

Homes Together Limited

# 61 Kings Road Harrogate

## Inspection report

61 Kings Road  
Harrogate  
North Yorkshire  
HG1 5HJ

Date of inspection visit:  
10 May 2022  
16 May 2022

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11 July 2022

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

61 Kings Road Harrogate, is a residential care home providing personal and nursing care to five people at the time of the inspection. The service supports people with a learning disability and/or autism and people who have a visual impairment. The service can support up to five people. 61 Kings Road Harrogate, is a large terrace house with bedrooms, a shared bathroom and communal living areas across three floors.

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

#### Right Support

The service supported people to have the maximum possible choice, control and independence. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. The service gave people care and support in a safe, clean and well-furnished environment that met their sensory and physical needs. Further maintenance was on-going in people's bedrooms and to personalise communal spaces recently redecorated. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

We recommended the provider reviewed their quality checks of medicines.

#### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough appropriately skilled staff to meet people's needs and keep them safe most of the time. Staffing needed reviewing for evenings and weekends when this was reduced and we made a recommendation around this. People's care, treatment and support plans did not always reflect their range of needs and support required. However, people received care that supported their needs due to stable and consistent staff team. There was a lack of clarity and monitoring of people's goals, aspirations and quality of life; we made a recommendation around this. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. The provider had created a day service and a range of activities including paid employment to enrich people's lives, build on skills and independence and enable social interaction with peers.

#### Right culture

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

management and staff. Staff knew and understood people well and were responsive and supported them to live a life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. The service enabled people and those important to them to give feedback and be involved in the persons care and treatment. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

#### Why we inspected

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

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Rating at last inspection

The last rating for the service under the previous provider was good, (published on 2nd February 2019).

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

#### Enforcement

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 will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to good governance and safeguarding 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 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 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 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** ●

# 61 Kings Road Harrogate

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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, two members of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

61 Kings Road Harrogate is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 61 Kings Road Harrogate is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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 three people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, support workers and the head of residential care services.

We reviewed a range of records. This included three people's care records and five people's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; Learning lessons when things go wrong

- Incidents affecting people's safety were not always risk assessed or managed well. Staff recognised incidents but these were not always reported appropriately and there was a lack of evidence that investigations of incidents were carried out or lessons learned were shared.
- People's care records did not always outline the support they needed and how this support should be provided.
- Records were not always up to date, complete or reflective of people's needs. For example, there was a lack of guidance and detail for one person who had complex dietary requirements. There was a significant risk of harm if their diet was not managed correctly.
- Monitoring records important to people's health needs were not completed consistently or effectively.

The provider failed to maintain an accurate, complete and contemporaneous record in relation to the care and treatment of service users. This was a breach regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.

Using medicines safely

- Medicines were not always managed safely.
- We found some medicines administration records that were handwritten but did not comply with NICE guidelines.
- Medicines were not always stored securely. For example, we found one person's medication cupboard in their bedroom was broken and could easily be opened without the key. The provider rectified this on the second day of our inspection.

We recommend the provider reviews and develops their audit around medicines to ensure it covers all aspects of medicines management.

- Medicines administration records assured us people were receiving their medicines as prescribed
- People could take their medicines in private when appropriate as most of the services patients' medicines were stored in their bedrooms with staff administering directly from there. Appropriate temperature monitoring was in place to ensure medicines were fit for use.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

#### Staffing and recruitment

- Staffing levels were not sufficient to allow flexibility around activities and outings. The rota considered people's one-to-one funded support needs during the week, but after 4pm and on a weekend this was significantly reduced.
- One relative told us, "If there is only one staff member on duty when we take them back on a Sunday evening it is not enough for 5 clients." Another relative told us, "They used to go out shopping, but with the cost of staff they don't have enough on duty to let this happen. They used to go to an arts and crafts centre but now they seem to have to fund themselves to be able to do anything." The change in provider had led to changes in staffing levels and funding issues were being reviewed on an individual basis.
- Staff told us they couldn't engage and interact with people as they would like due to staffing levels on an evening and weekend. People had also raised their desire to do more activities in the resident meetings.

We recommend the provider reviews the staffing levels on an evening and weekend to ensure staff can be flexible and responsive to people's changing needs.

- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.

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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had received training and could tell us how to apply this in practice.
- People told us they felt safe in the home.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.

#### Visiting in care homes

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



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions was not always clear and best practice around assessments and best interest decisions was not always followed or documented.
- Staff did not always have a good understanding of the mental capacity act and staff told us, "I find it (MCA and DoLS) tricky and the online training isn't great."
- People who were deprived of their liberty and required an authorisation did not have one in place at the time of the inspection. As a result, they were not afforded the appropriate safeguards.

The provider failed to obtain lawful authority to deprive a service user of their liberty for the purpose of receiving care or treatment. This is a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Since the inspection the provider has sourced further training around MCA for managers and leaders and the provider has taken action to make relevant applications for DoLS authorisations.
- Staff empowered people to make their own decisions about their care and support, listened to what they wanted and respected their decisions.

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

- Staff had a good understanding of people's functional abilities and took the time to understand people's

routines and preferences. Staff would seek further support as required if there were changes in people's abilities or further support was needed.

- Staff supported people goals and aspirations informally but there was limited evidence of promoting strategies to enhance independence or planning and consideration of the longer-term aspirations of each person.
- People had lived at the service for a very long time and told us they were happy. However, life skills had been lost during the pandemic and there was no clear pathway to future goals and aspirations, including re-teaching of those skills lost in people's support plans.

Staff support: induction, training, skills and experience

- Staff felt supported by the registered manager and their colleagues. However, formal supervisions, appraisals and staff meetings were not regular or consistent.
- Staff had not always received the relevant training required for their role. The provider was aware of the shortfalls and had training scheduled prior to the inspection.
- The service checked staff's competency to ensure they understood and applied training and best practice.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were involved in choosing their food and planning their meals. Where people wanted to and were able, they helped with meal preparation. One person told us how they helped with the chopping and peeling, or ingredients and we saw people preparing their own breakfast.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. Referrals had been made to other professionals for further support around healthy eating and weight loss for one person.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.
- People were supported to attend annual health checks, screening and primary care services. This varied between people attending appointments with staff and professionals visiting the home to meet individual's needs.

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

- The home had recently had a refurbishment with all communal areas redecorated and furnishings replaced. Personal pictures were still to be replaced in communal areas following the work, but the provider was aware of this.
- The home was clean, homely and well maintained in communal areas. Further refurbishment was needed and on-going in people's bedrooms.
- People told us how much they liked their new reclining leather sofas in the lounge and were very proud to show them to us.

# Is the service caring?

## Our findings

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

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

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this.
- Staff were aware of people goals and aspirations, but this wasn't reflected in care plans or a skills teaching plan to ensure people were supported to achieve these.
- People routinely undertook paid or voluntary work, leisure activities and widening of social circles. One person proudly told us about their climbing hobby.
- One relative told us, "It's a wonderful service, it couldn't be better for our relative, it's not far away, they have a lovely life, they are as independent as they can be with 24 hour support with what they need. They are doing things they should be doing with her peers such as arts and crafts and they ring daily."

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

- Staff saw people as their equal and created a warm and inclusive atmosphere.
- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. One person told us how important it was that their designated support worker was able to support them using their iPad and was very happy and complimentary of staff.
- Staff were mindful of individual's sensory perception and processing difficulties.

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

- People were empowered to make decisions about the service when appropriate and felt confident to feedback on their care and support.
- Staff supported people to maintain links with those that are important to them. One relative told us, "I speak to [person] and the staff at the house all the time, [person] stays over with family so I arrange things directly with the service. They love being here and with their nieces."
- The provider had regular resident meetings in the service and action was taken to address people's feedback. For example, the provider had arranged a private cinema showing at a local cinema after people fed back that they wanted a group outing to the cinema.

# Is the service responsive?

## Our findings

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

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

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

- People's quality of life outcomes were not monitored or recorded. It was not clear how care and support provided linked to individual's goals and aspirations.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs
- Staff met the needs of people using the service, including those with needs related to protected characteristics.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them. For example, additional support was provided for one person who struggled going to go to the dentist.

We recommend the provider reviews how they record and monitor people's individual goals, aspirations and outcomes.

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.

- People had access to information in formats they could understand.
- Policies, procedures and other important information was available in an audio format and braille for people with visual impairments. People had been involved in developing and creating these recordings and documents with the provider.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. This also included non-verbal communication which may indicate emotional distress and how best to support the person.

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

- People attended regular day services and participated in their chosen social and leisure interests on a regular basis.
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone, social media and visits home.

- People were supported by 1:1 staff to attend activities, try new things and to develop their skills. One person told us how he returned to rock climbing after the pandemic.
- People were supported to have freedom of choice and control over what they did.
- One relative told us, "They cook in the house and they eat with the others, sometimes they make their own lunch and they make their room nice. They like to go to cafes and shopping but there is somebody with them all the time, so they rarely spend time on their own".

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints in the last 12 months. People and their relatives regularly spoke to the registered manager knew how to raise a complaint and were confident action would be taken.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders 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; Continuous learning and improving care

- The registered managers and providers quality checks did not always effectively identify and address shortfalls in a timely manner.
- Senior staff did not always understand and demonstrate compliance with regulatory and legislative requirements. For example, there was poor compliance with the Mental Capacity Act and medicines best practice.
- The registered manager had the skills, knowledge and experience to perform their role. However, the registered manager had not been in the service as regularly due to support needed at another of their services and the COVID-19 pandemic. Plans were in place to increase time spent at the service to ensure a better oversight of the service.
- Staff were able to explain their role in respect of individual people without having to refer to documentation and delivered good quality support consistently. However, records did not reflect people's care and support needs and risk assessments were not always sufficient.

The provider failed to assess, monitor and improve the quality and safety of the service. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. They were at the early stages of implementing some of these changes.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. This included developing day services and social events that people could attend free of charge.
- People were encouraged to be involved in the development of the service.
- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.

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

outcomes for people

- The culture of the service was open, honest and people, relatives and staff were confident that they would be listened to.
- People, staff and relatives all told us the registered manager was approachable and took a genuine interest in what they had to say.
- The registered manager was open with the inspector during the inspection and took on board suggestions for improvements.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member told us, "I go to the registered manager and I feel they listen and will provide supervision as needed."
- Managers worked directly with people and led by example. One relative told us, "I will raise any issues with the registered manager as I feel I can be honest with them".

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

- The registered manager understood their responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to obtain lawful authority to deprive a service user of their liberty for the purpose of receiving care or treatment. This is a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 13(5)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to maintain an accurate, complete and contemporaneous record in relation to the care and treatment of service users. This was a breach regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17(2)(c)</p> <p>The provider failed to assess, monitor and improve the quality and safety of the service. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17(2)(a)</p>