

## North Yorkshire County Council

# North Yorkshire County Council - 5 Whitby Road

### Inspection report

5 Whitby Road  
Pickering  
North Yorkshire  
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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



### Overall summary

This inspection took place on 6 August 2015 and was unannounced. At our last inspection on 12 February 2014 we found a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which related to record keeping. At this inspection we saw that there had been improvements in some records but others were not completed and up to date.

At this inspection we saw that the service had sought the views of people who used the service in order to learn from them and make improvements but had not included relatives or staff in the surveys. Audits had been used to monitor areas of the service and improve some of them but they had not identified where improvements were needed to care plans and risk assessments. While we saw some improvements there was room for further improvement in a number of areas. This was a breach of

# Summary of findings

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 and you can see what action we have asked the provider to take at the back of the full version of this report.

North Yorkshire County Council operates 5 Whitby Road which is in the town of Pickering. The service can accommodate up to 40 older people who require assistance with personal care. It is located close to local facilities and transport routes. There is a small car park for visitors to use. On the day we inspected there were 30 people using the service.

The registered manager who previously worked at this service had retired and another manager had been recruited and was in the process of applying for their registration with the commission. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People at this service were not consistently safe because risks to their health and wellbeing had not always been identified and acted upon. We have recommended that the provider look at good practice guidance around risk assessment and management plans.

Staff had been recruited safely with checks being made as to their suitability to work in this setting.

They were trained in subjects which enabled them to provide care for people who used the service and were well supported by managers. Staff had been trained in recognising abuse and knew how to report any incidents.

The equipment and premises were maintained to a safe standard. Equipment was serviced and maintained regularly.

Medicines were managed safely and staff who administered medicines had received appropriate training.

The service was working within the principles of the Mental Capacity Act (MCA) 2005.

People told us that they felt cared for and that their family and friends could visit them whenever they wished. While people felt the manager and staff were approachable and that they could raise issues with them, they were not all aware of the formal complaints procedure available.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

This service was not consistently safe.

We have recommended that the provider make improvements to the risk assessments and management plans relating to people's health and wellbeing. While we saw improvements there was room for further improvement in a number of areas.

Staff were aware of how to safeguard people from abuse and knew how to report any incidents.

There were sufficient staff working at the service who had been recruited safely.

The equipment and premises were maintained safely.

Medicines were managed safely at this service.

Requires improvement



### Is the service effective?

The service was effective.

Staff had the skills required to care for people at this service.

Staff received appropriate training and support.

The staff were working within the principles of the Mental Capacity Act 2005

Good



### Is the service caring?

This service was caring.

People said they felt cared for. Staff were observed to be kind and friendly showing people respect.

Staff maintained people's privacy and dignity but the environment did not always support people's dignity.

Friends and family could visit whenever they wished

Good



### Is the service responsive?

This service was responsive.

People had an assessment of their needs before they came to live at the service from which a care plan was developed. Care plans were reviewed.

We saw there were activities organised within the service and out in the community.

While they reported that the manager and staff were approachable and that they could raise issues, not all people were aware of the formal complaints procedure and how to use that.

Good



# Summary of findings

## Is the service well-led?

This service was not consistently well led. There had been some improvement in some areas of record keeping but a complete record of each person's care needs had not been maintained which could have an impact on the care they received.

Audits had been used to improve the quality of some areas of the service but there were further improvements required in care planning particularly around the identification of risks to people and the development of management plans around specific conditions.

Quality surveys had been used to gather the views of people who used the service with positive results. However the views of other key people such as staff and relatives had not been sought.

Although the manager had only recently joined the service the comments from staff, relatives and people who used the service were consistently positive.

## Requires improvement



# North Yorkshire County Council - 5 Whitby Road

## 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 6 August 2015 and was unannounced. The inspection was carried out by an inspector and an expert by experience who had experience of health and social care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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 looked at statutory notifications. These are notifications that are legally required to be sent to the Care Quality Commission (CQC) notifying them of any events or incidents that affect the service and/or people who use the service. In addition we contacted local authority commissioners who had no concerns about the service at the time we spoke with them.

We looked around all areas of the service including people's bedrooms with their permission. We spoke with seven people who used the service, two relatives and one healthcare worker visiting the service on the day of our inspection. We also interviewed five members of staff and spoke with the manager. Following the inspection we were contacted by a district nurse who visits the service whose comments are included in the report.

We reviewed six people's care and support records and observed a member of staff administering medicines. We observed the lunchtime period and activities organised by staff.

# Is the service safe?

## Our findings

People told us that they felt safe. One person said, “I feel very, very safe. You can trust everyone here.”

Staff understood what it meant to keep people safe. We saw that they had been trained in safeguarding adults. One member of staff told, “I would report any matters to a senior member of staff or go to the manager.” We saw documentary evidence of appropriate referrals to the local authority safeguarding team when issues were identified. The local authority has responsibility for investigating any matters such as this. There were policies and procedures in place for safeguarding people which staff were aware of and the service had followed their own procedure. This meant that people who used the service could be confident that staff knew what to do if they witnessed any abuse.

When we looked around the service we found that it had been well maintained and kept clean. The housekeeping staff had cleaning schedules which we saw were being followed.

The provider took every precaution in the prevention of accidents by arranging for safety checks of the equipment and premises to be carried out on a regular basis. The mains services, fire equipment and moving and handling equipment had all had safety checks carried out which were up to date. There were contracts in place to ensure these areas had regular servicing and maintenance.

Staff had received training in fire safety and were aware of how to react in the event of a fire. There was a fire risk assessment in place and we saw that fire drills had been carried out regularly. The last drill was in July 2015 and showed the lessons learned from that exercise and recorded actions necessary.

The environmental health officer had awarded a rating of five to reflect the high standards of food safety management at this service.

We saw that risk assessments had been completed when there were risks to people’s health and wellbeing in most cases. However, it was not always clear whether or not the assessments had been followed up and actioned where a risk indicated further input from healthcare professionals was required. One person had been identified to be at risk of falling. Where they had fallen and having checked that

there was no serious injury staff had completed a falls record and carried out regular checks of the person for twelve hours to ensure that there was no impact on the person. For another person a falls risk assessment had been completed and identified that they should be referred to a community falls team. When we spoke to staff about this they were able to tell us what had happened and were knowledgeable about this person’s needs which safeguarded the person. There was no evidence that a referral had been made and no record of any action which meant that this person may not have received appropriate care.

In addition to this some people had specific conditions which required a risk management plan so that staff were aware of the actions they should take to maintain people’s health. These conditions were identified but there was very little further information for staff to assist them in caring for the person and no risk management plan which meant that people may not receive appropriate support.

When we spoke with a district nurse following the inspection they told us that in the past they had had some issues when the service had provided care to people and their instructions had not always been followed. This had posed a risk to people’s health and wellbeing. Since then the district nurse told us they had completed some training in the service and practice had improved.

**We recommend that the provider look at good practice guidance and training for staff around risk assessment and management plans in relation to people’s health and wellbeing.**

Staff employed by the service had been recruited safely. We looked at staff recruitment files online and saw Disclosure and Barring Service (DBS) checks and two references for each person had been carried out. DBS checks are used by employers to make safer recruitment decisions checking that the people they employ were suitable to work with vulnerable people. The provider was doing all they could to ensure that people who used the service were cared for by suitable staff.

We observed during the day that there were sufficient staff on duty to meet people’s needs and call bells were answered promptly ensuring people did not have to wait to receive assistance. The service had been recruiting to fill staff vacancies but where there were short falls existing staff had worked additional hours.

## Is the service safe?

However, when we spoke with a person who used the service they said, “We need more staff, it would make going to the toilet easier. We get up very early. It might be half past five or six. Then we wait a long time before things happen - breakfast. Surely that hour or more could be spent in bed.” A second person confirmed this saying, “It suits me to be up and dressed, 6.30 - 7. A cup of tea follows and then we get breakfast, before 8 sometimes.” We saw no evidence to suggest that staffing levels were not safe, but a reassessment of night staffing needs in consultation with people using the service might ensure that the arrangements were in line with peoples preferences.

People who used the service were able to come and go as they pleased and the main doors into the garden and to the front of the home were unlocked. Doors to the outside that were out of sight were alarmed so that no one could gain unauthorised entry to the home.

We looked at the systems in place for managing medicines in the home and saw that medicines were managed safely. We looked at the storage and handling of medicines as well as looking at the Medication Administration Records (MARs) of people who lived at this service. We found that people were receiving their medicines safely and we observed a member of staff administering medicines safely.

We saw that the medicines ordering system, which was carried out electronically, was effective and people had adequate supplies available. The medicines were stored securely in locked trolleys and cupboards within a dedicate room and the keys to these held safely. We observed a controlled drug being administered following correct procedures according to service policy. Controlled drugs are controlled under the Misuse of Drugs legislation. We saw that the controlled drug register was completed correctly. We saw policies and procedures for managing medicines safely were in place.

# Is the service effective?

## Our findings

Relatives told us that staff had the skills needed to provide care for people who used the service. Although one person did comment on the promptness of staff in assisting people to the toilet, we did not observe anyone having to wait for long periods for assistance and a relative told us, “They know how to deal with mother; they're very good with her - kind and helpful.”

All staff had completed an induction when they started in their role. Learning and development was mainly through e-Learning. Staff felt the training was appropriate in helping them to meet people's needs and one care worker told us, “All my training is up to date and I have chosen to do a palliative care course”. Staff confirmed that additional training was provided to enable them to meet more specialised needs and they said they felt supported in this by management.

Staff completed training courses covering mandatory areas such as first aid, fire safety and moving and handling of people. We saw staff had put their learning into practice in a practical way when we observed them moving a person following good practice guidance. This showed the provider had ensured that staff had acquired knowledge and skills to meet people's needs and ensure their safety. Additionally, all staff members were encouraged to complete a relevant qualification such as National Vocational Qualifications (NVQ) in care.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We saw evidence that the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff had received training around the MCA and Deprivation of Liberty safeguards (DoLS) and were aware of their responsibilities in respect of this legislation. The MCA sets out the legal requirements and guidance around how staff should ascertain people's capacity to make decisions. The Deprivation of Liberty Safeguards protects people liberties and freedoms lawfully when they are unable to make their own decisions. No applications for authorisation to deprive anyone of their liberty had been made by this service.

We saw that mental capacity assessments had been completed where necessary and best interest decisions made on people's behalf with the involvement of health and social care professionals and families.

Meals times were a sociable occasion with 27 out of 30 people eating in the dining room. The atmosphere was good; with friendly chatter between staff and people who used the service. The tables were set with cutlery and condiments and people were asked what they wished to eat and given a choice of food. One person told us, “The food is excellent, lovely. I have no complaints whatsoever; the food is fresh and delicious. You have enough choice” and a second said, “The food is very good, it's very like my mother's. The fresh vegetables are lovely.” We saw that the food looked appetising and that portion size was good.

Kitchen staff told us that they were made aware of the specific dietary needs of people by staff when people arrived at the service. They had noted all ingredients and allergens in foods to protect those people who were allergic to specific foods by having appropriate information available.

Records showed that people's weights were monitored to ensure they were getting the right amount to eat and drink to sustain their health. Using the malnutrition universal screening tool (MUST) staff had identified when people could be at risk from dehydration or malnutrition. Staff were able to tell us that people were supported by the appropriate health professionals and we saw that people received support where necessary which minimised the potential risks to their health. However this was not always well recorded

We saw that referrals had been made to healthcare professionals and the district nurse we spoke with told us that the district nursing service visited the home regularly. People were supported to attend health appointments and staff sought advice where there were any concerns about people's health. However, a community healthcare professional who was visiting the service told us that staff did not accompany them to see two people that day which could be detrimental to the sharing of information. The district nurses and community health care assistants kept their own notes in a locked room and staff at the service did not keep their own notes about these visits which meant that there was information that staff may be unaware of which related to a person's care.



# Is the service caring?

## Our findings

People who used the service said they felt well cared for. One person said “Oh they definitely care for me. They are all very nice to me.” A second said “Yes, the staff care about me, I know they do.” A relative told us “I do think they care for mum. It's not just a job.”

People told us about how staff spoke to them telling us “They are always friendly, respectful - some more than others” and “They are friendly and polite. I hear them speaking to others too; showing concern and giving help. I will only speak highly of them.”

We observed staff to be kind and friendly towards people and heard a lot of friendly banter during the day. We saw that staff treated people with respect speaking to them politely and by name. When we read the comments from the quality service audit one person who used the service had commented, “I couldn’t imagine being treated with more kindness and consideration. I don’t think it could be bettered.”

People who used the service that we spoke with said that the staff were very careful to maintain their privacy and dignity, particularly when being assisted with personal hygiene. There was however some differences in people’s perception about whether or not care workers placed their focus on them when providing care. We heard one member of staff gently trying to persuade one person to have a drink. They did this quietly without fuss keeping their voice low which meant that other people were not aware of what was being said. One person said, “Yes, they do what is right just for me” and another said, “I feel as though they focus on me.” However a third person told us, “They're often not focussed on my needs, their minds are elsewhere.”

When we asked people who used the service they were not familiar with the term care plan and had no recollection of discussing their care. The questionnaires we looked at confirmed this view. No one we spoke with could recall being asked for their views about what goes on in the service but all the people we spoke with told us that they were supported to make choices about their day to day life and their care. One person said, “I do what I wish to do and they help me do it. They take my walking difficulties into account.” Everyone we spoke with told us that their friends and family were able to visit them at any time and were made welcome.

We saw throughout the day that staff were calm and unhurried when supporting people. They responded quickly to people’s needs and we did not observe anyone having to wait long for assistance. At lunchtime we saw that one person looked uncomfortable and sleepy. Staff immediately went to their assistance and took them to their room to rest.

The building was purpose built and had no en suite rooms available to people which did not always support their privacy and dignity. For instance toilets were all situated in blocks of four at the end of corridors which meant that people had to walk in their night clothes along the corridors to the toilet. If they did not wish to use the toilets they had a commode in their room. Although the manager was unable to change the layout of the building at the moment it would be good practice to consider how the environment supports people’s privacy and dignity.

# Is the service responsive?

## Our findings

People who used the service received personalised care and support which was discussed with them or their relative and recorded prior to them coming to live at the service. Relatives were involved in identifying people's individual needs where appropriate. Each person's care plan was regularly reviewed and they were provided with support that met their needs and preferences. Some of the care plans we looked at had not been updated when a person's needs changed but when we spoke with staff they demonstrated that they knew people well which meant that the risk of people receiving inadequate care was reduced. One care worker told us that they were aware of the need to improve the care plans.

Care plans were personalised but could have benefitted from more detail around people's specific conditions to inform staff. There was no information about conditions that staff may not have experience of and no risk management plans in place where necessary for those people. Each person's care plan provided information about the person's basic support needs and how staff could meet them. There were details of preferences such as what time people like to get up or go to bed and food likes and dislikes. To ensure that staff were aware of these preferences they told us that they were given time to read care plans. There was also a key worker system. This meant that staff each had specific responsibility for a small number of people. They liaised with that person and their families which assisted them in building a relationship with people. This enabled staff to get to know people better which in turn led to more personalised care.

We observed the staff had completed a written summary day and night report each day to ensure that colleagues had appropriate information about each person.

People were supported to take part in a range of activities organised within the service. One activities coordinator had just left the service and another worked varied shifts. Until the manager recruited another activities coordinator staff were organising activities when the remaining activities organiser was not on duty. There was a well-used activity area with regular programme of activities and on the day of

the inspection the staff organised a quiz and games for those people who wanted to participate. There was good participation and good humour was evident. The activities coordinator came on duty at 6pm and as it was a pleasant evening took one person out into the garden.

People had a document entitled, "This is Me" in their care plans which gave some of their social history but these were not as detailed as they could have been. This would have helped staff to know more about a person and enable them, to plan appropriate person centred activities. We did see evidence of activities that one person had participated in such as hairdresser, flower arranging, nails painted, bingo and baking.

One relative told us, "They get (relative) involved and she enjoys it. She has enjoyed baking particularly." A person who used the service told us, "I've learned to play Dominoes and I really like it. I play that a lot now and my favourite thing is going on the trips" and another said, "Playing cards I like. We make things, I've been on trips and we have music." We did speak to one person who told us, "I don't participate, I prefer to read." This demonstrated that there was a wide variety of activities on offer and people could choose whether or not they took part.

There was information available for people about how to make a comment, compliment or complain and we saw this located in the entrance hall at the service. There had been 23 positive comments received by the service with recent comments such as, "I can say without a shadow of a doubt that not one negative applies to 5 Whitby Road" and "You have got it just right with the mix of professionalism and the friendly approach to your residents." There had been one verbal complaint which was dealt with immediately but no formal complaints.

Everyone told us that the manager and staff were approachable if they had any concerns or complaints but no one that we spoke with was aware of the service complaints procedure. A relative told us, "I do know how to complain but I've had no formal information about a process." People would benefit from having this process explained to them individually and receiving copies of the procedure.

# Is the service well-led?

## Our findings

The manager at this service had been appointed recently and was not yet registered with CQC. However, staff and people who used the service were already positive in their comments about them. Everyone we spoke with had met the manager and felt that they could approach them with any issues they had. They said, “I’ve met the new manager, she’s very nice, you can talk to her and she’s interested.”, “I think I would be able to talk to the manager. It seems to be quite open here.”

The manager discussed their plans for the service with us and was enthusiastic about improving the service. Throughout the day they demonstrated the values of caring and integrity by the way in which they spoke with people and responded to them. A relative told us, “There is a very positive culture and atmosphere in the home” which we also experienced.

The manager and the care services manager provided leadership to staff. We saw that the manager was present in the service, supporting staff. The staff spoke highly of the manager and said that they were approachable and, “seems to fit in well.”

Managers of services across the organisation held regular meetings to share good practice ideas and learning. The care workers within the service also had staff meetings in order to discuss work related issues and share information.

The manager understood their obligation to notify us of any significant incidents. The manager told us that they were receiving support in their role from the care services manager. The effectiveness of this support was evident in the way in which the manager dealt with their first inspection after just a few weeks of being employed by this provider.

The service had corporate policies and procedures which were online. Staff had access to their own account online and when policies and procedures changed they could access them. When any other information needed to be shared the manager had introduced a “Read Me” file where they put new information with a signature sheet. When all staff had signed to say they had done so the information was removed.

The service had sought the views of people who used the service using an annual survey. The responses to the survey were mainly positive with comments made such as, “Extremely satisfied.” However, relatives and staff told us they had not been asked for feedback this year. This meant that the manager was not gathering feedback from everyone involved with the service and could not therefore take account of their views when looking at improvements to the quality of the service.

Audits had been completed in the service in different areas. Examples of these were infection control and kitchen audits. These identified areas for improvements and action plans had been developed with actions and responsibilities highlighted. However when we looked at people’s care plans we saw that the risks to people had not always been identified clearly and clear management plans were not in place which could have an adverse effect on people’s health and wellbeing. We saw that when people had specific conditions these had been identified but there was no information to assist staff in the care of people. In addition there were no risk management plans in place.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Good Governance.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance  Systems and processes had not been operated effectively to assess, monitor and improve the quality of the service and the risks to people's health and wellbeing Regulation 17 (1)(2)(a)(b)(c)