

# Livability

# York House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected York House on 14 February 2017. The visit was unannounced. Our last inspection took place in October 2015 where we identified two breaches of legal requirements in premises and equipment and good governance. The provider sent us an action plan telling us what they were going to do to ensure they were meeting the regulations and a clear time frame in which they would complete this. On this visit we checked and found improvements had been made in all of the required areas.

York House provides support and personal care for up to 23 adults with learning and physical disabilities, including complex needs. There were 18 people living at the home at the time of the inspection. The accommodation is accessible for people with physical disabilities, with private rooms and communal bathrooms, communal lounge and communal dining area. There is a self-contained flat that is available for visiting relatives to use. There is an enclosed, well maintained, and garden.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe in their home. People were comfortable with staff and there was a positive atmosphere in the service.

There were systems in place to ensure that people received their medication as prescribed.

People were cared for by sufficient staff who knew them and their needs. Recruitment procedures were robust to ensure that staff were suitable and fit to be employed.

Staff were aware of the processes in place to report incidents of abuse; and had been provided with training on how to keep people safe from abuse and harm. Processes were in place to manage identifiable risks and to promote people's independence.

Staff received an induction and training and were provided with these skills and knowledge in a timely fashion to fulfil their role. Staff were given effective supervision and appraisals.

People were supported to eat and drink well and to maintain a varied balanced diet of their choice. People had access to healthcare facilities and support that met their needs.

People had developed good relationships with the staff team who treated them with kindness and compassion. Systems were in place to ensure that their views were listened to; and their privacy and dignity was upheld and respected.

People's needs had been assessed and care plans outlined their preferences and how they should be supported. Staff showed a good knowledge of these preferences.

People were able to enjoy activities of their choice. Arrangements were in place for people to maintain links with the local community, friends and family. However we did not see evidence of in house activities on the day of inspection. The home previously had an activity coordinator who supported this in the home. We spoke to the registered manager about this and the benefit this would have in the home when recruiting staff in the near future.

The service had quality assurance systems in place which were used to drive continuous improvements.

The service had completed some renovation within the home and improvements were noticeable on the day of inspection. A refurbishment plan was in place to replace the carpets in the home.

## 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.

People received their medicines safely and when they needed them.

People were cared for by sufficient staff who knew them and their needs.

Risks to people's individual health, and safety had been assessed and were supported by management plans.

### Is the service effective?

Good ●

The service was effective.

Staff had an understanding of promoting choice and gaining consent and their responsibilities under the Mental Capacity Act.

There were systems in place to support people to maintain their health and people had a balanced diet provided.

Staff were trained to carry out their roles and responsibilities appropriately.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew them well, understood their individual needs and were kind and patient.

People were listened to and enabled to exercise preferences about how they were supported.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and care and support plans outlined their preferences and how they should be supported.

People were supported to access the community and follow their interests.

There were systems in place to manage complaints.

**Is the service well-led?**

**Good** ●

The service was well- led.

There was a registered manager in post. The management team were open, supportive and approachable.

Staff were clear about their roles and responsibilities and felt well supported.

There were systems in place to review the service and the quality of care.

# York House

## **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 14 February 2017 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience in learning disabilities. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 18 people using the service. During our visit we spoke or spent time with nine people who used the service and two relatives. We spoke with four staff; the registered manager and the deputy manager. We spent time looking at documents and records related to people's care and the management of the service. We looked at four people's care plans and four people's medication records.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications. Before the inspection we sometimes ask providers to complete 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 contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

At the last inspection in October 2015 we found the provider did not ensure the premises were fit for purpose in relation to environmental concerns. At this inspection we found the provider had made the required improvements and was now meeting requirements.

We saw there were systems in place to make sure the premises and equipment was maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. Records also showed that firefighting equipment had been serviced. The service had just completing some renovation and plans were in place to replace the carpets in the service.

People we spoke to told us they all felt safe in their home. One person told us, "I've never experienced anything that made me feel unsafe; I am not worried, they are kind and gentle and I have never been hurt." "No, never any problems when they are putting me in the bath or giving care."

We looked at the recruitment records for four staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. Medicines were stored securely and we found stocks of people's medicines were correct when checked against records. During the inspection we were provided with an up to date medication policy which covered all aspects of medicines management including the safe practice principles for administration.

We looked at the medication administration records (MAR) for all the people who used the service and no gaps in recording were seen which showed they had been given correctly.

We saw positive interactions with staff and the people who use the service throughout our visit and people who used the service were happy and comfortable with the staff. There was a good rapport between people who used the service and the staff. Staff said they treated people who used the service well and any untoward practices would not be tolerated and reported straight away. They said they would have no hesitation in reporting any concerns and felt confident to do so if needed.

There were procedures in place in relation to safeguarding, to make sure any concerns about the safety of people who used the service were appropriately reported. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. This is known as whistle blowing. Staff were familiar with the provider's safeguarding and whistle blowing procedures. Staff said they had received training in the safeguarding of vulnerable adults and the staff training records confirmed this.

Risks to people who used the service were appropriately assessed, managed and reviewed. We saw risk assessments had been carried out to minimise the risk of harm to people who used the service, while also maintaining and promoting independence. The risk assessments were also linked to care plans and activity involved in care delivery such as bathing or showering. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm.

Through our observations and discussions with the registered manager and staff we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. We saw rotas were worked flexibly to meet the needs of people who used the service. Where people required 1:1 staffing this was clearly labelled on the rota.

People who used the service said they were enough staff available to them. One person told us, "If I press the call bell they come pretty quick." Another person said, "They try and get to you but if they're busy they will come and let you know and come back again when they've finished. They always explain if there is a delay." Another person told us, "If I'm uncomfortable I call them to come and move me during the night, I sometimes have to wait but not too long."



# Is the service effective?

## Our findings

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People were asked if they wanted to go out or how they wanted to spend their time.

We saw people were asked for their consent before any support was given. People were given time to consider options and staff understood the ways in which people indicated their consent.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw appropriate DoLS authorisations had been made for people the service had identified were likely to have their liberty deprived.

Staff we spoke with had knowledge of the MCA and DoLS and understood their responsibilities. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. Staff's comments included; "We assume people have the capacity to make their own decisions and if not anything agreed has to be in their best interests" and "It's all about giving people the right support to make choices and respecting their decisions to do that." Staff had understanding of when people were subject to an authorised DoLS and the appropriate support that should be given to ensure the least restrictive practice, for example, two to one support.

Care plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people's best interests. For example, this was applied for someone in relation to their medication.

Records showed that arrangements were in place that made sure people's health needs were met. Each person had a care plan which included details of their medication, details of visits to or visits by professionals which demonstrated that people had regular check-ups with GPs, dentists, chiropodists and psychiatrists. Staff were aware of the systems in place for people to be reassessed should their needs change.

People had a balanced diet and enough to eat and drink. People we spoke with were mostly positive about the food and menus at the home. One person said, "Food is ok". Another person said, "You can choose if you don't want what's on the menu." One person told us they thought the food could be better. Different diets

were catered for at the home. One person told us, "The home sends out for curries for my meals I really enjoy that."

We looked at staff training records which showed staff had completed a range of training sessions. There was a rolling programme of training available and staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. One staff member said, "I am very happy with the training." The training record showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff practice remained up to date. Training included, safeguarding, medication, moving and handling, first aid, mental capacity and autism.

## Is the service caring?

### Our findings

People who used the service and their relatives said staff were kind and treated them or their family member well. One person told us, "They are alright, one or two talk a bit loud, apart from that they are ok." Another person told us, "Friendly, kind, gentle. Treat me with respect." Another person said, "Good care got fantastic staff." One person told us, "Lovely, staff are marvellous." One person told us the staff had offered comfort when she was upset after a relative had been poorly. "They sorted me out, made me coffee and biscuits and chatted to me, made me feel better." A relative told us, "It's like a little community here everyone is so friendly; they talk to [name of person] and don't leave him out. We are so happy he is here, he is settled and comfortable."

Our observations showed that people who used the service had a very good rapport with staff. Staff knew people and their needs well, and treated people with respect and dignity. They were encouraging and supportive in their communication with people. On the day of our visit, the people who used the service looked well cared for; their personal appearance was well maintained, which is achieved through good standards of care.

We saw people were comfortable in the presence of staff and staff treated people kindly, having regard to their dignity and privacy. The atmosphere in the service was positive and relaxed and we saw staff had time to attend to people's needs and spend time with them if people required this. People who used the service enjoyed the relaxed, friendly communication from staff. The staff answered people's questions and requests politely and patiently; giving explanations and information to assist people's understanding.

Staff we spoke with said people received good care. They described it as person centred, individual and caring. One staff member said they always treated people as they would like to be treated themselves or if they were treating their family. Staff gave good examples of how they protected people's privacy and dignity. They said they ensured care was provided discreetly with curtains and doors closed. They also said it was important to speak to people in a respectful and dignified manner such as using people's preferred names. Throughout our inspection, we saw staff respected people's privacy and dignity.

Staff said they found the care plans useful and gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well. Staff showed a good awareness and knowledge of people's individual communication skills, abilities and preferences. They used a number of different ways to communicate with people. This included using the spoken word, and the pictures to enable them to make choices.

People who used the service and their relatives were involved in developing and reviewing care plans. A relative told us they felt fully involved in all aspects of their family member's life and confirmed care plans were discussed with them and that they were invited to review meetings.

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010;

age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

People were supported to maintain their independence. We saw people were involved in household tasks such as doing their own laundry and cooking. There was small kitchen area that had been made available for people to practice and utilise their cooking skills.

## Is the service responsive?

### Our findings

People had their needs assessed before they moved into the home. This ensured the provider was able to meet the needs of people they were planning to admit to the home. We looked at an assessments completed for two people who used the service. Records showed how people who used the service, their families and other professionals had been involved in the assessment. Staff said introductory visits and meetings were arranged to make sure all people who used the service were compatible and gave opportunity for people to get to know each other.

People received care which was personalised and responsive to their needs. Staff liaised with family members and other professionals when required. We looked at the support plans for four people who used the service. The support plans were written in an individual way, which included likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care. Staff had an in-depth knowledge and understanding of people's care, support needs and routines.

Activity was arranged to suit the needs and interests of the people who used the service. Staff said they offered and encouraged activity based on the person's known likes and dislikes. Records showed people who used the service were involved in a wide range of activities outside the home. This included; trips out into the community, walking clubs, going to cinema, gardening, going to the football. Some people regularly attended a community based day centre. We did not see a lot of activities in the home. We did see activities laid out for people such as jigsaws, books, music and paper. We spoke to the registered manager who told us they did not have an activity coordinator to actively involve people in these activities. The home was looking at recruiting staff in the home. When speaking to the registered manager we both discussed the advantages of having a coordinator in the home. The registered manager told us this was an area they would look into.

People told us they had a lot of freedom and control over their lives. They said they got up and went to bed when they liked and most people were fairly independent doing their own washing and some cooking. Some comments were; "I come and go as I please, get up and go to bed when I want. I have my own key and fob for the doors" And "I get up when I want, if I want to go to bed at seven it happens." One person told us about active support where the home encouraged people to do things for themselves. They said, "I try to do things myself, keep independent; I do my own washing, cooking, read and I knit."

We saw the complaints policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any complaints. The complaints policy was in a format accessible to people who used the service.

Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised any concerns. However, they were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner. One member of staff told us, "I would go straight to my manager if I needed

to complain."

There was a complaints file in the service with all information and documents available should any complaints be made. All complaints were recorded and responded to appropriately. A relative we spoke with said they had no concerns or complaints but would feel comfortable and confident to speak with any of the staff and raise concerns if they needed to. They said they had been given a copy of the complaints procedure.

# Is the service well-led?

## Our findings

At the last inspection in October 2015 we found the provider did not ensure policies and procedures were up to date. At this inspection we found the provider had made improvements and was now meeting requirements. We looked at the mental capacity, complaints and safeguarding policies which had been reviewed.

People who used the service and their relatives spoke positively of the staff and management team. One person told us, "The manager is lovely; I feel I can go to her with any problem and if I've got any quibbles it gets resolved." Another person said, "If I had a problem I would speak to the manager. She told me to do that and if I've a problem she always follows it up." Another person told us, "I don't go to the residents meetings but if I had any problems I would go to the manager." Another person said, "I am really happy here, she is a good manager." A relative told us, "I am happy with the care [name of person] receives I am happy with all the staff and management. They don't just help [name of person] they help me as well, I can't thank them enough."

Staff meetings took place every six weeks. We looked at these on the day of inspection. The meetings included discussions around care and support plans, safeguarding and active support. Staff told us they felt these were valuable to the continuous learning and also to discuss the care and support needs of people in the home.

Staff told us they felt listened to and described the management team as approachable. Staff told us there were regular team meetings. Staff said communication within the service was good and they received information such as their rotas in a timely way.

Resident meetings were held in the home and took place every month. We looked at the minutes of the last two meetings, these included discussions about activities, meals, complaints and the overall service.

People who used the service their family and friends and outside professionals were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in 2016. These showed a high degree of satisfaction with the service. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted.

We saw the provider had a quality assurance system in place which consisted of audits and required completion on a weekly, monthly and annual basis by the registered manager. This included audit of accidents, falls, complaints monitoring, medication, care plans, satisfaction surveys, CQC/safeguarding notifications and a dependency tool. The home had maintenance checks in place and at the time of the inspection these were all up to date and evidenced throughout the maintenance file. This showed there were systems in place to assess and monitor the service provision and ensure improvements in the service.

We looked at the way accidents and incidents were monitored by the service. Any accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified.