

## Disability Action Yorkshire

# Disability Action Yorkshire - 34 Claro Road

### Inspection report

34 Claro Road  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

34 Claro Road is a residential care home providing personal care to a maximum of 21 younger people who have physical disabilities. The service can support up to a maximum of 22 people.

Accommodation is provided in one adapted building. Each person has their own bedroom with an ensuite bathroom and access to a private garden area.

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

People told us they felt safe living at 34 Claro Road. The service was clean and smelt fresh throughout. Staff were aware of people's needs and the support they required. Risk assessments were not consistently in place for all areas of identified risks, but the risk assessments that were in place guided staff as to the support people required. People confirmed they received their medicines as needed, however some improvements were required to the documentation. We have made a recommendation about staffing levels.

The system of governance had not identified all of the shortfalls highlighted during the inspection. This system was being further developed to ensure it covered all elements of the support people received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Some people were able to access healthcare appointments independently; staff assisted those who required support in this area. Staff had supervisions and appraisals of their performance. They undertook training the provider considered necessary, to ensure they had the right skills and knowledge for their job. Specialist training was being sourced to support the individual needs of people living at the service.

People's independence was encouraged, and staff treated them with dignity and respect. People told us staff were kind towards them and they were relaxed with one another. Staff understood the individual ways people communicated and encouraged them to make day to day decisions about their care.

Care plans provided staff with guidance about people's needs, likes and preferences. People had reviews of their support with staff, where they identified goals and discussed areas to address. Staff supported people to engage in activities of their choosing. People were encouraged to come and go as they pleased and to be engaged with the community and activities they enjoyed.

Staff felt well supported in their role and understood the service's vision and values. A series of meetings were held to seek staff and people's views and to share important information about the service. Volunteers visited the service on a regular basis and supported people with gardening, baking and crafts, which people

enjoyed.

#### Rating at last inspection

The last rating for this service was good (published 8 March 2017). The service is now rated requires improvement.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will work alongside the provider and local authority around improvements made. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Disability Action Yorkshire - 34 Claro Road

## **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.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

34 Claro Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

The first day of the inspection was unannounced. The second day was arranged in advance.

#### What we did before inspection

We reviewed information we received about the service from the provider since the last inspection, such as notifications, which the service is legally required to send us. We requested feedback from the local authority. We used the information the provider sent us in the provider information return. This is information we require providers to send us, when requested, to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to

plan our inspection.

During the inspection

We spoke with four people who used the service. We spoke with five members of staff which included the registered manager, deputy manager and three personal assistants. Two visiting health care professionals gave feedback on the service.

We reviewed records for three people and three medicine administration records. We looked at a selection of records relating to the recruitment and support of the staff team and the management and running of the service.

After the inspection

We continued to seek clarification about the evidence found. We looked at information relating to health and safety checks, meeting minutes and policies and procedures.

We also received further feedback from a relative and a social care professional.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

### Staffing and recruitment

- Sufficient measures had not been taken to ensure staffing levels were safe and met people's needs. For example, over a period of four weeks there were eight occasions where staffing levels were lower than the amount identified as required.
- We received mixed feedback about the staffing levels; some people felt these were too low and described having to wait for assistance with their personal care. The provider did not have a tool in place to aid in their assessment of how many staff were needed.
- For people who received one to one support, there was limited monitoring in place to ensure they received this. Additional monitoring was introduced following our inspection.

We recommend the provider review the staffing levels to ensure there are enough staff to keep people safe and to meet their needs.

- The registered manager agreed to review different tools available to aid in determining how many staff were required and increased staffing levels on a trial basis.
- Staff continued to be recruited safely.

### Assessing risk, safety monitoring and management

- Risk assessments were not consistently in place for some identified risks, including choking and those associated with diabetes. These were implemented on the second day of our inspection.
- Recognised tools, to aid in the assessment and response to risk were not being used. For example, risks relating to weight and nutrition. Actions were taken to address these during the inspection.
- We identified some required actions relating to risks around legionnaires disease. This included the flushing of lesser used outlets and ensuring water was stored at the appropriate temperatures. The registered manager immediately addressed this following our inspection. Other checks of the environment and equipment were completed.
- Staff undertook fire safety training and drills; these did not include practice evacuations which the registered manager agreed to introduce.

### Using medicines safely

- Protocols to guide staff about when to administer 'as and when needed' medicines were not consistently in place. This was addressed during the inspection.
- Staff did not always complete records in line with the provider's medicines policy. For example, ensuring

refusals of medicines were recorded and followed up.

- Regular medicine checks were taking place and a new deputy manager was continuing to action improvements they had identified.
- People confirmed they received their medicines as needed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "Staff try and keep me safe" and, "Yes I feel safe. There are people around and I have all my friends."
- Staff completed safeguarding training and were aware of the different types of abuse people could experience. Staff were confident in sharing their concerns with the management team.
- The registered manager shared safeguarding concerns appropriately with the local authority and worked jointly to address risks.

Preventing and controlling infection

- Staff had plenty of personal protective equipment, including gloves and aprons, available to them.
- People were encouraged to be involved in cleaning and tidying their rooms if able to. The service was clean and there were no malodours.

Learning lessons when things go wrong

- Accidents or incidents were recorded and reviewed by the registered manager to ensure appropriate actions had been taken.
- An analysis, to look at patterns and trends in the service, was not in place. This was discussed with the registered manager.



# 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to new people moving into the service, the registered manager met with them to assess their needs. This helped to ensure their needs could be safely met within the environment and to plan for their care.
- Staff applied their knowledge of people's needs and choices to provide them with effective support.

Staff support: induction, training, skills and experience

- New staff completed an induction to ensure they had sufficient knowledge of people and the service before working alone. A staff member described their induction as "brilliant."
- Staff completed training the provider considered mandatory to ensure they had the right level of knowledge to effectively support people. Training was being sourced in areas such as mental health and diabetes to support people with their specific needs.
- Staff had supervisions and annual appraisals to discuss any concerns and areas for further development.
- Staff felt supported in their role. A staff member commented, "It's really supportive. I'm not scared to ask people for help. It makes a difference when you get that support."

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

- People who used the service devised a weekly menu; people could choose to have other meals if they wanted to.
- Staff were aware of people's varying dietary needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff liaised with other professionals to consider ways people's independence could be further promoted.
- People were encouraged to make their own healthcare appointments, where able to. Staff sought the input of health and social care professionals when required.
- Professionals noted staff had a thorough knowledge of those they supported and what was important to them as a person.
- Limited information was recorded in relation to people's oral healthcare needs, to ensure they were getting the input required. The registered manager agreed to address this.

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

- People's bedrooms were personalised according to their needs and tastes. Some people also had pets in

their rooms, such as guinea pigs and fish.

- Technology was incorporated to promote people's independence. This included having equipment to control the electronic devices in their rooms.
- People chose where they spent their time; whether that was in the privacy of their own rooms or within communal areas. The garden was accessible and some people were involved in the maintenance of this space, along with input from a volunteer.

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 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.

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.

- At the time of the inspection, everybody living within the service had capacity. People's understanding was continually considered. The registered manager understood the principles of the MCA and what actions to take if they had concerns about a person's understanding.
- There was nobody being deprived of their liberty.
- Staff sought people's consent before providing care and a record of people's consent was also recorded on their care file.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- A person told us, "The staff are nice. That's how it should be" and "I don't think you'll find a better or more caring place." A staff member noted their observations of the support provided, "The way staff interact with customers is brilliant."
- People were relaxed in the company of staff and confident in approaching them if they required any support or had questions they wanted clarifying.
- Staff were knowledgeable about people; their likes, needs and backgrounds. They had established a rapport with people, spoke about people in a respectful manner and treated them as individuals. A staff member stated, "We don't judge anybody and make sure we treat everybody fair and how we would want to be treated."

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

- People confirmed staff did seek their views about their day to day care. A person stated, "Whatever I need they listen to me, which is as it should be."
- The registered manager tried to reiterate to people that they had the right to speak up about things that were important to them or they were unhappy with. This could then enable any issues around the provision of support to be addressed.
- People had the support of advocates or other representatives to aid them in their decision-making process, when required.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful of the ways they approached people's support to protect their dignity, such as not openly discussing their needs and respecting their right to privacy. Some people said there had been occasions where staff had entered their rooms without knocking first. We raised this with the registered manager who agreed to address this with the staff team.
- Staff encouraged people to use their abilities and develop their independent living skills. A staff member explained, "It's about little things; it's about [Person's name] hanging the washing out and [Person's name] ringing up their own taxi. It's the little ways I have helped them."
- Information was recorded in people's care plans about their abilities alongside the support they required. A person told us, "This place is for people to be independent and I don't think there is a resident here that doesn't know it's for people to be independent as they can be."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred support from a staff team who were familiar with them as a person.
- Staff held reviews with people and these were an opportunity to discuss any concerns the person had or goals they wanted to achieve. The registered manager agreed to ensure people's progress towards achieving their goals was re-visited and any issues raised by the person were robustly followed up. The registered manager advised the process of reviews had recently been amended.
- Care plans detailed information about people's routines, likes, preferences and abilities. There was limited information about people's social interests; staff did have knowledge of this and tailored their support accordingly.

Meeting people's communication needs

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

- Information about people's communication needs was assessed and recorded.
- Staff were familiar with how people communicated, whether that was verbally or through their behaviour or body language.
- Information was available in different formats if required and some information was displayed in large print. We discussed with the registered manager ways to enhance accessibility of information.

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

- Some people who lived at Claro Road were able to engage in activities independently, which was encouraged. This included playing sports, attending groups or church or simply spending time with their family. A person said, "I please myself a lot of the time."
- For people in receipt of one to one support, staff supported them to visit different places or to engage with leisure activities. This included visits to the seaside, aquariums or out for a meal.
- The provider had links with services to aid people in exploring work opportunities, should they wish to.

Improving care quality in response to complaints or concerns

- People generally felt confident in raising any issues or concerns with the staff team. A person told us, "I would go straight to the registered manager or any of the staff."
- The provider had a complaints policy which was on display and complaints received had been responded

to in line with this.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- Checks of the service were completed at different managerial levels, but these had not identified some shortfalls. This included some risk assessments not consistently being in place, a lack of monitoring around the use of one to one hours for people and the recording around some medicines.
- Some areas for improvement had been identified through recently introduced checks, such as medicines storage and practice, but required further time to embed. The registered manager advised they intended to further develop the system of checks to ensure the safety and quality of the support provided.
- The registered manager understood the regulatory requirements.

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

- The registered manager promoted a culture of person-centred care and reiterated that people should be treated as individuals and their skills promoted.
- People generally spoke positively about the registered manager's approach. A person stated, "Since the registered manager has come in, they've been very open with us and has an open door policy."
- Staff were engaged in the vision of the service. A staff member said, "As a company, the vision is to give people the skills they need to move forward and as a company it's growing and moving towards that, the independent living angle. The company is growing with the people, I love it. It makes me complete."

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; Continuous learning and improving care.

- The registered manager was open with people when mistakes had been made. They understood the importance of apologising and taking learning from incidents and making improvements to practice.
- The registered manager reviewed the information relating to accidents or incidents that had occurred in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Meetings were held for both staff and people who lived in the service. Meetings were an opportunity to discuss any issues, to provide people with updates about the service and to plan for future events such as parties.

- People were asked to complete surveys about what they thought of Claro Road. Action plans were put in place to show how the service was working towards improvements.
- Staff felt supported in their role and able to share their views. A member of staff told us, "The registered manager is really supportive if you have any questions, as they will always help or will find out and come back to you."

#### Working in partnership with others

- The support of volunteers was utilised such as through assisting with gardening, doing cooking with people and doing crafts and activities with people.
- People were encouraged to be a part of their community.