

Homes Together Limited

12 Church Avenue

Harrogate

Inspection report

12 Church Avenue
Harrogate
North Yorkshire
HG1 4HE

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14 June 2022

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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

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.

About the service

12 Church Avenue Harrogate is a residential care home providing personal care for up to six people. At the time of the inspection they were supporting six people with dual sensory impairment/loss and/or people with learning disabilities. 12 Church Avenue Harrogate is a semi-detached house with communal spaces and bedrooms over three floors.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

Staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. People were supported by staff to pursue their interests and take part in activities in their local area including interacting online with people who had shared interests. More needed to be done to document and support people to meet their goals and aspirations.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

The service was personalised and reflective of the people that lived there, their interests and people proudly displayed their own artwork. However, the décor and furnishings were old and tired, and the provider had plans to refurbish and replace the existing furnishings to better meet their needs.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse and the service worked well with other agencies to do so.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Staff knew people well and treated them like family. More staff were needed in the evenings and at weekends to support people into the community as they wanted.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the

management and staff. Staff knew and understood people well and were responsive, in supporting their aspirations to live a quality life of their choosing.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. Staff valued and acted upon people's views.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating

This service was registered with us on 1st December 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, (published on 5 December 2018.)

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture. We also inspected this service to provide the new provider with a rating.

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.

Recommendations

We have made recommendations around staffing levels and deployment.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

12 Church Avenue Harrogate

Detailed findings

Background to this inspection

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.

Inspection team

Two inspectors, a member of the CQC medicines team 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

12 Church Avenue Harrogate is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 12 Church Avenue Harrogate is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the 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 six people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, managing director, head of residential services and support staff. We reviewed a range of records. This included five people's care records and five medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies 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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staffing levels did not always provide the flexibility to meet people's needs.
- There was enough staff to support people during the day and through the week. However, people and staff told us that needed more staff after 4pm and on a weekend to support them, especially to go out in the community.
- One person told us, "I like the staff here, they're helpful. Could do with a couple more, weekend and on an evening especially, we can't get out". Another person told us, "By the time you get out you only have a couple of hours because we have to be back for 4pm when the staff member goes home."
- One staff member told us, "I love my job, but we need to support people to be able to get out and do more. They [people] love being out and doing things. It's really sad if they're fed up and they want to go for a walk which isn't always possible."

We recommend the provider reviews the staffing numbers and deployment to better meet people's needs in line with their wishes and requests.

- Staff were recruited safely and received a robust induction and training package to meet the needs of the people they supported.
- All staff had a Disclosure and Barring Service (DBS) check in place. One person had not had theirs reviewed for a long period of time and there was no policy in place around DBS processes. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider took action to review the staff members DBS and are reviewing their policy and procedures following the inspection.
- We observed multiple people going out in the evening with the support of external agencies and social groups which did not require staff support.

Using medicines safely

- Staff followed effective processes to provide support people needed to take their medicines safely. However, risk assessments for one person taking medicines themselves needed more information. The provider took action to review the risk assessment.
- People received support from staff to make their own decisions about medicines wherever possible.
- Staff worked collaboratively with pharmacists and GPs to manage people's medicines and gain advice.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Medicines were audited weekly and actions implemented.
- Staff completed medicines training and their competency to handle medicines was assessed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Staff managed the safety of the environment and equipment by completing regular checks and taking action to minimise risk.
- Staff assessed people's sensory needs and did their best to meet them.
- Staff raised concerns in multiple ways including accident and incident forms, in supervisions and in staff meetings. Further work was needed to evidence action taken and lessons learnt.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People told us they felt safe and could speak to staff if they had any problems or concerns.

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 prevented visitors from catching and spreading infections.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.

Visiting in care homes

Visiting arrangements followed current government guidelines. Risk assessments and care plans were in place to support safe visits to the care home and when people visited family and/or friends.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People had care and support plans that were personalised and holistic but required work to make them more reflective of people's needs and aspirations.
- It wasn't always clear how people would meet their future goals and aspirations. One person told us they wanted to be more involved in doing their own shopping. Staff were aware but it wasn't clear what action was taken to support this.
- The provider was in the process of changing their current care plans to make them more person-centred and people were involved in developing their new care plans.

Staff support: induction, training, skills and experience

- People were supported experienced and consistent staff who had received the relevant training, including refresher courses which helped staff continuously apply best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.
- Staff could describe how their training and personal development related to the people they supported.

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

- People decided how they wanted to be involved in preparing and cooking of their own meals in their preferred way.
- People could have a drink or snack at any time, and they were given guidance and support from staff about healthy eating.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

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

- The home décor was dated and some of the furniture was worn and needed replacing. The provider has a refurbishment plan in place to address the concerns raised and improve the overall environment.
- People had personalised bedrooms and displayed pieces of art they had created and pictures which were important to them throughout the service.

Supporting people to live healthier lives, access healthcare services and support

- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, dental appointments, screening and primary care services.

- The service ensured that people were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events.

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

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 MCA 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.

- Staff empowered people to make their own decisions about their care and support.
- Staff respected the rights of people with capacity to refuse their medicines and staff ensured that people with capacity gave their consent to medicines.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were patient and used appropriate styles of interaction with people.
- One person told us, "I am happy, I like the way I am treated, and the staff are nice. I can get what I want to eat when I want and help myself. This is a happy home."
- One staff member told us, "If my child was in the home, I would be very happy. I always think, what would I do if it was my child. I go away from work and I feel happy because they've had a good time. It's about what you give."

Supporting people to express their views and be involved in making decisions about their care

- People felt listened to and valued by staff.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were supported to maintain links with those that are important to them.
- One person told us, "I am happy with my staff, my keyworker is [name] and he is particularly good at his job, I could tell him if I wasn't happy. I am happy with my activities. If am honest I am happy with everything."

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this
- People were supported to attend paid or voluntary work, leisure activities and widening of their social circles. One person told us about their job at the local hospital radio station which they really enjoyed. Another person told us about all the social events they attended in the local area and the friends they met up with.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff spoke knowledgeably about tailoring the level of support to individual's needs
- The service met the needs people, including those with needs related to protected characteristics.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. For example, one person told staff that they felt lonely and would like to meet a partner. Staff supported them in a way that they were comfortable with and promoted their independence. They told us how they enjoyed meeting new people with shared interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff ensured people had access to information in formats they could understand. Policies were available in formats including braille and audio for people using the service. People using the service were involved in developing these.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis.
- People who were living away from their local area were able to stay in contact with friends and family via telephone and visits back to their local area.
- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests
- People told us how they attended day services, sporting activities and social events independently. One person told us, "I do lots of nice things like walking, I go to fine art classes and like shopping".

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- One relative told us, "I talk to the deputy manager and happy in the main. I know how to make a complaint but there isn't anything I would change he is safe that is the main thing."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and registered manager worked hard to create a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt able to raise concerns with managers. One staff member told us, "I have no concerns, I would be happy to raise any concerns I had with the registered manager, I trust them enough that they would act."
- Management and staff put people's needs and wishes at the heart of everything they did.

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 registered manager apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, applying duty of candour where appropriate.
- One staff member told us, "The registered manager is approachable and good manager. You don't have to hide anything, and they are understanding".

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

- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. Quality assurance checks were in place and regularly reviewed to drive improvement.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and good oversight of the services they managed.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- Staff delivered good quality support consistently.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.
- The service worked well in partnership with other health and social care organisations, which helped to

give people using the service a voice and improve their wellbeing.

- The provider sought feedback from people and those important to them and used the feedback to develop the service.

Continuous learning and improving care

- The provider invested sufficiently in the service, embracing change and delivering improvements including the planned refurbishment of the home.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The provider had invested in and developed a new day service drop in for people using their services after several existing day services were no longer available to people. People told us how much they enjoyed spending time there and seeing friends from other homes together services.