

Homes Together Limited

1 The Avenue

Knaresborough

Inspection report

1 The Avenue
Knaresborough
North Yorkshire
HG5 0NL

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21 April 2022

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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 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 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

1 The Avenue Knaresborough, is a residential care home providing personal and nursing care to four people at the time of the inspection. The service can support up to five people. 1 The Avenue Knaresborough is a detached house with bedrooms and shared communal spaces across three floors.

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

Right Support

- The service (or staff) supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives.
- People were supported by staff to pursue their interests, take part in activities and pursue their interests in their local area and interact with people who had shared interests.
- Staff enabled people to access specialist health and social care support in the community and play an active role in maintaining their own health and wellbeing.
- Staff communicated with people in ways that met their needs.
- People and their family members told us they were happy with the care they received and felt safe.

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.
- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

We witnessed effective communication preventing emotional distress.

- People who had individual ways of communicating, using body language, sounds, pictures and specific sign language could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

- A relative told us, "They're very happy there, if they wasn't happy, I would speak up.

It's a lovely place and a well-run house. They have their own life and own way of life; staff look after them and help but won't carry them. They know where we are and can get in touch whenever. They're happy and staff are very good".

Right Culture

- People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.
- People received good quality care and support because trained staff and specialists could meet their needs and wishes.
- People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities of people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.
- Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
- The change in provider had impacted the availability of some day services. The provider had introduced a range of activities and social events to support with these changes and offer alternatives.
- Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.
- Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, were involved in planning their care.
- One staff member told us, "I'm very happy with the provider, I see myself being here a long time, it's like a big family, the home is a family and people see the staff as their family. The staff are really dedicated to the people they support, and it makes me so proud."

Rating at last inspection

The last rating for the service under the previous provider, Henshaw's Society for Blind People was good, (published on 8 November 2017).

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at 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.

The overall rating for the service has remained the same based on the findings of this inspection.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

1 The Avenue Knaresborough

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

Two Inspectors, a member 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

1 The Avenue Knaresbough 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. 1 The Avenue 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 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

This inspection was unannounced.

What we did before the 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. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating including sign language.

We spoke with six members of staff including the registered manager, deputy manager, three support workers and the head of residential services for homes together.

We reviewed a range of records. This included three people's care records and four 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.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The service helped keep people safe through formal and informal sharing of information about risks. Documentation wasn't always up to date and did not always reflect the current support and goals of people. However, nobody was put at risk and staff knew people well.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.
- People's sensory needs were met. Staff assessed people's sensory needs and did their best to meet them. For example, fire alarms which didn't rely on noise to alert people, were used for those people who were deaf.
- Staff could recognise signs when people experienced emotional distress and knew how to support them, minimising the need to restrict their freedom to keep them safe. We saw how staff supported a person to understand an incident and used various methods of communication and repetition to help the person fully understand what had happened.

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. The service worked well with other agencies and their local community to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Relatives felt their loved ones were safe, as did the people using the service. One relative told us, "They [person] phone family all the time, they'd let us know if they weren't happy."

Staffing and recruitment

- Recruitment checks were in place to ensure staff were suitable to work with vulnerable adults.
- Staff recruitment and induction training processes promoted safety and people's individual communication needs. Staff knew how to take into account people's individual needs, wishes and goals before working with people alone.
- The numbers and skills of staff matched the needs of people using the service. Staffing at the weekend was reduced as people didn't have activities they wanted to engage in at the time of the inspection. The provider assured us this could change if people's needs and activities changed.

Using medicines safely

- People received the right 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.

- People received support from staff to make their own decisions about medicines wherever possible.

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.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- 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.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

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.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- Staff, managers and people worked together to ensure action was taken after an incident to learn lessons and keep everybody safe. For example, the service introduced more effective and immediate communication to on-call for lone working staff following an incident.

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 good. 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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs, including physical and mental health needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- The service checked staff's competency to ensure they understood and applied training and best practice.
 - Staff received support in the form of continual supervision, appraisal and recognition of good practice.
- Staff we spoke to all felt well supported and listened to.
- Staff could describe how their training and personal development related to the people they supported.
 - The service had clear procedures for team working and peer support that promoted good quality care and support.

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

- People were supported to be involved in preparing and cooking their own meals in their preferred way.
 - Mealtimes were flexible to meet people's needs and to avoid them rushing meals.
 - People were encouraged to be independent and adaptations to cooking appliances supported this.
- People were involved in choosing their food and planning their meals. One person proudly showed us the meal they had prepared for people to eat that evening. We saw people talking to staff about what they wanted to eat that day and a person who was not able to see was supported by staff in a person-centred way.

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

- People had health actions plans/health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services.
- The service ensured that people were provided with joined-up support so they could travel, access health centres, education and or employment.

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

- The service was clean, and people had personalised communal areas and their bedrooms with pictures

and crafts they had created.

- The service required some maintenance and repair due to the age of the property and the furnishings. The provider has plans in place to renovate and redecorate the property to modernise and refresh the décor.
- Adaptations had been made to some areas of the home to ensure the service was safe for the people living there. For example, fire alarm and nurse call systems that effectively alerted people with sensory impairments were installed across the home.

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.

- People were empowered to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means.
- People with capacity gave their consent to care and treatment and any refusals were respected.

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.

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

- Staff saw and treated 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.
- Staff were patient and used appropriate styles of interaction with people.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities and processing difficulties.

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

- People were supported to express their views using their preferred method of communication.
- Staff took the time to understand people's individual communication styles and individual sign language that they chose to use to develop a rapport with them.
- People were supported to maintain links with those that are important to them using different methods of communication and technology.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to gain and maintain their independence and develop new skills.
- Staff supported people to get involved with paid or voluntary work, leisure activities and widening of social circles. For example, one person was involved in paid gardening work set up by the provider.
- Staff knew when people needed their space and privacy and respected this.
- Staff at all levels demonstrated a passion for their work and ensuring people they supported had a good quality of life and were supported to be happy.

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 needs were met, including those with needs related to protected characteristics. However, we identified more work could be done to support one person with accessing a culturally appropriate hairdresser.
- Staff could tell us how they were supporting people to meet individual goals. However, this wasn't always clear in documentation.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs.
- One relative told us, "[Person] does part time work at the moment. They like to go to church and football and staff took him on holidays. On a weekly basis they tend to go out to things going on. They also like jigsaws and staff do them with them."

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.
- There were visual structures, including photographs, use of individualised gestures and sign language which helped people know what was likely to happen during the day and who would be supporting them.
- Staff were trained and skilled in using personalised communication systems and this were part of all new staff inductions.

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 were supported to participate in their chosen social and leisure interests on a regular basis.
- Staff provided person-centred support with self-care and everyday living skills to people.
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone, video calls and by visiting their hometowns.
- One relative told us, "They encourage [person] with whatever they like. They framed their pictures themselves, in the garage at the back of the house, they had wood and framed them. They have friends and go to the pub. One of their favourites is to go to theme parks and they love rollercoasters, all the people in the house go. They're very happy."

Improving care quality in response to complaints or concerns

- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.
- There had been no complaints or concerns raised but people and their families told us they would be comfortable raising concerns and confident action would be taken.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say.
- Managers worked directly with people and led by example.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. We saw examples of how staff had raised concerns with management, this had led to changes in practices.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- Staff were able to explain their role in respect of individual people without having to refer to documentation and delivered good quality support consistently.
- Staff gave honest information and suitable support and understood duty of candour.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- One relative told us, "[Person] has a review every year, I have input, if they weren't happy, they'd let us know and that's not happened. I was sent the care plan last year. They ask me if there's anything that concerns me and I can phone and discuss it, but I've never had to do that. [Person] says everything is fine."

Continuous learning and improving care; Working in partnership with others

- The provider had a clear vision for the direction of the service.
- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.
- The service worked well in partnership with other health and social care organisations, which helped to

give people using the service improve their wellbeing.