# Harrogate Skills 4 Living Centre

# Brackenley

## Inspection report

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## Ratings

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|---|---|
| **Overall rating for this service** | **Requires Improvement** |
| Is the service safe? | **Good** |
| Is the service effective? | **Good** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Good** |

## Overall summary

This inspection took place on 10 March 2015 and was unannounced.

This inspection follows the registration of Harrogate Skills 4 Living Centre (HS4LC) with the Care Quality Commission (CQC) on 24 September 2014. It was the first inspection of the service under the new provider..

When we visited the provider had recently completed a consultation period with staff. This had resulted in significant changes to the structure of the home and the management team. Both the registered manager and the deputy manager were present throughout our inspection.

However, they told us they were due to leave the home shortly after our inspection visit. The provider subsequently informed us they had appointed a new manager and an application to be the registered manager with the Care Quality Commission (CQC) was in progress. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

People had an individual care plan that detailed the support they needed and how they wanted this to be provided. However, improvements were needed to make sure that all staff in the service could consistently and promptly respond to people's care, treatment and support needs.

Although people were positive about the home we identified some improvements were needed to make sure that people were supported to be able to live their lives fully and be in charge of their decisions'

Risk assessments had been developed and these were monitored to ensure that people received safe care that met their needs. We observed staff responded and dealt with situations that arose in a timely way to safeguard people and promote their wellbeing. Staff knew people well and we observed they were at ease and comfortable with the staff who supported them. Staff took time to speak with the people they were supporting and we saw friendly, relaxed interactions between staff and people living in the home. People were able to see their friends and families as they wanted. There were no restrictions on when people could visit the home. However, we also identified that there were established care practices that affected people's ability to be able to take control and make decisions about their lives. For instance, the home had rules about rising and retiring times, which meant that people were expected to be in their bedrooms between 11pm and 8am.

People had a choice of meals, snacks and drinks, which they told us they enjoyed. The deputy manager had developed the menus and had included people in planning menus. However, there were times when the kitchen was kept locked which prevented people from routinely accessing the kitchen to be able to make their own drinks, which people told us they liked to be able to do.

Staff we spoke with confirmed that they were committed to working together as a team to drive forward improvements and to promote good quality, individualised care. There were safe systems in place for recruiting staff and both staff and visitors knew the action to take if they had any concerns. They knew how to raise their concerns outside the organisation if they needed to do so.

Appropriate arrangements were in place to make sure that staff were trained to be able to carry out their role and responsibilities effectively. Staff knew about the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 and had put these into practice effectively. People had access to a range of health and social care professionals such as speech and language therapists and doctors.

There was a programme of repair and refurbishment in place, which included new wet rooms and replacement windows. We have asked the provider to ensure that their risk assessments also take into account the outside areas of the home.

# 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?**

Good

The service was safe. We found that staff managed situations in a positive way to identify and manage risks whilst minimising restrictions placed on people. People's medicines were handled safely.

Appropriate recruitment procedures were in place. We found there were sufficient staff who were safely recruited and trained in how to safeguard people.

Appropriate arrangements were in place to maintain and refurbish the home. However, we have asked the provider to ensure that their risk assessments also take into account the outside areas of the home.

**Is the service effective?**

Good

The service was effective. Staff were trained and supported to meet people's needs.

Staff knew about the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 and had put these into practice effectively.

People spoke positively about the quality of the food and they were provided with a balanced, nutritious diet.

People had access to a range of health and social care professionals such as speech and language therapists and doctors.

**Is the service caring?**

Requires Improvement

This is a caring service but some improvements are needed to make sure that people are supported to be able to live their lives fully and be in charge of their decisions.

**Is the service responsive?**

Requires Improvement

The service was not sufficiently responsive. Improvements were needed to make sure that all staff in the service could consistently and promptly respond to people's care, treatment and support needs.

**Is the service well-led?**

Good

The service was well led. The provider had a clear vision and set of values within their statement of purpose.

Staff understood their roles and responsibilities and they told us that mistakes were acknowledged and acted on. Staff we spoke with were committed to providing high quality care and said they would implement the proposed changes to the best of their ability.

# Summary of findings

Effective management systems were in place for quality monitoring and the provider was proactive in seeking out ways to improve and to include people in decisions and the running of the home. For example, there was a user representative on the Board of Trustees.

# Brackenley

**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 10 March 2015 and was unannounced.

The inspection was carried out by two inspectors 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 the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home. This included information from the provider, notifications and speaking with Healthwatch and the local authority contracts and safeguarding teams.

During our visit to the service we observed a handover between night staff and day staff. We spoke with the registered manager, the deputy manager, the senior supervisor and the nominated individual. A nominated individual is a senior person who has responsibility for supervising the management of the service and for ensuring the quality of the service being offered. We also interviewed four members of staff including three members of care staff and the housekeeper.

In total we spoke with ten people. We spoke with three people individually about the care they received at the home. We also had conversations and observed the care seven people received. We spoke with two relatives to gain their views. We also spoke with the activities organiser who visited twice weekly.

We looked at care plans for three people who used the service and checked the recruitment and training files for four staff. We reviewed records relating to the management of the service including safety certificates, resident meeting minutes, staff meeting minutes, handover sheets and training records.

Following our visit to the service we also checked policies and procedures including the staff handbook, complaints, equal opportunities, code of conduct, risk assessments, health and safety, safeguarding vulnerable adults, proposed staff rotas, and the induction policy and programme.

Good

# Is the service safe?

## Our findings

The service was safe. Not all of the people living at the home would be able to raise any concerns themselves. However, during our visit we observed that people were comfortable and appeared to be at ease with the staff who supported them. We spoke with one person who lived at the home who said, "The staff here are very nice."

Policies and procedures were in place for managing risk and we found evidence to show that staff understood that they needed to follow these to protect people. For example, we observed that staff responded quickly to situations and provided people with emotional support and guidance. We saw that when people looked for staff reassurance and support this was offered promptly. The activities co-ordinator told us that when they worked with people whose care needs could result in a distressed reaction, staff regularly checked on their safety. One staff member said "We make sure that people are protected, that they are safe and that they have all the things they need." For example, we saw staff approached people who needed assistance in a calm, open manner whilst another member of staff was nearby if needed.

All the staff we spoke with were able to tell us how they would recognise and report abuse. They confirmed that they had been trained in safeguarding procedures. They were aware of whistle blowing procedures and knew who to speak with if they had any concerns about people's safety and welfare. Staff were confident that any concerns they reported would be acted upon. The visitors we spoke with all reported that they knew how to raise any concerns and said they would not hesitate to do so.

When we visited a proposed restructure was the subject of concern raised with us by both staff and relatives. However, staff rotas demonstrated and staff confirmed that there were always enough staff on duty with the right mix of skills to make sure that practice was safe and they could respond to unforeseen events. One staff member said "There's never been a time when I think we are understaffed. Staff numbers are based on the needs of people." They explained that staff were allocated time to accompany people to appointments and the rota was planned to accommodate that. The manager used a monthly staffing audit to monitor the staffing levels and skills mix and ensure staffing levels were maintained.

We found appropriate recruitment systems were in place to recruit suitable staff. Staff we spoke with confirmed that they were not allowed to work in the service alone until all of the relevant checks had been completed. We verified this was the case in the records that we checked. One staff member said, "At first, I was always with another member of staff. Three people started training at the same time; you were not left on your own."

Management systems were in place to identify and manage risks and train staff in positive risk management. The staff we spoke with told us that they aimed to minimise risks whilst giving people as much control and independence as possible. Records demonstrated and staff told us that health and safety issues were discussed as a standing agenda item at meetings. We saw that action plans were developed as a result of any issues that were raised and the progress was checked at the following meeting. Staff also had the opportunity to be able to voice any concerns or feedback regarding health and safety issues, and accidents or incidents at handover. This gave us further evidence of the action that was taken to identify potential risks on an ongoing basis and to reduce the risk of harm to people.

Health and safety policies and procedures were kept under review using national alerts through the Health and Safety Executive (HSE) and North Yorkshire County Council (NYCC), to make sure that they met current guidance. At our visit we confirmed that a maintenance team was working through environmental improvements that had been identified through an independent survey. Routine maintenance checks were carried out on portable electric appliances and on lifting equipment. In addition, a senior member of staff and the housekeeper completed an audit each month to identify any new areas of concern. This showed us that the service had arrangements in place to keep the premises, services and equipment well maintained, to identify risk and reduce the potential risk of injury.

However, during our visit we identified that the garden area had several trip hazards. The area also showed signs of rodent damage to one shed that contained the remnants of poultry food. The shed was unlocked and contained a petrol can , some tools, a lawnmower and remnants of an inert volcanic ash substance used to treat dust mites in chickens.We asked the provider to include these areas in their risk assessments and to take the appropriate action to improve safety for people living in the home, visitors and staff.

Good

# Is the service safe?

Appropriate arrangements were in place for the safe storage, administration and recording of medicines. The manager told us that the medicines policy was kept under review, auditing and working with the NHS team to deliver training and to ensure they kept up to date in their practice.

We saw in people's care records that clear protocols were in place for people who were prescribed medicines to be taken as needed (PRN) to ensure that there was not excessive or inappropriate use. Appropriate risk assessments had been completed for people who took responsibility for their own medicines (we sometimes call this self-administration).

Good

# Is the service effective?

## Our findings

People were supported by staff with the knowledge and skills to meet their needs. We asked staff about the training they had undertaken and they told us that the provider encouraged them to undertake qualifications. One example was a course on autism, which one member of care staff had completed. They said, "It was amazing, I did not think that I would learn so much or that I would feel so experienced." Other staff said that they had also undertaken specific training in dementia and Parkinson's disease. Staff we spoke with confirmed that they had completed an induction programme followed by mandatory training in-house, through distance learning, or by attending external courses. One staff member did say that it was hard to catch up with all of the training as it was sometimes difficult for them to get into the office to do it and they ended up taking some of the e-learning home to do. They said "A little bit more time could be put aside to do it."

Records demonstrated and staff told us that they received individual supervision on a monthly basis. One member of care staff described a range of topics that were discussed such as timekeeping, work with individual people who lived in the service, training and sickness. This provided staff with a forum in which they could review their practice and help them to develop professionally.

The provider had identified staff training and development including staff appraisals was a key priority to enable staff to keep up to date with new research, guidance and developments. They told us in their PIR that an instructor from Harrogate Skills for Living centre would provide additional training and support for keyworkers in the use of an evidence based tool for supporting and measuring change. Also, that the provider was going to involve external consultancy services to ensure that the care being delivered to people living with autism was effective. This provided us with evidence that the provider was looking at ways to promote and guide best practice and to use this to train staff and help drive improvement.

We found that staff understood the Deprivation of Liberty Safeguards (DoLS) and the key requirements of the Mental Capacity Act 2005. The manager told us that eight people who used the service had their liberty, rights and choices restricted by their care plans. They confirmed to us that the appropriate requests for authorisations under DoLS had been submitted to the relevant local authority but they had not yet been processed. We asked the provider to ensure any subsequent authorisations were also notified to CQC as required.

From the discussions with staff, it was clear that people were supported to make choices and staff said that they would seek their consent before any activity or intervention. We observed staff checked people's preferences out with them throughout our visit. This included asking people what they wanted for lunch and giving a choice. We observed staff at lunchtime assisted people discreetly as needed and there was no rush. People could access drinks that were available on the dining tables or could make their own drinks if they preferred and were able to do so.

Records showed and people told us that food choices were discussed at resident meetings. People reported that the food was good and that they were able to make more than one alternate choice at every meal. The manager informed us that the deputy manager who was also a chef had advised on the menus to balance choice and nutrition. They said that people were encouraged to follow healthy eating plans with additional support and education from the local learning disability nursing team as needed. We saw that people had a health action plan that specified any additional support that they might need. Records demonstrated and the manager confirmed that further advice was also sought from the speech and language therapy (SALT) team if they were any concerns about risks in eating and drinking. This evidence showed us that people were given the opportunity to give their feedback on the quality of the food provided whilst also making sure that they received a balanced, nutritious diet.

We found that people had access to a range of health and social care professionals to support their health care needs. We spoke with one relative who stated they were confident in brining issues such as medical conditions to the attention of their relative's key worker. As noted above, external professionals consulted included SALT as well as GPs, dentists and dieticians. Appointments with professionals were recorded in people's care plans and advice from the appointments was also recorded meaning people could be provided with consistent care. There were clear procedures for people to follow when people needed medical attention including the use of medicines that were

Good

# Is the service effective?

given in emergency situations. This showed that there were appropriate arrangements in place to support people's health care needs and to act on professionals' recommendations and guidance.

Requires Improvement

# Is the service caring?

## Our findings

There was a friendly and homely ambiance to the home. We spoke with one person who said, "The staff are 150% caring and the younger staff are very good. They listen to us and learn from what we say not just what they are told to do." However, throughout our visit we heard staff using terms such as 'sweetie', 'darling', 'handsome' and 'love' when speaking to and about people who used the service. Although the language was meant to be friendly it could be regarded as demeaning and patronising. Relatives we spoke with told us they thought that staff usually spoke respectfully to people. However, relatives also told us about other occasions which they had witnessed when staff had spoken inappropriately. Relatives told us that people were not always supported with their personal care which meant they were left in an uncomfortable and unhygienic state.

We identified that the lack of curtains in the downstairs shower room meant that despite the frosting on the glass body shapes could be seen from outside. The area immediately outside being a communal area accessible by people who used the service, visitors and staff. This meant that people's privacy and dignity was being compromised. We raised this issue with the manager who confirmed they would take action to resolve the matter.

Staff told us that the home operated a key worker system. They said this enabled them to be able to provide individualised support for named people and to maximise people's choice and control about their lives. However, we identified that the home's routines and regime were not always supportive of the organisation's stated aim to provide personalised care. For example, two people told us and the manager confirmed people were expected to be in their rooms by eleven o'clock at night and were not permitted to be out of their rooms until 8am the following morning. The registered manager said this was to enable the 'sleep in' staff to also retire and get up at a reasonable time. However, this 'rule' did not place the person at the centre of the process of how and when they were supported to live their lives.

The provider told us in their PIR that staff were going to further develop staff knowledge of the dignity in care agenda by viewing Social Care Institute for Excellence (SCIE) videos on Dignity in Care. Relatives we spoke with confirmed there were no restrictions placed on the times they visited. Relatives we spoke with said they were actively engaged in the care of their family member and formal arrangements were in place to make sure that they were involved in decisions relating to their care.

One person living at the home told us that with staff support they hoped to be able to move into independent living accommodation. They were very complimentary about the encouragement and support they were being given in their proposed move and said, "Staff don't feel like staff, it is like a family here but I know I can come back and they will help me if I need advice." All staff we spoke with said they enjoyed their work and expressed a clear commitment towards people living in the home. Relatives said and our observations confirmed that staff knocked on people's doors before going into their rooms. Staff took account of people's cultural beliefs and people were supported to attend Church, if they wished to do so. One care staff said, "I love it here, everyone is supportive and I hope in the future to progress to a senior position." Another member of care staff explained how people were supported to be as independent as possible. For example, they said one person had gradually learnt how to take responsibility for their own medicines and they were now independent of staff in this regard.

People living in the home and relatives told us that people could choose their own furniture and position it where they wanted. Wi-Fi was available throughout the home and we spoke with one person who confirmed they used it. We were also told that two people had a wired internet connection for us with Skype so that they could video chat with friends and relatives. People had access to television both within their own rooms and in the lounge, which we observed being used and operated by people using the service.

**We recommend that the service follow published guidance about supporting people to live their lives fully, be in charge of their decisions and have their dignity and privacy respected.**

Requires Improvement

# Is the service responsive?

## Our findings

The provider told us in the PIR that the proposed staffing changes would allow individuals more choice and control in designing their own support. However, when we visited the proposed changes were at an early stage of development so it was not possible to assess their effectiveness. Relatives and staff we spoke with were concerned about the impact of the changes on people using the service. However, they told us they were hopeful that they would result in improved communication and better care, treatment and support for people living at Brackenley.

The provider confirmed that they had a programme in place to ensure staff proactively engaged people in developing their care, support and treatment plans and that people were supported by staff that were competent and had the skills to assess their needs. People had detailed care plans that included their likes and dislikes and information about their agreed activities. However, relatives told us that they believed people's wellbeing would be enhanced if they were supported to do more things outside the home that had a purpose and were meaningful to them. They said and we confirmed by checking people's records that agreed activities did not always take place as planned. For example, during our visit we observed one person asked to go out for a walk at 9.30am. Because the second person who was also going out needed two staff to support them this meant the first person had to wait until 1.45pm, which was a delay of over four hours. This meant that people's preferences were not being met by the home.

When we visited we saw on the notice board that people had commented about the kitchen being kept locked during the day. It was not clear if people who used the service had been informed of the reasons for this as there was no feedback. One person when asked what they would like to see improved said, "I'd like to be able to use the kitchen during the day." For most of the inspection the kitchen was open and used by people living in the home who had unrestricted access. During the afternoon the kitchen was locked, and staff told us this was done to prevent one person from entering the kitchen.

We observed two people responded in an overly friendly and affectionate way to people they had not met before, which potentially placed them and other people at risk. We saw that the manager and deputy manager both intervened to deal with the issue in a discreet way, which was in line with people's care plans. However, we observed other staff were not so confident in their approach, which meant that people were at potential risk of not receiving consistent, safe care that met their needs.

Although we identified improvements that were needed we also found positive aspects at the home. For example, people stated that they enjoyed the arts and crafts lessons and activities at both the home and at a nearby facility. During our visit we saw that one person was involved in a craft activity and staff told us that they enjoyed making things including knitting and pottery. The service had a contract with an artist who provided support for craft projects for people who wanted to join in. These included making papier mache, painting, pottery and other craft activities. There was evidence of these activities throughout the service and outside one person's room was a display of all of their work.

Staff were able to describe people's individual needs and preferences. One member of care staff explained that they were one of two keyworkers for one person who lived in the service and that their colleague would report back on any issues or progress made when they were not at work. They told us that the key worker role involved activities which were outside the usual day to day support and might involve planning trips, holidays and going shopping for bedding, new clothes or furniture. One staff member said that they had arranged music sessions for one person and they were trying to access funding for music for another person who enjoyed playing the drums. Another staff member said, "I try to enrich people's lives and support people to do as much as they are able." Care staff told us that they put on different activities in the evening such as bingo, pamper nights and karaoke nights. Staff said that they tried to make an event of these nights and provided refreshments such as crisps or hot dogs, which people enjoyed. Staff explained that people were supported to follow their interests and if they choose not to go to places that was entirely their choice. For example, one person had decided not to attend day care but recently had attended a club, which they had enjoyed. Another person who was sometimes reluctant to go out to visit places of interest was supported to visit a museum and the member of staff told us that they had enjoyed it. They said, "I'm so glad I gave it a try."

Requires Improvement

# Is the service responsive?

We observed staff communicating with people living at the home using a number of techniques, including sign language. In the case of one person we were informed a personalised type of Makaton language had been developed and staff assisted us to be able to interact with the person enough to say thank you and goodbye and receive an understandable response.

Good

# Is the service well-led?

## Our findings

When we visited the service was still going through a period of change. The new provider who was registered in September 2014 had just completed a period of consultation with staff regarding how to make the service more flexible to meet people's support needs and build in more support for improving the quality of people's lives. This had resulted in significant changes to the management structure in the home and both the registered manager and deputy manager have subsequently left the service. Following our visit to the home the provider informed us that a senior member of care staff had been offered the position of manager in the home. We confirmed the new manager had begun the process of applying to be the registered with CQC.

The provider had developed a clear vision and set of values within their statement of purpose. For example, they had stated an intention to actively engage with people using the service in the decisions made about the running of the home. To this end, one person living at Brackenley had been appointed as a trustee on the board of Trustees of Harrogate Skills 4Living (HS4L).

The provider informed us that they had met with people who used the service and their families to reassure them of their commitment to quality care and support for people who live at Brackenley to lead fulfilling lives,. A copy of the provider's strategy and the aims and objectives was issued to each member of staff and discussed at staff meetings. They were also planning 'Away from the Service Days' to ensure a clear vision and set of values were understood and promoted by the entire staff team.

Staff we spoke with did express some concern about the planned change in the philosophy of care that they understood was being introduced, which they said would involve more learning and development of day to day skills. They explained that they thought that some people who lived in the service might not wish to learn to cook for example and that they had a full and happy life in the service at the moment being supported to do what they enjoyed.

Although staff described the outgoing manager as 'exceptional' they also confirmed they were committed to the service and to implementing the proposed changes to the best of their ability. Staff we spoke with said that team work in the service was good. One care staff said, "There's a fantastic relationship between the staff and the clients." Another care staff said, "I'm happy here; you get a lot of staff support."

Staff we spoke with said that staff meetings were usually held every two to three months usually at lunchtimes. People living in the service also had meetings with staff which provided them with a forum in which they could discuss day to day arrangements and plan for holidays and trips out. One staff said, "We're never all here together but there's a notice board with a piece of paper, their (the management) points, points you want to raise, we go through points on the sheet first, then any ideas or concerns. It's all of us round the table, open and comfortable." Staff spoke positively about communication in the service and said that they completed the daily notes for each person, had a handover and a communication book to make sure that essential information was passed on to new staff coming on duty. Staff told us that they felt well informed about each person and were kept up to date if they had had days off or had been on holiday.

The manager told us that they used Brackenley membership in the local Independent Care Group (ICG) which is a representative body for independent care providers in York and North Yorkshire; Social Care Information Services (SCILS) and SCIE to keep abreast of changes to legislation and training. They also subscribed to an independent web based service to ensure policies and procedures were kept up to date. The manager also confirmed that they consulted with the manager of the local authority learning disability team on matters relating to the Mental Capacity Act 2005 (MCA) And Deprivation of Liberty Safeguards (DoLS).