

Yorkshire Housing Limited

Park View Road

Inspection report

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Bradford
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. The inspection was unannounced. Our last inspection took place in November 2013 and at that time we found the home was meeting the regulations we looked at.

Park View Road provides accommodation and personal care for up to 10 adults with a learning disability. On the day of the inspection 10 people were living in the home.

There was no registered manager in place with the last manager leaving in 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

People, staff and health professionals reported that the lack of manager had impacted on the quality of the service, with the home experiencing a lack of clear leadership and direction.

People and their relatives we spoke with reported they felt safe in the home and we found staff understood how to keep people safe. Although there was enough staff to meet people's needs, the service had experienced a high number of staff leave and as a result there was a high use of agency staff whilst they recruited to vacant posts. People's relatives we spoke with said this had an impact on continuity with support often delivered by "unfamiliar faces."

Staff received a range of training and told us they were supported so they could deliver effective care. People reported the food was good and mealtimes were flexible and unrushed.

We observed good interactions between staff and people who used the service. People reported staff was kind and caring and enthusiastic in providing care and support.

People's needs were regularly assessed so staff could deliver individualised care. A range of activities tailored to each individual was provided and people reported they enjoyed these activities. People's comments and complaints were appropriately responded to.

Arrangements were in place to seek the feedback of people and their relatives about the service provided through periodic meetings and surveys. People reported they were involved in making decisions about the service.

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 not providing consistently safe care. We found there were enough staff on duty and the staff we spoke with understood how to keep people safe. However, the service had a high number of staff leave (30% in a year) which had led to a high use of agency staff whilst they recruited to vacant posts. People's relatives and visiting health professionals said this had an impact as there was a lack of continuity with support delivered by "unfamiliar faces."

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People said their freedom was not restricted and they were able to do as they chose. Staff we spoke with understood how to protect the rights of people who had limited capacity to make decisions for themselves.

We found systems were in place to identify abuse and protect people from harm. We saw evidence these systems had been followed to keep people safe.

Requires Improvement



Is the service effective?

The service was effective. Staff received a range of training and told us they were well supported to undertake their role effectively. They demonstrated a good understanding of the needs of the people they cared for, allowing them to deliver effective care.

There was an adequate range of foods for people to choose from. Mealtimes were flexible and we observed a good atmosphere at mealtimes which was unrushed. People and their relatives we spoke with told us the food was good and they were provided with appropriate support.

People and their relatives we spoke with told us they were happy with the care they received. People were supported to maintain good health through regular monitoring by the service and help in attending external health appointments.

Good



Is the service caring?

The service was caring. People and their relatives we spoke with told us staff were caring, kind and enthusiastic. They told us they were treated with dignity and respect. This was confirmed by the positive interactions between people and staff that we observed on the day of the inspection.

People said they were listened to and involved in the decisions in relation to their care. Care records confirmed people's involvement in care planning.

Good



Summary of findings

The service encouraged people to maintain relationships and see their families. Relatives could visit the service whenever they wanted and we saw arrangements were in place to support people to see their families outside the home.

Is the service responsive?

The service was responsive to people's needs. People and their relatives told us their needs were met. Care records showed people had their needs regularly assessed and any changes to their support plan were documented to allow staff to deliver responsive care.

People told us they were encouraged to pursue their interests and hobbies. Staff understood what people wanted to do and helped them to achieve these things through accessing a range of activities in the community.

We saw that complaints were appropriately handled and people reported they were happy with the way complaints had been dealt with.

Good



Is the service well-led?

The service was not consistently well lead. Although people reported that senior management regularly visited and were supportive, there was no registered manager in place. People, staff and health professionals reported that this had led to some instances of poor communication and the home experienced a "lack of direction".

Arrangements were in place to seek feedback from people and staff in order to make changes to the service. We saw examples of where people's comments had been used to improve the service.

Requires Improvement



Park View Road

Detailed findings

Background to this inspection

We visited the home on 22 July 2014. We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people who used the service, six relatives, eight members of staff and the regional manager. We spent time observing care and support being delivered. We looked at three people's care records and other records which related to the management of the service such as training records and policies and procedures.

The inspection team consisted of an 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.

Before our inspection, we reviewed the information we held about the service. This included notifications and the provider information return, a document sent to us by the

provider with information about the performance of the service. We contacted the local authority safeguarding team and local healthwatch to ask them for their views on the service and if they had any concerns. As part of the inspection we also spoke with two health professionals who regularly visited the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

We found staffing numbers were adequate and were based on meeting people's individual needs. For example, some people required one to one support or support from two members of staff to undertake activities and staffing levels were adjusted around these requirements. Staff, people and their relatives said staffing levels were adequate. We observed care and saw staff were visible and attentive to people's needs by providing help and support when people needed it, indicating there were enough staff. A health professional we spoke with also told us they thought there were enough staff to enable good care and a range of activities to take place, which helped people to achieve good outcomes.

Although the evidence suggested staffing levels at any one time were adequate, the service was relying on a large number of agency staff to maintain staffing levels. We saw 11 agency staff members were currently on the rota providing varying levels of support. Staff and people's relatives said the increased use of agency staff had occurred because of a high turnover of staff. Information submitted to us prior to the inspection, confirmed turnover was high, with 30% of staff leaving in the last year. Some people and their relatives commented that because of this there was a lack of continuity of care. For example, one person said "overall lots of positive but staff turnover needs to be improved, always unfamiliar faces." Two health professionals told us they thought some issues had arisen because of lack of continuity of staff. They said, given the high needs of some residents, it was very important that staff knew people well to keep them safe. Staff we spoke with also said this was a key challenge with one saying "agency can make the job more difficult."

Information submitted to us by the provider prior to the inspection, demonstrated to us that they had identified that recruitment was a key priority. During the inspection we saw evidence recruitment was being undertaken to fill the 3.8 WTE support worker vacancies.

The service had arrangements in place to minimise the impact of agency staff on the safety of care. Management told us they ensured agency staff received a full induction and we saw documentation which confirmed this was the case. This included a period of shadowing experienced staff members, to get to know the people they cared for. The manager said they only used a fixed group of agency

staff who had completed this process. We spoke with an agency member of staff who confirmed these arrangements were in place and said they felt they knew the people they were caring for. However, the fact that 11 agency staff members were used, some of them to provide only a few hours of care a week, showed that improvements were required to ensure continuity of care from familiar staff.

The provider had safeguarding policies and procedures in place and we saw examples of when these had been followed. For example, we saw safeguarding incidents had been correctly reported to the local authority and investigations were undertaken to ensure people were safe. We saw where the service had attended safeguarding meetings with the local authority, the outcomes of these meetings had been clearly recorded so staff knew how to keep people safe.

Staff told us they thought people were safe in the home. They were able to confidently describe how they would identify and act on any incidents of abuse. They said if they raised any concerns with their line manager they were confident they would take action to address them. This showed us staff understood and had confidence in procedures in place to keep people safe.

There were robust recruitment procedures in place which included a DBS (Disclosure and Barring Service) check and obtaining two written references. This helped to ensure new staff were of suitable character for the role.

We saw that disciplinary procedures were in place observing an example where these had been followed after an alleged incident. This demonstrated the correct procedures had been followed to keep people safe.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests. We found the team leaders had a good understanding of DoLS and were aware of the recent supreme court judgement and its implications on compliance with the law. Following this, the service had sought advice from the local authority DoLS team and was in the process of making applications where they thought people's freedom might be deprived. This showed the service was taking action to ensure people's

Is the service safe?

rights were protected. Everyone we spoke with said they felt safe in the home. For example one person said “I am happy here, staff are nice and I feel safe.” We observed the body language of those who could not communicate verbally; they looked relaxed and comfortable with the staff who supported them. People told us they were able to do a range of activities and did not feel restrictions were placed on them by staff. For example, one person said “I can go in and out as I please; I go out every day, even in the winter.”

The home had taken appropriate steps to ensure people’s capacity was assessed where complex decisions needed to be made. For example, they were currently in the process of obtaining specialist input into a capacity assessment where questions had been raised about a person’s capacity to make a particular decision for themselves. This showed the correct process had been followed to protect this person. We found staff understood how to help people with limited capacity to make decisions. This included supporting people with pictures and non-verbal communication techniques.

Care plans demonstrated to us that the service had risk management processes in place to keep people safe. For

example, risk assessments were in place in a range of areas such as for activities in the community, behaviour and medication. Risk assessments contained a good level of detail and clear actions staff needed to take to keep people safe. Risk assessments in a range of activities indicated the service allowed people the freedom to do the activities they chose, but with appropriate safeguards in place.

Protocols were in place to support people safely in emergency situations. For example, one person had an epilepsy protocol to ensure staff supported them safely following a seizure and another had an action plan in place in the event they should go missing from the home.

We saw plans were in place to guide staff on how to manage people’s behaviour. Staff we spoke with were familiar with these plans and able to demonstrate how they responded to down each person we asked them about. During the inspection, we observed two incidents of behaviour that challenges, which were both, dealt with by staff who acted confidently and effectively in calming the situation down. This indicated staff knew how to manage people’s behaviour to keep them and others safe.

Is the service effective?

Our findings

People and their relatives reported that overall the home provided effective care. One relative said “overall, we’re very happy that (person) is well taken care of. They were quite overweight when they went to Park View, but they are much better now. The staff seem very fond of (person), and (person) seems very happy there. They’ve done a good job.” Another relative said “It’s good especially compared to all the other places he’s been.” A third relative told us they would give it “10 out of 10” and that staff were “fantastic.”

Feedback from health professionals on the effectiveness of the care was mixed. For example, one health professional we spoke with said “I feel they have done a very good job with people and I have seen effective care and marked improvements.” They reported good links with the service. Another health professional said that they were unsure about the effectiveness of care as it was a “mixed bag” due to the staff turnover and inconsistent communication and leadership.

Staff told us they felt well supported and were provided with suitable training which enabled them to confidently undertake their role. For example one staff member told us; “I feel happy here. I have good line management and support. The office door is always open and the management are always available. I feel well supported.” Another staff member praised the training and said “I never have to say this or that training is about to expire. They make sure I’m all up to date.” A third staff member said “I have the scope to develop my skills and to support others.”

A range of mandatory training tailored to learning disabilities care was provided such as physical intervention and safeguarding. An induction programme based on national standards was in place as well as a local induction which involved becoming familiar with local policies and procedures and shadowing experienced staff. This indicated that staff was provided with adequate training and support.

Staff we spoke with were able to tell us about the likes, dislikes and preferences of the people we asked them about, indicating that they knew them well. For example, one staff member was able to confidently describe what a person liked to do whilst out in the town.

We spoke with the chef about the food on offer. They showed us the menu which rotated over a four week cycle.

The chef explained that there was one main choice at each mealtime, but they were flexible in responding to people’s requests and often cooked different meals for different people. We saw an example on the day of the inspection; one person asked for something different to eat and this was respected. This indicated people had sufficient choice. People and their relatives told us the food was good and they were provided with appropriate support.

We observed the lunchtime meal and found there was a relaxed approach with people able to get their meal at a time that suited them and sit where they liked, for example, outside or in the dining room. People we observed were independent with eating their meal but staff were around to offer support if needed, for example, in providing condiments. Care plans contained information on people’s likes and dislikes and the chef had a good understanding of these. They told us they used people’s preferences in menu planning together with ensuring a healthy balanced diet. This included meeting people’s cultural requirements. For example, one person did not eat pork so alternatives were made available. The chef also told us that since joining the service they had created a more varied menu and obtained people’s choices through tasting sessions. For example, we saw that a tea tasting session was planned for the next day to decide whether people liked different varieties of fruit tea. This indicated people had input into the choice of food and drinks on offer.

We saw people’s health needs and risks were clearly recorded within care plan documentation. We saw evidence people had been supported to attend various health appointments such as hearing tests and health check-ups. These were scheduled in the homes diary and also in people’s files although the schedules in some people’s files required updating. We saw the service maintained hospital passports for people. A hospital passport is used in the event of a hospital admission to ensure hospitals have relevant information on people’s needs and preferences, especially when people cannot speak for themselves. This helped to ensure good links with healthcare services.

The staff we spoke with had a good understanding about the health issues of the people we asked them about. We found the service was in the process of updating health action plans. A health action plan is a document for people with learning disabilities with the aim of ensuring they maintain good health. In the records for two people we

Is the service effective?

saw that health action plans needed updating and the team leader confirmed they would ensure these were completed as a priority. Pain management plans were in place to manage health conditions and keep people comfortable, as well as protocols so staff knew when people needed “As required” medication. Easy read information on people’s medicines was contained within their care plans to aid people understand the medicines they were taking.

People reported they were involved in decisions in relation to the design and decoration of the home, for example, the kitchenette was being renovated and people said they had

chosen the colours. The environment was bright and well maintained with spacious bedroom and living areas. The bathrooms we observed had adaptations for people with physical disabilities. There was a secure garden which we saw was in use during our inspection. There was adequate space for people to spend time alone. People and their relatives said the environment was mostly good. For example, three people said they particularly liked their rooms and the garden. This indicated to us the design and decoration of the building with suitable in meeting people’s needs.

Is the service caring?

Our findings

People told us they were happy living in the home. People and their relatives told us staff treated them well and were friendly and supportive. For example, one relative told us “staff always have a smile; they try so hard, they are willing to help with anything.” People said they liked being in the company of staff, indicating they had developed good relationships with them. One person said “I like going shopping in town with my key worker.” We spoke with two health professionals who visited the home and they confirmed that staff were always very caring and respectful, and that staff had “An enthusiasm” for the job.

Staff we spoke with demonstrated a good understanding of the people they were caring for. The support packages in place meant people often had close support from staff such as one to one care, and this allowed them to develop meaningful relationships with people. Staff were able to confidently describe people’s likes, dislikes, key risks and behavioural traits. Staff had a good understanding of how to assist people to make choices; this included picking up on body language of people who could not communicate verbally. Team leaders also had a good knowledge of people and what they liked to do. This indicated the staff team understood the people they were caring for.

We observed care and support practices in the home. All people looked clean and well-dressed indicating that they were provided with adequate support with personal care. People were relaxed and at ease with the staff who supported them and the conversations between them were respectful and supportive. When people became distressed we saw staff calm them down using appropriate verbal and non-verbal communication techniques.

Staff respected people’s rights for privacy, for example, allowing them to spend times in their rooms. We observed people were asked their opinions, such as where they wanted to eat lunch and what they wanted to do. This indicated that people were listened to and their right to choice and privacy was respected. People we spoke with confirmed this was the case and said they were encouraged to “pursue their interests.”

Care plan documentation showed people were involved in their care and support packages. For example, people had signed their care plans. We spoke with a person who knew what their care plan was and said they had access to it.

Care plans were personalised and contained detailed information on people’s likes, dislikes and the people who were important to them. This indicated they had been developed in close consultation with people. Daily records showed people had been offered choices and their wishes respected such as where they wanted to go out to. This indicated people were actively involved in making decisions about their care. Care plans had a strong emphasis on independence. For example, care plans recorded people’s interest in activities and were formulated in a way to allow people to do these as independently as possible. People we spoke with confirmed the service gave them a good level of independence.

We saw advocacy services were available to people should they require independent advice to support them and we saw evidence they were used by one person who used the service.

Relatives told us they could visit the home whenever they wanted to. Throughout the day, we saw visitors arrive and also people being supported to visit their families outside of the home. This indicated the service encouraged people to maintain relationships with those important to them.

Is the service responsive?

Our findings

People and their relatives told us that they received responsive care. For example, one relative said that their relative's difficult behaviour had been managed well and responded to in a creative and positive way by the service. People told us the staff team was "good" and fun".

Each person had a support plan in place which showed their needs had been assessed in a number of areas. These included communication, behaviour, activities and moving and handling. Support plans contained detailed information for staff to enable them to provide responsive care. For example, where people had behaviour that challenges, there was clear guidance on how to respond to their behaviour in order to support the person correctly. Staff told us care plans were useful and informative in helping them to provide appropriate care. We saw plans were regularly updated reflecting changes to people's needs.

Systems were in place to ensure the service responded to people's changing needs. These included daily handovers; these records showed information was recorded on each person who used the service so staff knew of any changes to their care. Staff meetings and resident meetings also periodically took place and we saw evidence that discussions over care and support strategies took place. This meant that any changes in needs could be appropriately responded to. Information on people's changing needs was also recorded within daily records and health professional notes.

People, their relatives and staff reported that a range of activities were available. During the course of the day, we saw people regularly left the home with staff to access the community, for example, two people went to visit a local town on the bus. Other people were supported to access the community on their own to maintain their

independence. Clear plans were in place to enable people to do these activities, for example, to attend their place of work or see friends. Daily records and activities logs showed people were offered activities on a daily basis and staffing levels were adjusted to account for this. People told us they were encouraged to pursue their interests and hobbies such as arts and crafts, and riding their bike. For example one person told us "I like riding my bike and staff have helped me." Staff were able to confidently describe how they met people's needs through activities. For example, one staff member told us about the exercise routine which had been introduced to assist someone who displayed behaviour that challenges and that this had been effective. A health professional and this person's relative also said the service had met their needs and the plan had led to a positive outcome. This indicated the service was providing appropriate activities to help meet people's needs.

A complaints policy was in place which was brought to the attention of people and their relatives through leaflets. Relatives we spoke with said they knew how to complain. A system was in place to log verbal and formal complaints and appropriately respond to. There had been no formal complaints. We looked at the log of verbal complaints which showed they had been fully recorded and the team leader was able to confidently describe to us how they had been resolved. We saw they had been responded to within appropriate timescales in line with the provider's policy on complaints. We spoke with a relative who had submitted a verbal complaint: they told us that the service had been happy to speak with them about it and quickly acted on it. Staff we spoke were confidently able to describe to us how they would manage complaints to the satisfaction of people who used the service. They said people sometimes had minor complaints but they were always quickly resolved. This indicated complaints were handled to the satisfaction of people who used the service.

Is the service well-led?

Our findings

We found two incidents had occurred in July 2014 which the Care Quality Commission should have been made aware of by the submission of notifications. No notifications had been submitted. We spoke with the team leader about this and reminded them of their duty to ensure all notifiable incidents were reported to the CQC. This is a breach of Regulation 18 Health and Social Care Act 2008 (Registration Regulations) 2010. We spoke with the manager about this and informed them we may take further action if future notifiable incidents were not reported to CQC.

The home did not have a registered manager in place and there had been no registered manager since May 2013. It is a requirement of the CQC that a registered manager be in place and this is being followed up with the provider by the CQC. Staff told us that various managers had been in place since, but none had stayed long enough to apply for registration with the Commission. The area manager told us they were in the process of recruiting to the position but had experienced difficulties in finding a suitable candidate.

People's relatives told us that although they felt the team leaders were doing a good job, they were concerned that there had not been a permanent manager in place for so long. One relative told us that they thought the home lacked strategy and direction because of this, and another relative said that communication regarding their relative had "not always been great", and they thought this was due to a lack of leadership.

Staff we spoke with said that although morale was good and they felt well supported, they were also concerned that a home manager was not in place. For example, one staff member said "we can always talk to the team leaders about any concerns, but it would be better to have more continuity, we need stability." Both healthcare professionals we spoke with raised concerns over communication, management and lack of strong leadership. This showed us the lack of manager had impacted on the quality of the service.

Senior management and staff were consistent about the key challenges which faced the organisation. They all said that ensuring a manager was in place and ensuring the home was fully recruited to be key challenges. We saw plans were in place from senior managers to address this.

Staff said the home was open and transparent and they felt able to discuss any work matters with the team leaders or senior managers who regularly visited. People and their relatives also told us they were able to communicate openly with staff at the service. This indicated an open and honest culture within the organisation.

Arrangements were in place to seek people's views to improve the service. For example, regular resident meetings were held and we saw evidence a range of issues were discussed including safety, activities and staff support. We spoke with one person who told us it was their responsibility to write up the meeting minutes and that this made them feel involved in the running of the home. We saw the 2014 relative survey had recently been sent out, and this was an opportunity for people's relatives to air their views on the service. The results of this had not yet been received, so we were unable to comment on relative's feedback.

Systems were in place to record and investigate incidents and accidents. Clear actions were put in place following incidents to reduce the risk of a re-occurrence for example following behavioural incidents. This showed us the service learnt from accidents and incidents.

Arrangements were in place to seek feedback from staff. Regular staff meetings were held; these included team leader meetings, health and safety meetings, day staff meetings and night staff meetings. We looked at the minutes of these meetings and these evidenced that meetings were an opportunity for staff to raise any concerns they had. Staff we spoke with said they were able to air their views and felt listened to. A staff survey had been completed in October 2013, which showed there were some areas where staff morale needed to be improved. We spoke with the senior manager about this and they told us what they had done to address the outcome of the survey. Staff spoke positively about the home and said morale was good and things had got better over the last 6 months. We saw the findings of the staff survey had been discussed at team meetings and efforts had been taken to get to the bottom of concerns, which demonstrated the service was looking to improve as a result of feedback received.

Audit systems were in place to assess the quality of the service, such as medication and care records. However some systems required improvement. For example, care plans contained people's goals and although people reported the service had been effective in meeting their

Is the service well-led?

goals, for example one person said staff had been effective in helping them set up a computer and access the internet,

there was no formal evaluation of whether these goals and objectives had been met. This meant the service was not monitoring its effectiveness when it came to meeting people's aims and objectives.