurrences.

There were enough skilled, qualified staff to provide for people's needs. Robust recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. They received training to ensure that they had the necessary skills to care for and support the people who lived at the home and were supported by way of supervisions and appraisals.

People's needs had been assessed before they moved into the home and they had been involved in determining their care needs and the way in which their care was to be delivered. Their consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People decided what food and drink they had and a variety of nutritious food and drink available to them. Snacks and fruit were available to people throughout the day. People received their medicines as they had been prescribed and were supported to administer medicines themselves when it was safe to do so.

Staff were kind, caring and protected people's dignity. They treated people with respect and supported people in a way that allowed them to be as independent as possible.

There was an effective complaints system in place. Information was available to people about how they could make a complaint should they need to and the services provided at the home. People were assisted to access other healthcare professionals to maintain their health and well-being.

People and staff were encouraged to attend meetings with the registered manager at which they could

discuss aspects of the service and care delivery. People were asked for feedback about the service to enable improvements to be made. There was an effective quality assurance system in place and the provider was an active participant in the day to day running of the service. .

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.

People's medicines were administered safely and as it had been prescribed. Arrangements for the ordering, storage and disposal of medicines were robust.

Staff were aware of the safeguarding process and appropriate referrals had been made to the local authority.

Personalised risk assessments were in place to reduce the risk of harm to people.

There were enough skilled, qualified staff to provide for people's needs

Is the service effective?

Good

The service was effective.

People had a good choice of nutritious food and drink

Staff and managers were trained and supported by way of supervisions and appraisals.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Is the service caring?

Good

The service was caring.

Staff were kind and caring.

Staff promoted people's dignity and treated them with respect.

People were encouraged to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were supported to follow their interests and hobbies.

There was an effective complaints policy in place.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

The registered manager was visible and approachable. The provider was involved in the overall management of the home.

There was an effective quality assurance system in place.

York House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 June 2016 and was unannounced. The inspection was carried out by one inspector .

Before the inspection, 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. We also reviewed the information available to us, such as notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with three people who lived at the home and a health care professional who visited the home on the day of the inspection. We also spoke with a two care workers, the deputy manager and the registered manager.

We observed the interactions between members of staff and the people who lived at the home and looked at care records and risk assessments for two people. We also looked at how people's medicines were managed and the ways in which complaints were handled.

We looked at two staff recruitment records and training, supervision and appraisal meeting schedules for all staff members. We reviewed information on how the quality of the service, including the handling of complaints, was monitored and managed.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person said, "I feel safe here because we have carers working with us. I feel very safe. I felt safe here from the first day I came." When we asked another person they said, "I do feel safe living here."

The home was secure and visitors were required to sign in and out of the building. This protected people who lived at the home from harm but would also be used to ensure that the building was properly evacuated in the event of an emergency.

The provider had up to date policies on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Information about safeguarding people was displayed within the home. Staff told us that they had been trained in safeguarding and were able to explain the procedures on keeping people safe. One member of staff said, "I have had safeguarding training. If I thought that there was any abuse I would report it to the manager but we have the number to call for the local authority." Staff we spoke with were able to explain the types of harm that people may experience.

There were personalised risk assessments for each person who lived at the home. Each assessment identified the people at risk, the steps in place to minimise the risk and the action staff should take should an incident occur. We saw that risk assessments had included the risks associated with smoking in their bedrooms, hoarding food, not informing staff when they went out at night and keeping wet clothes in their bedroom. People told us that they had been involved in deciding the level of risk that they were exposed to. One person told us, "There is more risk in smoking a cigarette than there is in crossing a road but I do it because it calms my nerves. We are not allowed to smoke in our rooms though." One member of staff told us, "If there is risk we will negotiate with people. They might make a wrong decision. We will help evaluate the risk and explain to them in a way in which they can understand the possible consequences of their decision. We have to balance their safety with their freedom. If they still want to do it we can't go against their decision."

Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them. Actions to reduce the risks posed to people were amended when this was appropriate. Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These included looking at people's risk assessments, their daily records and talking about at shift handovers.

The registered manager had carried out annual assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments and the handling of potential hazardous substances. Checks were also carried out to ensure that equipment had been serviced and portable appliances had been tested. Each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current. Copies of these were in people's care records and in an emergency 'grab bag' that was readily accessible by staff at one of the

main exits. The 'grab bag' also contained emergency contact numbers, a copy of the business continuity plan, torches and high visibility jackets. Regular fire drills were carried out. These enabled people and staff to know what to do should an emergency occur.

Accidents and incidents were reported to the registered manager and where appropriate reported to external bodies, such as the local authority safeguarding team and Care Quality Commission.. We saw that the registered manager kept a record of all incidents, and where required, people's care plans and risk assessments had been updated. They reviewed the records regularly to identify any possible trends and enable appropriate action to be taken to reduce the risk of an accident or incident re-occurring.

People and staff we spoke with told us that there were enough staff on duty. One staff member said, "We have enough staff, there is always three and we are allocated tasks. I am on money today, [Name] is on medication and [name] is doing activities." The registered manager told us that there was always three care workers on duty between 8.00am and 8.00pm, two on duty between 8.00pm and 10.00pm and one waking night staff from 10.00am until 8.00am. This ensured that there was always a member of staff available to support people should they require it. In addition, during weekdays, the deputy manager and registered manager were available to support people, as was an administration assistant who had previously worked at the home as a care worker. The registered manager showed us the staffing rota for the previous month. This confirmed that staffing levels had been maintained. The registered manager told us that if a care worker was needed to accompany people to appointments then they, the deputy manager or the administration assistant covered for the absence.

We looked at the recruitment documentation for two members of staff who had recently started work at the home. The provider had robust recruitment and selection processes and we saw that appropriate checks had been carried out. These checks included Disclosure and Barring Service Checks (DBS), written references, and evidence of their identity. This enabled the provider to confirm that staff were suitable for the role to which they were being appointed.

People told us that staff supported them with their medicines. One person told us, "They are very good with my medication and take me to the doctors when I need to go. A psychiatrist gives me tablets for my condition." Another person said, "We queue up for our medicines at night." We saw that people received their medicines as prescribed and that medicines were stored and administered in line with current guidance and regulations. One person was supported to self-administer their medicines. These were kept in a locked safe in the medication room. A member of staff prompted the person to take their medicine when it was due and opened the safe to enable them to do so. Medicines for everybody else within the home were kept in the medication room and administered through a hatch that opened into the lounge area. Only competent care workers administered medicines and they confirmed they had received regular training updates. People were aware of when their medicines were due to be administered and queued at the hatch to receive them. We looked at the MAR charts for all of the people who lived at the home and saw that these had been completed correctly and medicines received had been recorded.

However we noted that there were no protocols attached for when medicines that had been prescribed on an 'as when needed' basis should be given. These medicines were all for pain relief. The deputy manager told us that all the people who lived at the home were able to tell staff when they needed these. They agreed that specific protocols would be included in the medicines records to remind staff of when these should be delivered and the minimum intervals and maximum dosages applicable to each. We checked stocks of medicines held for two people which were in accordance with those recorded. There were robust processes for auditing medicines administration.

Good

Is the service effective?

Our findings

People told us that staff had the skills that were required to care for them. One person said, "All the staff have done the training. Some have gone o Hertfordshire College in Hatfield to do it." Another person said, "I think the staff are well trained. They are very good."

Staff told us that they received a full induction when they started working at the home and there was a programme in place which included the training they required for their roles. One member of staff told us, "I did a lot of my induction training on-line. This included food hygiene, fire testing, challenging behaviour, CQC compliance and equality and diversity. I did some training face to face at a centre in Stevenage. This included medicines administration, health and safety and first aid training." They went on to tell us of the on-going training that they received and the support that they received to increase their skills. They told us, "The on-going training has helped to improve my knowledge and the face to face training I have received has improved my practice when providing support. I have Level 4 NVQ in Social Care. I also have a Post Graduate Diploma in Healthcare. I mainly work part time as I am doing a Bachelor of Science (BSc) in Psychology at university." Another member of staff told us, "I have learned a lot through training. I have kept up to date with how things are done and this helps me to carry out my role." This demonstrated that staff were supported to maintain and increase their skills to enable them to support people effectively.

The registered manager told us that most on-going training was completed by way of the local authority on-line training system, which was also used to monitor that staff had updated their training when this was due. However, they told that some modules were being updated by the local authority and some members of staff were waiting to access the revised modules when these became available.

Staff told us that they had regular supervision meetings with the manager. One member of staff said "We have supervisions every two months. During these sessions you discuss your performance and how doing so reflects on the last supervision. You can reflect your own ideas.".

People's capacity to make and understand the implication of decisions about their care had been assessed prior to their admission to the service and documented within their care records. One member of staff told us, "Everyone here has mental capacity and can decide for themselves, but we still look at it." 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 looked at the home's records around the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care.

People told us that staff asked for permission before they supported them. One person said, "They tell me about how they will help me and ask if that's okay." We observed staff ask people before they provided support to them. Staff told us that they always gained consent to support from people. One staff member said, "We talk with them and ask if it's okay. There are forms in the folders about whether we can enter people's bedrooms when they are not there. Some people have refused permission and we don't go into their rooms." One of the care plans we looked at contained consent for staff to enter the person's bedroom. The second one refused permission to do this. Care plans had been signed by the people who lived at the home to show that they had agreed the care and support that was given to them.

People told us that they had a good variety of quality nutritious food and drink. One person told us, "They are very good cooks. We have menu planning meetings every Tuesday. There are lots of meetings." Another told us, "The food is very good, excellent." We saw that people were encouraged to be involved in the meal time experience with some people assisting to cook the food and some to lay tables and clear up in the kitchen." Although stocks of biscuits and snacks were stored in the registered manager's office, some were always available around the home, as was fresh fruit. People could have a variety of hot and cold drinks whenever they wanted them. People who were able to helped themselves but staff ensured that those people who needed assistance to make a drink received this.

People told us that they were supported to attend appointments with other healthcare professionals, such as dentists, opticians and chiropodists, to maintain their health and well-being. Records we saw confirmed this. One person told us, "I make my own appointments. I have a very good doctor." The registered manager told us that the service worked closely with the community mental health team and psychiatrists and that staff accompanied people to their appointments. A health care professional who visited the home during our inspection gave us very positive feedback about the care provided. They said that staff followed any instructions they had given them and were quick to call if they had any concerns about people's health.

Good

Is the service caring?

Our findings

People told us that the staff were kind and considerate. One person told us, "They are probably the best care team in this area."

Most of the members of staff had worked at the service for a number of years and most of the people who lived there had also been there for a long time. This meant that staff knew the people well and people knew the staff who supported them. Staff were aware of people's life histories and were knowledgeable about their likes, dislikes, hobbies and interests. They had been able to gain information on these through talking with people and helping them to set goals for their future. One member of staff told us, "We respect what people have done in the past. All the residents talk about what they have done and we appreciate their achievements. It gives us an understanding of ways in which we can help them with what they want to do."

We observed the interaction between staff and people who lived at the home and found this to be friendly and caring. We saw that staff communicated appropriately with people. One member of staff told us, "I am the keyworker for [Name] but they like to be called [Name]. I have put this in their care plan and try to make sure they are addressed in the proper way."

People told us that the staff protected their dignity and treated them with respect. One person told us, "If we want a quiet time they give us that. We are allowed to have visitors come to our own room. Dignity is something everybody should have. They talk to you with respect. They knock on the door. They always do it, they never just come in." Staff told us of ways in which they promoted people's dignity and maintained confidentiality. One member of staff told us, "Promoting dignity is part of my job. I respect them, their choices and their decisions." Another member of staff said, "I do not discuss things with people in the open areas around the house. I use the offices. It is about not having conversations that might be overheard. I would never discuss anything to do with people outside of the home."

People were encouraged to be as independent as possible. One person told us, "They encourage me to be independent. I am happy here but would still like to get a flat. I am saving money in a cash ISA. We talk about goals and objectives. My goal is to one day return to work." Staff told us that they encouraged people's independence. One member of staff said, "I try to encourage them to carry out the things they can do, something to do in the house, laundry and bits and pieces in their room." The registered manager told us that people were mainly independent. They told us that there was a rota to get everyone who lived at the home to do something to contribute to meal times. Everyone was supported to clean their own rooms and their laundry and they completed their own personal care, although sometimes they needed prompting to do this.

People told us that they were given whatever information they needed. One person told us, "Information is available. I just ask for whatever I want." Information, which included that on safeguarding, the complaints system and fire evacuation procedures, was displayed on notices in the hallway for people and visitors to see. This included the relevant contact details to make a safeguarding referral or a complaint. The information also included details of an advocacy service people could contact if they needed to.

Good

Is the service responsive?

Our findings

People told us that they had been involved in deciding what support they were to receive and how this was to be given. Before people joined the service the registered manager had visited them to assess their needs and to determine whether the service was able to fully meet them.

People told us that the support they received reflected their individual needs. The care plans followed a standard template which included information on people's personal history, their individual preferences and their interests. One person told us, "I have a key worker. They sit and talk about what I want to do." Each support plan was individualised to reflect people's needs and included clear instructions for staff on how best to support people with their specific needs. One record included plans that covered the individuals' use of alcohol. Although initially discouraged in the home the registered manager had agreed with the person that it was better to support them to drink alcohol in their room than for them to be at risk outside of the home. Their support plan had been revised to reflect this.

People told us that they were involved in the regular review of their support needs. One person told us, "My key worker goes through it with me. They are going to finish it off this afternoon." Staff told us that as key workers they were responsible for reviewing specific support plans. One member of staff told us, "I do a one to one session with them and review the plans. I am key worker for two people. It helps that I know their history and medical record." Another member of staff said, "I sit and do care planning with [Name]. We review the plans and update them." The records that we looked at showed that support plans had been reviewed on a monthly basis. We saw that key workers also held regular one to one sessions outside of the review process at which people could discuss any concerns they had with their key worker. We saw that people had discussed concerns they had about a relative's health and their lack of motivation to attend their activities during these sessions.

People were supported to maintain their interest and hobbies. One person told us, "I'm always going out. I visit friends and do a voluntary job two days a week. I go to a community centre on Friday mornings and I have a bus pass." Another person told us, "The staff are very good and always make sure I get to church. They lay a taxi on to take me to the church. I have been colouring today, I have a church book with bible stories. I do that a lot. It is a bit like the job I used to do." We saw that each person's support records included a personalised activity timetable which included activities such as attending day centres, MIND groups and a music group. The registered manager told us that the timetables were flexible and if people decided that they did not want to attend a scheduled activity then their decision was respected. However staff did encourage people to maintain a routine and attend their activities wherever possible as this would assist in their recovery or the management of their mental health difficulties.

There was an effective complaints policy in place and the registered manager listened to people's concerns. Information about the complaints system was displayed on notice boards around the home. One person told us, "I did make a complaint about staff going into my room when I was not there. It happened when I was first here. [Registered manager] sorted it and they don't do it anymore. Now there is a signed agreement that they can come in but always only when I am here." The registered manager told us that they had

introduced the consent form following investigation into the complaint. This showed that the complaints system was effective in resolving issues for people who lived at the home.

We saw that there was a comments box outside the registered manager's office together with comments and suggestions forms and complaints forms. The registered manager told us that they opened the box on a regular basis and dealt with any forms that had been received. The registered manager opened the box during our inspection. We noted that it contained survey forms that had been returned by service users and staff members. The forms we looked at showed that people were satisfied with the support provided to them.

Good

Is the service well-led?

Our findings

The registered manager was a member of the family that owned the home. People and staff had confidence in the registered manager. They found them to be open and approachable. One person said, "I see [registered manager] every day, five days a week. She often stays late and comes in at other times. She is a dedicated person. They all are." A member of staff said of the registered manager, "[registered manager] is easy to talk with. She shares things and is very helpful as well." Another member of staff said, "I like working here. I like the manager and find her supportive and approachable." One member of staff described the atmosphere as, "very homely."

People, staff, relatives, friends and visiting professionals were asked their opinion of the service that was provided and for ways in which this could be improved. Satisfaction surveys were issued to gather feedback based around the five areas of Care Quality Commission inspections, safe, effective, caring, responsive and well-led. This started in December 2015 when people were asked about aspects of the service connected with caring and positive responses had been received. In June 2016 people had been asked about the effectiveness of the service. The closing date for the return of survey forms was after our inspection. However, we saw that the forms that had been returned contained positive comments on the effectiveness of the service. Prior to the introduction of these survey forms an annual survey had been sent out. We saw that one of the suggestions made by one person had been for more furniture to be provided in the designated smoking room in the house. People had discussed this at a subsequent meeting and decided that the room was too small for more furniture to be added. However, the provider agreed that a large shelter would be built in the garden which could be used if people wished to smoke outside of the designated room. The shelter had been completed shortly before our inspection and people were very pleased with this.

People were involved in making decisions about the way the home was run. The registered manager held regular meetings to involve them in the development of the service. Minutes of a meeting held in May 2016 showed that topics discussed had included the use of the laundry room, cleanliness of the building, menus, activities and the house rules.

Staff were able to contribute to the development of the service during supervisions and staff meetings. One member of staff told us, "I am very keen to make sure that one to one sessions with people are meaningful. Each time the one to one questions are supposed to be different and based on our observations of people. I am trying to change the documentation for these to make the sessions more of a semi-structured interview. The registered manager is happy for me to develop the documents."

Staff also attended regular meetings with the registered manager at which they could discuss any ideas they had for ways in which the service could be improved. Minutes of the last meeting held showed that staff had discussed the one to one meetings with people and the documents used to record these. Other topics that they had discussed included changes to care plans and risk assessments, daily reports and appraisals.

Staff told us that they were supported by regular reviews of their competency. They were knowledgeable

about their roles and what was expected of them and were able to tell us of the values and vision of the service. One member of staff told us, "We provide support for people experiencing mental health problems. We promote them to have a fulfilling life and support them to do this when it is needed."

There was an effective quality assurance system in place. Quality audits completed by the registered manager covered a range of areas, including audits of care plans, medicines and infection control. Improvement plans had been developed where shortfalls had been identified and the actions were signed off when they had been completed.
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There were enough skilled, qualified staff to provide for people's needs. Robust recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. They received training to ensure that they had the necessary skills to care for and support the people who lived at the home and were supported by way of supervisions and appraisals.

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People and staff were encouraged to attend meetings with the registered manager at which they could discuss aspects of the service and care delivery. People were asked for feedback about the service to enable improvements to be made. There was an effective quality assurance system in place and the provider was

an active participant in the day to day running of the service.