

Homes Together Limited

2 East Park Road Harrogate

Inspection report

2 East Park Road
Harrogate
North Yorkshire
HG1 5QT

Date of inspection visit:
06 May 2022

Date of publication:
30 June 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 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

2 East Park Road Harrogate is a residential care home providing personal care to six people at the time of the inspection, this is the maximum amount of people the service can support. It is a large four storey semi-detached house with a paved garden to the rear, within walking distance of the local town.

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

Right Support

People were supported by staff to pursue their interests. People took part in activities in their local area and interacted with others who had shared interests. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. More work was needed around the administration of 'When required' medication to ensure best practice guidelines were followed by staff. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. The service made reasonable adjustments for people so they could be fully involved in discussions about how they received support, including support to travel wherever they needed to go. People in the service told us that they were very happy, and staff supported them well.

Right Care

The risks to people had not always been identified by the service which increased the likelihood of people coming to harm. Accidents and incidents had been reported however it was unclear if people had been offered support and monitored for deterioration in health after these incidents.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. 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. Family members told us that their relatives were very happy with the care and one family member told us, "[Relative] loves it. It is outstanding."

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People's care, treatment and support plans did not always reflect their range of needs and support required. However, staff turnover was very low, which supported people to receive consistent care from staff who knew them well. The service did not have clear guidance on what people's goals and aspirations were so these were not monitored however staff worked with people to meet their

needs. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

We received positive feedback from people and their family members about the service. One person told us, "The staff are good. We chat and they make me laugh" and another person said, "I am happy, I get on with everyone."

Staff members were very positive about working at the service and felt supported by the manager and the provider. One staff member told us, "it's a really good team, we all know each other and know everyone's strengths and weaknesses. We have known the residents for years; it all works well, and we respect each other. We listen to everyone's opinions."

Rating at the last inspection

The last rating for the service under the previous provider was good, published on 31 August 2018.

For more details, please see the full report which is on the 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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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 monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance. 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 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?

The service was 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 ●

2 East Park 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

Two inspectors, 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

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

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

Notice of inspection

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. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided.

We spoke with six members of staff including the registered manager, support workers and a housekeeper.

We reviewed a range of records. This included three people's care records and six medication records. We looked at three 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 as requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people had not always been assessed and managed. We found that environment checks and audits were in place. However these were not effective in highlighting risks found on inspection. People had access to the cellar which was not safe and not appropriately risk assessed. Some windows in the property were not double glazed and this had not been identified by the provider. This increased the risk to people.
- People's care records needed reviewing and did not include all the information needed to provide safe care. Behaviours and medical conditions had not been fully explained and the level of care people needed was unclear. Staff knew people well and whilst we found no harm had occurred as a result of the shortfalls, the lack of information increased the risk of harm.
- Accidents were recorded however; it was not always clear if support had been offered to people after these events. Risk assessments had not always been reviewed and updated after an accident and so potential risk and mitigation was not in place.

We found no evidence that people had been harmed, however, the risk to the health, safety and welfare of the people using the service had not been identified and managed appropriately. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed glazing in the windows have now been strengthened and risk assessments put in place.

We recommend the provider review their accident and incident reporting processes and update their practice to include clear guidance for staff on supporting people after an accident.

Using medicines safely

- 'When required' medication was administered when people needed it however the recording of these medicines was not always in line with best practice guidance. The protocols in place did not always give clear instruction to staff and some details did not always match the medication administration record.

We recommend the provider consider current guidance on the recording of 'when required' medication and take action to update their practice accordingly.

- People received the right medication at the right time from staff who were appropriately trained to provide this care safely.
- 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).

- People were supported to make their own decisions about medicines wherever possible and people could take their medicines in private when appropriate and safe.

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 to do so.
- Staff had training on how to recognize and report abuse and they knew how to apply it.
- Staff were confident in their manager to handle any allegation of abuse appropriately and would not hesitate to report them.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. There was some evidence that staffing levels had been reduced from previous numbers due to COVID-19 restrictions however this did not seem to have an impact on people.
- Safe recruitment practices were in place and staff received an induction and training to be able to provide safe care. Staff had time to get to know the people and worked with them considering people's individual needs, wishes and goals.

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 was admitting people safely to the service.
- 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 were up to date.

Visiting in care homes

The service supported visits for people living in the home in line with current guidance. Visitors were not restricted in any way and safety was promoted while on site for example, personal protective equipment (PPE) was provided for visitors, health screening was in place and outdoor visits could be facilitated, weather permitting.

Learning lessons when things go wrong

- Staff raised concerns and recorded accidents and incidents.
- There was a system in place for managers to review staff practices and investigate any shortfalls found. Staff were supported with additional training and lessons were learnt, being cascaded to the team in regular meetings.

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.

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

- People's needs and choices had not always been fully assessed and recorded, care records were outdated and lacked detail in key areas. Documentation dated from 2019 with no evidence of a review, details around support with medical conditions was vague and guidance for staff in supporting with everyday tasks was unclear. Staff knew the people they supported well and most had worked for the service for many years which minimised the risk.

We recommend the service review and update care records without delay and include support plans for all aspects of people's care.

- Appropriate policies and procedures were in place and accessible to all staff which reflected current best practice, guidance and legislation.

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.

- Consent to care was not always recorded in the care records however all the people in the service did have the capacity to make their wishes known to staff.

We recommend the service consider current guidance on 'consent to care' and update their practice accordingly.

- Management and staff were aware of their obligations of working within the principles of the MCA.

- People were seen to make their own choices which staff supported. Staff respected the rights of the people to refuse support.

Staff support: induction, training, skills and experience

- Staff had the appropriate training, knowledge and experience to provide effective, person centred care.
- Updated training and refresher courses helped staff continuously apply best practice.
- 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.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were supported to be involved in preparing and cooking their own meals in ways they preferred. Efforts had been made to make this a communal task, encouraging group discussions around healthy food options and building social relationships in the service.
- People with complex needs were supported by staff to eat and drink in line with recommendations made by other medical professionals. For example, the Speech and language team had been consulted to ensure the risk to a person when eating had been assessed and support could be provided to keep them safe and healthy.

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

- The service was clean, and people had personalised their bedrooms with furnishings and pictures of their choice. Some of the bedrooms needed maintenance and repair due to the age of the property however, the provider had plans in place.
- Communal areas had recently been renovated which were bright and modern in style. It had been reflected in resident meetings that this was not to everyone's taste. The provider assured us that people would be consulted for their preferences in décor for their personal bedrooms.
- Adaptions had been made to some areas of the home to ensure the service was safe for the people living there. For example, braille had been applied to kitchen appliances so people could use these appliances independently.

Supporting people to live healthier lives, access healthcare services and support

- The service ensured that people were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Staff worked well with other services and professionals, following any recommendations made regarding someone's care and supporting the person to stay well.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- People felt valued by staff who showed genuine interest in their well-being and quality of life.
- Staff saw people as their equal and created a warm and inclusive atmosphere.
- One person told us, "[The service] is brilliant, they look after me well. I like everything" and a family member explained that: "The service is very good, when [relative] comes on holiday, they can't wait to go back."

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 feed back on their care and support. Regular resident meetings were held which gave people the opportunity to express their views.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- People, and those important to them, took part in making decisions and planning of their care and were invited to take part in discussions to develop and improve care opportunities in line with their wishes and goals.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. Activities had been provided in the local community with 'taster sessions' for people to attend.
- Staff knew when people needed their space and privacy and respected this.
- Staff at all levels were seen to be caring and respectful of the people who lived at the service promoting dignity and independence where possible. The registered manager was actively involved in highlighting ways to improve to the provider, pushing for changes to continue to increase people's independence.

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

- The care records did not focus on people's quality of life, goals or aspirations for the future so these had not been monitored. However, staff were knowledgeable about people and worked with them to meet their needs and preferences.

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

- Staff offered choices tailored to individual people using a communication method appropriate to that person.
- People learnt everyday living skills and developed new interests from learning opportunities provided to them.
- 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.

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.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- Staff ensured people had access to information in formats they could understand.
- Important information was translated to braille which helped people know what was likely to happen during the day and who would be supporting them. People had been involved in creating these with the provider.

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 who were living away from their local area were able to stay in regular contact with friends and family via telephone and other communication methods.
- People were supported to participate in their chosen social and leisure interests on a regular basis.

- Staff were committed to encouraging people to undertake voluntary work, employment and/or, vocational courses in line with their wishes and to explore new social, leisure and recreational interests.

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- Relatives had confidence in the registered manager to deal with any concerns quickly and appropriately. One relative told us, "The manager will always do her best. If I am concerned, she will always come up trumps."

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The governance systems and care documentation were not robust or developed enough to demonstrate that people's safety and care needs had been fully assessed. Risk assessments did not highlight all risks to people and safety concerns had not been highlighted from the current auditing system in place.

We found no evidence that people had been harmed, however risks had not been assessed, monitored or mitigated and accurate care records were not in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt respected, supported and valued by senior staff which supported a positive culture.
- Managers promoted equality and diversity in all aspects of the running of the service.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

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 service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- Regular staff and resident meetings were held which gave the opportunity for people to raise any concerns and for the management team to inform people of any changes within the service. Actions had been recorded from these meetings however it was noted that on occasion there was a delay in implementing these. This was raised with the manager at the time of the inspection.
- People, and those important to them, worked with managers and staff to develop and improve the service.

Continuous learning and improving care

- A system was in place to review staff practice which highlighted any shortfalls. Staff learned from this and were offered support to improve care.
- The provider kept up to date with national policy to inform improvements to the service.
- The provider invested sufficiently in the service, embracing change and delivering improvements.

Working in partnership with others

- 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 advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not fully assess and mitigate the risk to the health and safety of the service users.</p> <p>Regulation 12 (2)(a)(b).</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 did not have robust systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>The provider did not have accurate, complete and contemporaneous records in respect of each service user.</p> <p>Regulation 17 (2)(b)(c).</p>