

# North Yorkshire County Council

## Prospect Mount Road

### Inspection report

101 Prospect Mount Road  
Scarborough  
North Yorkshire  
YO12 6EW  
Tel: 01723 366716  
Website: [www.northyorks.gov.uk](http://www.northyorks.gov.uk)

Date of inspection visit: 17 November 2015  
Date of publication: 29/02/2016

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on the 17 November 2015 and was unannounced.

The service provides personal care and accommodation for up to 39 people. There were 14 people who used the service on the day of our inspection. There had been a refurbishment programme at the service and so numbers at the service were low to accommodate that event.

The service is divided into four units; the Homeward Bound unit providing rehabilitation for up to six weeks before people return home or move to another service, Willow a dementia care unit, a respite unit that takes

people who require a break and a day unit. The provider is North Yorkshire County Council. The service is located in Scarborough. All bedrooms are used as single accommodation. The dementia unit has its own secure garden area. There is a car park available for people to use.

There was no registered manager at this service as they had recently left the service. The provider had brought in one of their experienced managers from another service to provide management support to staff until a manager was recruited. Interviews of prospective candidates had

# Summary of findings

been planned for the week following the inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

At our last inspection on 12 March 2015 we had made recommendations that the provider look at good practice in risk management, dementia friendly environments and quality assurance. They had chosen to send us an action plan showing how they planned to meet the recommendations. At this inspection we saw that although some areas had improved there was still a need to improve the quality assurance systems. Audits were not carried out for every area of the service and others had not been carried out recently. People's feedback had not been sought in order for the service to learn and make improvements.

This was a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) 2014 and you can see what we have asked the provider to do at the back of the full version of this report.

People told us that they felt safe and risks to people's health had been completed with instructions for staff about how they should maintain people's health and wellbeing.

Staff were recruited safely and there were sufficient staff to meet people's needs.

There were procedures in place for staff to follow if they suspected abuse. They had been trained and could tell us how they would make an alert.

Staff had followed the principles of the Mental Capacity Act 2005 to determine whether people were able to make their own decisions. When they were unable to do so the process for making decisions in a person's best interest had been followed.

People told us and we observed that staff were caring and kind and respected people's privacy and dignity.

People had their needs assessed before they used the service and the information gathered was used to form their care plan. This was reviewed regularly.

There was a complaints policy and procedure and people knew who to speak with if they had concerns.

People took part in some activities but there were no meaningful activities for those people living with dementia. We have made a recommendation about meaningful activities for people living with dementia.

# 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?

This service was safe.

People told us that they felt safe and risks to people's health had been assessed.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs.

There were procedures in place for staff to follow if they suspected abuse. They could tell us how they would make an alert.

Good



### Is the service effective?

This service was effective.

Staff had followed the principles of the Mental Capacity Act 2005 to determine whether people were able to make their own decisions. When they were unable to do so the process for making decisions in a person's best interest had been followed.

Peoples support needs around eating and drinking had been identified and plans were in place to ensure they received the help they needed.

Good



### Is the service caring?

This service was caring.

We observed that staff were caring and kind. People told us that they were spoken to respectfully.

Staff preserved people's dignity by knocking on doors and asking permission before providing any care.

Good



### Is the service responsive?

The service was not consistently responsive because there were no meaningful activities taking place for those people living with dementia.

People's needs were assessed and a care plan written and reviewed regularly.

There was a complaints policy and procedure and people knew who to speak with if they had concerns.

Requires improvement



### Is the service well-led?

This service was not consistently well led. There was no registered manager working at the service but an experienced manager was in charge providing management support.

The quality assurance systems for the service had been improved but all areas were not been audited effectively.

Requires improvement



# Summary of findings

People's feedback about the service on the day of inspection was consistently positive but no formal questionnaires or surveys had been carried out recently to obtain people's views.

# Prospect Mount Road

## 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 17 November 2015 and was unannounced. The team was made up of one inspector and one expert by experience with experience of care homes and dementia. 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 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.

Prior to the inspection we gathered and reviewed information from statutory notifications we had received. In addition we looked at the action plan the previous registered manager had sent to us in response to recommendations we had made at the last inspection on 12 March 2015. We also spoke with the local authority contracting and quality assurance officer who had no current concerns.

During the inspection we spoke with six people who used the service, one visitor, five care workers, the activities organiser, and the manager. We used the Short Observational Framework for Inspection (SOFI) to observe the care offered to two people over lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the records of three people who used the service and three staff recruitment and training records. We also looked at records relating to the running of the service such as servicing and maintenance documents, audits and policies and procedures. We also looked at people's rooms with their permission, communal areas and the kitchen and laundry.

# Is the service safe?

## Our findings

When asked if they felt safe people who used the service told us they did, saying, “Yes because there is someone about” and, “Yes, always someone here and I have a necklace call button and I press it and they come quick.”

We saw that staff had been recruited safely. We looked at the recruitment records for three care workers and could see that all the necessary checks had been carried out before they were employed including a check by the Disclosure and Barring Service (DBS) and two references. The DBS carries out checks to ensure that people are safe to work with particular groups of people. The provider had taken steps to check the background of care workers in order to protect people who used the service.

All the people we spoke with who used the service told us that there were enough staff on duty. They said, “There is always somebody about.” A relative told us, “Yes, if I want staff I can find them and I can get in quickly with access button.” We observed sufficient staff on duty to meet the needs of the people who used the service. When we looked at the rotas they confirmed that staffing had been maintained at appropriate levels. One member of staff told us, “We have seen some improvements”. Another said they felt that the rotas did not promote equality but that this had no effect on peoples care. We spoke to the manager about this who told us that they were looking at the rotas. They also felt they did need changing as some people were working more or less than their contracted hours. Staff also told us that they had access to relief staff employed by the provider if it was necessary to maintain appropriate staffing levels.

There were policies and procedures in place in relation to safeguarding and whistleblowing procedures. Records showed that staff had received training in safeguarding adults and staff could explain to us what they would do to alert people if they witnessed any abuse and were confident that the information would be acted upon immediately. This helped to ensure that people who used the service would be protected

Risk assessments had been carried out as part of the care planning process addressing areas such as moving and handling, nutrition, pressure care and falls. Information was also available to staff about how to manage identified risks.

For instance one person living with dementia no longer had the capacity to feed herself and needed assistance. There were details about how staff should support them giving instructions such as , “Likes a small diet otherwise over faced.” Risks to people’s health were identified along with triggers for further referral. An example of this was that the person living with dementia was weighed regularly and if their weight decreased there was a procedure for staff to follow which included a referral to the person’s doctor who could assess whether or not specialist services, such as a dietician, were required. A member of staff was able to describe this process to us when we asked about the person. This demonstrated that the service was managing risk to people’s health at this service.

Health and safety risk assessments had been completed on the premises and staff had been trained in health and safety procedures. There was specialist equipment available for staff to use when evacuating people in the event of an emergency situation such as a fire. There was a fire evacuation plan and the fire safety equipment had been regularly serviced. There was a fire alarm test during the morning of our inspection which showed that the service was ensuring the equipment was working properly. This meant that people who used the service were protected from the risk of unsafe health and safety practices because staff had received up to date training and safety equipment was tested. The premises were clean and tidy and we saw that staff followed the hand washing guidance that was evident around the service. The recent visit by the local authority environmental health officer had awarded the service a 5 under their food hygiene rating scheme which means the service employed very good practices around food hygiene. Accidents and incidents were recorded appropriately.

Medicines had been managed safely at this service. Medication policies and procedures were comprehensive and covered all areas of medicine management. Staff had received training in administration of medicines and we saw people receiving their medicines from staff safely. We saw that when people were prescribed “as required” medicines there was a separate record for each medicine outlining why they were prescribed and when they should be given. There were no gaps in the medicine administration sheets we looked at. Medicine audits had been completed to monitor this area of practice.

# Is the service effective?

## Our findings

People told us that they were happy with the care they received from staff. One person told us, “Yes, if you want anything you just ask.” They said that staff knew what they were doing. We saw that staff knew people well and had the skill and knowledge to care for people who used this service.

Staff received an induction when they came to work at the service which included practical events such as a tour of the building, being given their log in data and introductions. This was followed by training and then shadowing more senior or experienced staff. Over the next two to three months key areas were covered in theory and practice. Initial training was given in subjects such as moving and handling, safeguarding, Mental Capacity Act (MCA) 2005, deprivation of liberty safeguards (DoLS) and fire safety. During the induction period the staff member had an induction passport which was signed by the person managing the induction activity. This evidenced that the person was competent to start their role as a care worker at this service.

Following their induction staff were encouraged to obtain a National Vocational Qualification (NVQ) in care and all the staff we spoke with had this qualification. The NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job and requires the candidate to demonstrate and prove their competency in their role. We asked staff about their training and they told us that they were expected to maintain their training and therefore their competency. One person told us, “I have recently completed training in the Care Act, autism awareness, equality and diversity and have updated myself in safeguarding people with an alerter plus course.”

Staff had been supported through supervision but the changes of manager appear to have meant that this important aspect of staff support had lapsed. These meetings between staff and managers or senior staff encouraged discussions about staff performance, training needs and achievements to date. Staff we spoke with confirmed that they had supervision but not as often as they used to. We spoke to the manager about this who told us they were aware of this and were making plans to bring

this up to date. One member of staff confirmed that they had not received supervision for approximately ten months but said, “I feel that now (manager) is here we know where we are going.”

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Since the last inspection we saw that where DoLS were in place conditions were being met by the service.

We saw that where people were unable to make their own choices the service had followed the principles of the Mental Capacity Act (MCA) 2005 to enable people to have as much control over their lives as possible. It was evident when we looked at one person’s care file that decisions relating to their life had been made in their best interests in consultation with their representative, professionals and staff and these had been recorded. An example was a decision about whether or not someone should change rooms. We also saw that where decisions about resuscitation had been made they were also in consultation with family or other representatives and the doctor.

People had access to healthcare professionals whenever it was required. We saw from people’s records that they were seen by their GP, district nurses, A healthcare professional who visited the service told us, “Staff here are very helpful and let us know if there are any problems straight away.”

The environment met the needs of the people who used the service. At our last inspection we had seen that people living with dementia were not supported within their environment appropriately. They had been moved from their unit to another area of the service for the benefit of

## Is the service effective?

staff which may have caused distress, and their own unit was not dementia friendly. At this inspection we saw that this had improved and people were not being moved unless it was beneficial to them. They stayed within Willow Unit and the environment had improved to benefit those people living with dementia and with sensory loss. We saw way finding signage around the unit with pictures on people's bedroom doors to help them identify their rooms. Bedroom doors were painted in different colours and there was signage on toilet and bathroom doors although this could have been in a larger font to ensure people with poor sight could see them. There were clocks in the unit with large visible hands to orientate people to time. There was also continence supporting adaptations using contrasting colour toilet seats to assist the person when finding the toilet.

There were some outside spaces which were safe and secure. People could access them from the day centre and the Willow unit. The areas had ramps for people to use when walking on the pathways.

We had found at the last inspection that the lounge was small and cluttered. Some chairs had now been removed to make the space more user friendly and comfortable. This size of lounge was acceptable with the small number of people who were living within Willow unit but when the unit became full it had been identified by the management team that the lounge was not big enough to accommodate everyone. A further lounge area was in the initial stages of development which would provide the space needed as well as providing an alternative area for people to use.

There was another room in Willow with an attached kitchen. Tables were set and there was a reminder board which showed a menu. This helped to signify that this was the dining room. The dining chairs had arms giving people something safe to push against when they wanted to stand up.

The dining experience at the service was positive. We observed the lunch time period in Willow dining room and saw one person being supported to eat and drink. The care worker encouraged them to eat in an unhurried manner. It did take some time but throughout the care worker supported the person. We also joined people for lunch in another dining room. When asked what they thought of the food people who used the service told us, "I get two choices; food is lovely. The Sunday roast was absolutely beautiful, melt in the mouth beef and great Yorkshire puddings" and "We get asked what we fancy and the food is tasty."

We asked people if drinks were available for people throughout the day. One person told us, "Yes, I'm always having a drink. If you ask they will fetch you a cup of tea." We also observed people living with dementia being offered hot and cold drinks which was important as they may not have remembered to get one themselves. In addition there was a tuck shop where people could buy additional items of food if they wished.



# Is the service caring?

## Our findings

Everyone we spoke to on the day of inspection told us that staff were caring. They said, “They are very friendly, there is nothing they wouldn’t do for me” and, “The atmosphere is really nice” A third person said, “They are all so nice and staff are so good.” When asked if staff cared about people they replied, “Yes definitely, over and above. They’ve all been really brilliant.”

They also told us that staff spoke to them politely and with respect. One person said, “Yes and I have little chats with them.” A relative confirmed that people were treated with respect. We observed the way in which staff approached people and saw that they were mindful of the person but used humour and banter to support people’s wellbeing. Staff knew people well and in most cases had built up good relationships. Because the Homeward unit was for shorter stays some people had just recently arrived but we could see that staff were supportive and confident when speaking to those people.

People told us their dignity was maintained because, “They knock on the door; I feel comfortable with them” and, “They say, “Can I help you?”” We observed this to be the case on the day of inspection. People looked well dressed with clean hair and nails. Everyone was wearing appropriate footwear.

We carried out a SOFI whilst a person with a dementia was being assisted with eating and drinking. We saw that the care worker clearly knew the person and continually gave them encouragement. They spoke to them by name gently reminding them to eat and drink. They were smiling as they spoke to them which was supportive and friendly.

Most people told us that they had their support plans explained to them on the Homeward unit so that they understood the process and could map their progress. However one person told us they had not had anything explained to them and was unsure how long they were staying. Everyone else that we spoke to told us that any information was given to them in a way that they understood saying, “If you don’t you just ask.” We saw that people had been given information on admission and that they had a statement of terms and conditions explaining what they could expect from the service.

People were supported to maintain or increase their independence at this service particularly on the Homeward unit where the aim was for people to return home. One person told us, “They leave me to get on with it. If I need help I ask.” And “They get me in the kitchen doing things.” There were kitchens available which people could use if they wished.

We saw advocacy advertised on noticeboards within the service. This meant that people knew where they could access support.

# Is the service responsive?

## Our findings

People had been involved in planning and making decisions about their care. One person said, “They came to see me in hospital so they know my needs.”

When we looked at people’s care records we saw that their needs had been assessed prior to admission or information had been sought from a professional source such as a social worker or hospital staff in order that staff were aware of people’s needs. This information was incorporated into their care plans. The care plans were individual to that person looking at people’s goals, needs, choices and preferences. We saw that reviews of care plans had been completed and risk assessments were incorporated where appropriate.

We saw that appropriate equipment was in place to support communication. There was a portable loop system available for people with hearing difficulties if needed.

During the inspection we asked people how their hobbies and interests were supported and maintained. They said, “I have always been a knitter and I can do this”, “I like puzzles and sudoku”; “I go singing and I like that.” In addition we saw that people living with dementia were able to access an Alzheimer’s Society singing group called, ‘Singing for the brain’. They had been playing a game and colouring on the morning of our inspection. We also saw that there were activities organised by the physiotherapist and occupational therapist that visited that were linked to people’s rehabilitation. This included making drinks independently or walking practice and meant that people on the Homeward unit experienced activity that was meaningful to them and aided their recovery.

We met the independent living facilitator (ILF) during the inspection and were able to talk to them about the ways in which they support people through activities. They told us that they organised a weekly programme of activities throughout the service and spent one day a week on Willow providing one to one activity for people living with dementia and at other times staff on the unit provided activity. We did not see any meaningful activities taking place for people living with dementia on the day of inspection and the ILF told us that they were aware of a need for this to be organised. However, they were limited by the number of hours they were employed to work. This meant that not everyone’s social needs were being consistently met.

**We recommend that the provider look at developing best practice around meaningful activities for people who are living with dementia.**

People were able to make choices whilst using this service. They told us, “Yes, I get a choice of food” and “It is up to you what you want to do; they all look after us.” A third person said, “You just please yourself”.

The service had a complaints policy and procedure which was available for people to read in the form of a complaints and comments leaflet. The service was able to provide documents in other languages. We saw no records of any complaints during the inspection but were told that they would be dealt with immediately following the service procedure. People were aware of how to make a complaint and told us, “I would tell one of the Nurses” or “I would ask for who is in charge.”

# Is the service well-led?

## Our findings

The service did not have a registered manager on the day we inspected as they had recently left the service. An experienced manager from another service within the provider group was managing the service until another manager could be appointed. On arrival at the service we were met by the manager who, despite some initial confusion over where records were kept, made sure that we had all the documents we requested throughout the day. The staff were cooperative throughout the inspection.

An effective quality assurance system was not yet in place at this service despite our recommendation for the provider to look at this following our inspection on 12 March 2015. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visitors told us that there was a positive culture at the service, and one said, “Yes, there is an open friendly attitude and I feel everyone is approachable” People who used the service were also positive about the service. The staff enjoyed their work but felt that the provider did not always keep them informed about the plans for the service which left some of them feeling unsettled. This was fed back to the manager who told us they would include an agenda item at staff meetings to discuss business developments.

Audits of the service had been carried out in some areas but not all and so it was difficult to see if or where improvements were needed in some areas. We saw a medicine audit which had identified errors. These had been investigated and the issues rectified. The infection

control audit for the service completed in June 2015 had identified that training was required for the manager. We could not see whether or not that had been completed as they had now left the service. Areas had been identified for improvement and since our last inspection carpets had been replaced. In addition a new lounge area was being planned for Willow. The service was improving in this area but the quality assurance system was not fully effective.

Although accident and incident forms were completed there was no identification of trends and therefore no learning or development of preventative measures taking place. The manager would benefit from this information for care planning and staff training.

Staff meetings were held at the service. These meetings allowed the staff to keep up to date with what was going on within the service and to express their views. The manager had told us they planned to make future plans an agenda item to make sure staff were up to date with the providers business plans and to alleviate any anxieties that these had caused.

Monthly resident and relatives meetings were advertised within the units. One relative we spoke with told us, “I’ve not been to any yet” so we were unable to get their views on how useful they were.

When we asked people whether they had been asked for their feedback about the service both people who used the service and visitors we spoke with said they had although we could not see any up to date survey reports. People told us that they were asked by staff if they were happy with the service and one person told us, “They have asked if everything is okay and it is.” There were no recent formal surveys completed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance  Effective quality assurance systems had not been established to ensure that the service improved the quality of the service  Regulation 17 (1)(2)(a)