

Homes Together Limited

# Knarborough Two Group

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Knaresborough Two Group is a residential care home providing accommodation and personal care to seven people at the time of the inspection. The service can support up to nine people.

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

People did not benefit from robust and comprehensive risk assessments to minimise the risk of injury or harm.

People said there were not enough staff to provide meaningful in-house activities and to guarantee privacy at medical appointments.

People did not give written consent and there was an inconsistent approach to applying the Mental Capacity Act.

People's care plans and risk assessments were not robustly updated and reviewed.

Not all staff had essential training to provide safe care and treatment.

Not all staff spoke to people, and about people, using language which was dignified or respectful.

People were not encouraged to live as independently as possible with a consideration of setting goals and achievements.

People's end of life decisions were not recorded or evidenced that these had taken place.

Audits and governance systems did not identify the poor practices found by the inspection team.

People's views, opinions and contributions were not reliably sought to inform the development and improvement of the service.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. People were not provided support which consistently maximised choice, control and Independence. People did not reliably receive person-centred approaches and staff did not consistently promote people's dignity, privacy and human rights. Development was required in regards to the ethos, values, attitudes and behaviours of all staff and care staff ensure people using services lead confident, inclusive and empowered lives

People said they liked living at the service and staff felt they had the skills and support to provide safe care.

People were supported to have a balanced and nutritious diet.

People had access to health and social care professionals.

Infection prevention and control measures were in place and were robust.

Medicines were managed safely. The provider reviewed accidents and incidents to learn when things have gone wrong. Staff were recruited safely.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (9 March 2020).

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 undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to the dignity and respect people receive, obtaining consent, assessing risk, having a robust management oversight and enough staff to meet people's needs at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Knarborough Two Group

## 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 Care Act 2014.

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

#### Inspection team

One Inspector and a member of the CQC medicines team carried out the inspection.

#### Service and service type

Knarborough Two Group is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Knarborough Two Group 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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

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

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with 10 members of staff including the provider, area manager, general manager, deputy manager and care staff. We reviewed a range of records. This included four people's care records. We reviewed the medicines administration records and care records for seven people. We reviewed recent medicines audits. We reviewed medicine error incident forms and subsequent learning from these. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, spot checks, meeting minutes, rotas and 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. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks and safety systems were not robustly assessed to minimise the risk of harm.
- Staff worked by themselves on a lone working system, but the risk assessment did not consider all risks, for example unexpected illness or incomplete training. There was not a robust on call system in place should something go wrong.
- There was a table of risk assessments within people's care plan, but this did not consider all risks and it did not stand out for staff to refer to. For example, the storage and use of oxygen, visual impairments or the management of financial affairs. We found one person needed to be supervised when eating. This was not clear in the care plan. We observed one member of staff did not supervise this person when they ate on several occasions.

We found no evidence that people had been harmed, however the failure to assess and consider all risks exposed people to unnecessary harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately to our concerns and risk assessments were reviewed and updated.
- Environmental checks such as electrical safety and water temperature monitoring, were all completed routinely. This minimised the risk of harm to people.

### Staffing and recruitment

- There were not enough staff to meet their needs.
- The provider did not complete a review of people's care needs to make sure there were enough staff to provide safe care.
- People told us they did not have sufficient meaningful activities due to the staffing levels. One person told us, "I like going out but I'd like to go out more. It depends if the staff drive." Another person told us, "I like going to [a supermarket] café. We go once a week, but I'd like to go more."
- People were not always afforded privacy at medical appointments due to staffing levels. One member of staff told us, "We try and cover appointments, but we can't always do it. When this happens, everyone has to go and then wait in the car."

We found no evidence that people had been harmed, however the failure to have a systematic approach to determine the level of staffing needed was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely, and all mandatory checks were completed.
- Staff received regular supervision from the general manager.

#### Learning lessons when things go wrong

- The provider reviewed accidents and incidents so lessons could be learned.
- Staff were not always made aware of lessons learnt reviews. This impacted on staffs ability to minimise the risk of harm recurring.

We recommend the provider enhances its information sharing with staff to share lessons learnt review outcomes.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or neglect.
- The provider had a safeguarding policy and procedure. Staff had a good understanding of safeguarding and when to report a concern.
- People told us they felt safe at Knaresborough Two Group.

#### Using medicines safely

- Medicines were managed safely.
- Detailed guidance specific to each person on how to administer medicines to be taken as and when required was available.
- People received the correct medicines at the right time. People's medicines were regularly reviewed to monitor the effects of medicines on their health and wellbeing. Staff followed systems and processes to safely administer, record and store medicines.
- Instructions for medicines to be given at specific times were available. Administering medicines as directed by the prescriber reduces the risk of the service user experiencing adverse effects from the medicine, or the medicine not working as intended.
- Staff worked alongside prescribers to ensure the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) or STAMP (supporting treatment and appropriate medication in paediatrics) were followed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider facilitated visits in line with the government guidelines.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The principles of the Mental Capacity Act were not consistently applied.
- People who were unable to make their own decisions did not always have a mental capacity assessment in place to explore this. None of the care plans we reviewed contained a best interest decision to allow staff to make decisions on the persons behalf.
- People who were able to consent to care and treatment did not give written consent.

The failure to apply the principles of the Mental Capacity Act to protect and promote people's decision making is a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provided responded immediately to our concerns and began to review and make changes to care plans to include the clear consideration of the person's mental capacity.

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

- Care plans and risk assessments were not robustly updated and reviewed.
- We found some care plans were several years old and had not been meaningfully reviewed since 2020.
- Up to date approaches were not used and people were not encouraged to promote their life skills and independence in all areas of their care. For example, we found staff cooked people's meals without consideration whether people were able to this independently. One person told us, "We used to cook all our own food but staff do it now. I'm not sure why it changed."
- Care plans did not always consider the wide range of people's needs and how to manage these in line with

best practice. We found people were not included in the creation or review of their care plans.

Staff support: induction, training, skills and experience

- Not all staff had essential safety training.
- We found there were gaps in critical areas of training such as epilepsy management, end of life care, health and safety and safeguarding adults.
- Staff who had not completed all the training did not have their competencies checked. This placed people at risk as staff were working with people by themselves due to the provider's lone working policy.

We found no evidence that people had been harmed however, the failure to ensure staff had the correct qualifications, competencies and skills was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt they had the skills and training to complete their role. Some staff told us they were supported to gain the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. One member of staff told us, "I like it here. I feel I have the training and support. The manager is just at the end of the phone."

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

- People were supported to eat and drink enough.
- People did not have any concerns about the food available. One person told us, "I like the food. It's really good. Sometimes, we get a takeaway on a Friday night."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies to provide effective care.
- Staff worked closely with visiting professionals such as GPs, nurses, social care staff and learning disability teams.
- We found where one person had a change in their health needs, staff were prompt in contacting the relevant professional to request a review. One visiting professional told us, "The staff engaged with the training sessions and now confidently provide personalised health care."

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

- The premises were suitable to meet people's needs.
- The premises were clean, tidy and free from malodour. The premises were free from clutter and were set up in a homely fashion.

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

- People were supported to live healthy lives and access health care.
- Staff were proactive in identifying areas to support people to live healthier lives. Staff identified one person was drinking alcohol to excess. Following a discussion with the person, they agreed to be supported to manage their alcohol intake.
- People benefitted from a regular review from their GP and dentist. Staff were proactive in pursuing appointments if there was a delay in an appointment being arranged.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Not all staff treated people with dignity and respect.
- Some staff described, or talked to people, using undignified and disrespectful language.

We found no evidence that people had been harmed however, the failure to consistently treat people with dignity and respect is a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

- The provider took prompt action to take disciplinary action for those staff involved.
- Most staff spoke to people in a jovial, friendly and compassionate way and they had a good understanding of people's preferences. People told us they liked living at the service.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were not encouraged to live as independently as possible.
- People's views and opinions were not robustly and consistently sought. This meant people were not always included in decisions about the service.
- People were not supported to maximise their life skills to live an independent life. For example, meals, food shopping, cleaning and laundry were completed on people's behalf where they could do this themselves. One member of staff told us, "I don't know what people's goals are. I've never really thought about it."

The failure to support people's autonomy and independence is a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had good intentions and ethics to support people in the way they felt was correct.
- People told us they were happy with the care they received.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- There were not enough in-house activities.
- Activities were ad-hoc which was dependant on staff intuition and confidence. One member of staff told us, "We go out every Friday to [supermarket] café. We like to go there." Another member of staff said, "I don't know what we are doing today or this weekend. Will just see how it goes."
- People told us there was not enough variety of activities. One person said, "I like it when the hairdresser comes. She's not been in ages. I wish she would come more often."

The failure to deploy sufficient numbers of competent staff to meet people's needs was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people had regular formal activities with local organisations, such as a gardening group and attending a local college.
- Some staff demonstrated their passion to support people to live active lives and to access the community as much as possible.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was not readily available in accessible formats.
- Policies and procedures, such as the complaints procedure, were not available in an easy read format or voice recording for people with a visual impairment.
- Staff supported people by reading or explaining letters or documents, but this was through informal systems and practices.
- The provider told us they had recruited a consultant to produce easy read documents and audio recordings.

We recommend the provider reviews its approach to providing accessible information.

### End of life care and support

- People were not supported to plan for the end of their life.

- People had end of life care plans, but these had not been completed.
- There was no evidence staff had spoken with people regarding their end of life wishes however the general manager informed us this had taken place.
- Staff had a good understanding of what good end of life care was, however, staff had not received training on providing end of life care.

We recommend the provider reviews the end of life care planning and training staff receive.

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

- Care planning was inconsistent in promoting personalised care.
- People had care plans in place, but the quality and level of personalisation was inconsistent.
- People had detailed routines documented however, these had not been robustly reviewed or included the person.
- Staff told us they maintained an understanding of people's needs through handovers and informal discussion.

Improving care quality in response to complaints or concerns

- There had been no recent complaints but there was a process in place and staff had a good understanding of how to support people to raise a complaint.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality checks were not robust.
- The general manager completed regular audits on care plans and the environment however these were not successful in identifying the issues we found on inspection.
- We found some care plans were several years out of date. Monthly reviews had not been detailed or thorough.
- Care plans were not well coordinated. risk overview document, although up to date and person centred, did not highlight important risks and it was not immediately accessible by staff.
- Not all critical risks, such as visual impairment, managing finances and the management of oxygen, had been risk assessed to mitigate the risk of harm.

We found no evidence people had been harmed however, the failure to have robust oversight of the quality, safety or welfare of people was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately to these concerns and began to review and update people's care plans and risk assessments.
- The provider had undertaken a comprehensive review prior to the inspection which highlighted the concerns we found on inspection. The provider was in the process of making changes following this review.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were not regularly involved or engaged in the development of the service.
- People's views and opinions were not routinely sought in critical areas such as consent, changes to the service, food and menu choice and activities. There was some evidence of people's views being sought but there was no clear evidence on how this was acted upon.
- People told us some issues they were unhappy with, but the management team were unaware of this, as feedback had not been sought.

The failure to seek and act on feedback to evaluate and improve the service was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was not a strong culture of promoting person-centred, inclusive and empowering support.
- People's goals, aspirations and outcomes were not sought. One person's goal of improving their mobility had been the same for several years and it was unclear what actions and improvements had been made.
- People's individual wishes were not always considered or acted upon. We found one person felt unhappy that all of the people living at Knaresborough Two Group needed to accompany them to a medical appointment, due to limited staffing. This impacted on their dignity and respect.
- Staff tried to promote a culture of person-centred care but due to the systems and staffing levels, staff were not able to achieve the outcomes they desired. One member of staff told us, "I like to take [several people] out for a drive in the car, but I can't do this by myself as [person] has poor mobility."

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

- The provider acted within their duty of candour.
- The provider worked with people, their relatives and health and social care professionals to ensure the right care was provided.

Working in partnership with others

- Staff worked with other agencies and professionals to ensure people had access to the health and social care they needed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>Not all staff were observed treating people with dignity and respect. Language which did not promote a culture of respect was used at all times. People were not supported to fulfil their maximum potential by exploring goals, outcomes and aspirations to promote independence. Staff completed some tasks for people when they were able to do this themselves.</p> <p>10 (1) and 10(2)(b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People's written consent was not sought and the principles of the mental capacity act were not consistently applied.</p> <p>11(1).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People did not have complete and robust risk assessments which coordinated with the plan of care. Staff did not have spot checks or competency checks completed when lone working and also did not have training fully up to date.</p>

12(2)(a) and 12(2)(c).

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider did not have robust systems to assess and monitor the quality of care being provided. Known risks were not overtly available to staff and the assessment of risk was incomplete and not coordinated with the plan of care. Care plans were incomplete and out of date and audits had not successfully identified this. People were not regularly asked for feedback to contribute to the improvement and development of the service.

17(2)(a), 17(2)(b), 17(2)(c) and 17(2)(e).

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

There were insufficient staff to ensure there were meaningful in house activities. Due to the level of staffing, people were not reliably afforded the right to dignity and privacy during medical appointments as other people needed to attend also. The provider did not complete a systematic review of staffing required to ensure there were enough staff to safely meet people's care needs.

18(1).