

Homes Together Limited

2 East Park Road Harrogate

Inspection report

2 East Park Road
Harrogate
North Yorkshire
HG1 5QT

Date of inspection visit:
07 June 2023

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19 July 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

2 East Park Road Harrogate is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

The service had a manager registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with all 6 people who used the service and 5 relatives about their experience of the care provided.

We spoke with 4 members of staff including the registered manager and support workers.

We reviewed a range of records. This included 3 people's care and medication records. We looked at 1 new starter staff file in relation to recruitment. A variety of records relating to the management of the service, including risk assessments and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was Well-led

Details are in our well-Led findings below.

2 East Park Road Harrogate

Detailed findings

Background to this inspection

About the service

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

2 East Park Road Harrogate is a residential care home providing personal care to 6 people at the time of the inspection, this is the maximum amount of people the service can support. It is a large four storey semi-detached house.

People's experience of using this service and what we found

Right Support

People were supported by staff to pursue their interests. People took part in activities in their local area and interacted with others who had shared interests. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

The service made reasonable adjustments for people so they could be fully involved in discussions about how they received support, including support to travel wherever they needed to go. People in the service told us that staff supported them well to be independent. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People's care, treatment and support plans had clear guidance on what people's goals and aspirations were. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. We received positive feedback from people and their family members about the service. Staff members were positive about working at the service and felt supported by the manager and the provider.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection and update

The last rating for the service was requires improvement, published on 17 June 2022. There were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider review their accident and incident records and support plans to include more detail about goal setting and consent. At this inspection we found the provider had acted on our recommendations and made improvements.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

At our last inspection, the provider failed to ensure the proper and safe administration of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Potential risks to people were assessed, monitored, or mitigated. People told us they felt safe, one person told us, "I am safe here. I used to run off and I used to be tearful, but I love it here it's a really good place for me to be."
- People's care records were updated to include all the information needed to provide safe care.
- The provider had improved systems to record and monitor accidents, incidents, and safeguarding concerns.

At our last inspection we recommended that the provider review their accident and incident reporting processes to include clear guidance for staff. The provider had made improvements.

- Records of incidents and accidents were effective, and any outcomes or lessons learnt from them were shared with staff and the appropriate bodies. One member of staff told us, "We have new paper work to use, we have a debrief with the service user and manager and it's a lot more robust now."
- Staff had training on how to recognise and report abuse and they knew how to handle any allegation of abuse appropriately and were confident to report them.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on the recording of 'when required' medication and take action to update their practice accordingly. At this inspection we found the provider had improved their medicine records.

- Medicines were managed, recorded and administered safely.
- Where people were prescribed 'as and when required' medicines. Specific guidance for staff to follow was in place.
- People received the right medication at the right time from staff who were appropriately trained to provide this care safely.

- People were supported to make their own decisions about medicines where appropriate. One person told us, "At the moment I like the staff to help me with my medicines. The staff support me, so I don't take the wrong ones. In the future but not just yet I would like to do this myself."
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).

Staffing and recruitment

- Recruitment checks were completed to help make sure suitable staff were employed.
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Safe recruitment practices were in place and staff received an induction to be able to provide safe care.

Preventing and controlling infection

- The service used effective infection, prevention, and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service was admitting people safely to the service.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy were up to date.

Visiting in care homes

The service supported visits for people living in the home in line with current guidance. Visitors were not restricted in any way and safety was promoted while on site for example, personal protective equipment (PPE) was available for visitors.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

At our last inspection we recommended the service review and update care records without delay and include support plans for all aspects of people's care. The provider had made improvements.

- People's support plans were up to date and reflected their care and health needs, likes and dislikes and gave clear guidance for staff.
- People's individualised needs were reviewed with them and their relatives and this was reflected in their support plans.
- Appropriate policies and procedures were in place and accessible to all staff which reflected current best practice, guidance and legislation.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we recommended the service consider current guidance on 'consent to care' and update their practice accordingly. At this inspection we found the provider had improved peoples support plans to include consent records.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Consent to care was recorded in peoples support plans and all the people in the service did have the capacity to make decisions and their wishes known to staff. One relative told us, "The staff are very good in approaching our relative for their consent and very empathetic in the way they do it."
- Management and staff were aware of their obligations of working within the principles of the MCA.
- People were seen to make their own choices which staff supported. Staff respected the rights of the

people to refuse support.

- People told us they were listened to, and their choices respected.

Staff support: induction, training, skills and experience

- Staff had the appropriate training, knowledge and experience to provide effective, person-centred care.
- Updated training and refresher courses helped staff continuously apply best practice.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- People were supported to be involved in learning and maintaining their skills by preparing and cooking their own meals where appropriate.
- The staff were aware of people's dietary needs and supported people appropriately. Support plans were in place to give guidance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked in partnership with external professionals, such as social workers, and GPs to support and maintain people's long-term health.
- People were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events.
- People had personalised support plans covering their healthcare needs. These shared important information with healthcare professionals.

Adapting service, design, decoration to meet people's needs

- People were supported in a clean, and well-maintained environment.
- People's bedrooms were personalised to meet their needs and preferences.
- Communal areas were well maintained and appropriate to meet people's needs.
- Where people required adaptations to meet their visual needs these were in place.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

At our last inspection we found no evidence that people had been harmed, however risks had not been assessed, monitored or mitigated and accurate care records were not in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Peoples support plans and relevant documentation were improved and included more robust risk assessments that highlighted were risks needed to be mitigated.
- Audits were carried out regularly by the registered manager and were able to identify and address issues effectively.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager encouraged people and staff to be open with each other. Staff felt supported by their colleagues and the registered manager.
- Managers promoted equality and diversity in all aspects of the running of the service.
- Staff felt able to raise concerns with the management.
- People's relatives shared their feedback with us on the positive culture of the service. One relative told us, 'I feel I am part and my relative's life for the first time. They look good, their medication is being reduced, it is all wonderful.'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities around duty of candour. Evidence was recorded as to how concerns were dealt with by the provider.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Regular staff and resident meetings were held which gave the opportunity for people to raise any concerns and for the management team to inform people of any changes within the service. One person told us, "We have service user meetings and they put things on the agenda if there's things we need to know about and then we talk about doing things for yourself. "
- People, and those important to them, worked with managers and staff to develop and improve the service.

Continuous learning and improving care and working in partnership with others.

- The service worked in partnership with advocacy organisations, social workers and other health and social care organisations to develop their service to meet people's needs. One person told us, "I've known some of the staff for years, I have brilliant key workers and a social worker. I have raised things in the past in my reviews when one person wouldn't help me. It was in my review the help I needed."
- The provider had an action plan for the service that was regularly updated that highlighted areas for improvement.