

# Together for Mental Wellbeing

## York Road

### Inspection report

31 York Road  
Sutton  
Surrey  
SM2 6HL

Tel: 02086426310  
Website: [www.together-uk.org](http://www.together-uk.org)

Date of inspection visit:  
17 April 2023  
21 April 2023

Date of publication:  
01 June 2023

### 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

### About the service

York Road is a care home providing personal care to up to a maximum of fourteen people. The service provides support to adults with forensic mental health needs with care and support provided to help people to live with more independence in the community. At the time of our inspection there were 12 people using the service.

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

People were kept safe. Staff demonstrated they knew how to raise safeguarding concerns and were aware of the processes to follow in order to keep people safe.

Care and support plans were developed to ensure people's needs and risks were met appropriately. People were assisted to work towards achieving their goals in terms of their independence. Risk management strategies were in place to assist staff to help people to manage these risks and to identify triggers for behaviours that may cause distress.

The administration of medicines was managed in a safe way. There were policies and procedures in place for staff to follow and staff told us they found them helpful in ensuring people received their medicines safely.

The service was following safe infection prevention and control procedures to keep people safe.

People were assisted to become more independent with their menu planning and budgeting so as to enable them to eat more healthily. They were helped with developing their meal preparation skills.

The service was flexible and adapted to people's changing needs and wishes and promoted their independence. Care was person centred and risk assessments were in place.

People's diversity and their unique individual needs were well-respected by staff. The staff team knew people well and were able to provide appropriate support.

People received personalised care and support according to their needs and wishes.

Staffing levels were good and appropriate to ensure people's needs were met in a safe, timely and consistent way.

Staff were supported and encouraged to continue their professional development so they could progress their knowledge and skill base and provide the best outcomes for people. Staff received a wide range of training that covered the essential areas of their work although they told us this could be widened to include more specialist training. Staff received one to one supervision and support on a regular basis.

People's health care needs were being met and they had access to healthcare services where needed.

Staff were kind and caring, they respected and valued people using the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies, procedures and systems in the service were all focused on achieving these outcomes.

People's privacy was respected and people were supported to maintain contact with those people who were important to them.

York Road was well led. The provider's ethos and values put people at the heart of the service. This vision was driven by the registered manager and by the staff team who were empowered to contribute fully to support a person-centred model of effective care. This helped people using the service, with complex needs, to achieve their hopes and aspirations for more independent living.

There was an effective complaints policy and procedure in place that the registered manager reviewed in order to ensure where necessary improvements were made.

There was clear evidence of collaborative working and good communication with other professionals in health and social care as well as in the community and education sectors. The provider built effective relationships with the community and with health and social care professionals so that people using the service would benefit.

There was a comprehensive and effective governance system in place. People and staff were confident about approaching the registered manager if they needed to. They recognised that their views and feedback were valued. Feedback was used to support quality service developments.

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

Rating at last inspection

This last rating for this service was good (published 15 January 2019).

Why we inspected

This was prompted by a review of the information we held about this service.

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

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.

# York Road

## 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

The inspection was carried out by one inspector.

#### Service and service type

York Road 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. 31, York Road is a care home without nursing care.

CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection visit to ensure people

living in the service and the registered manager were available.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including the notifications of accidents and incidents we had received from the provider. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections.

#### During the inspection

We spoke with 5 people who used the service about their experience of the care provided. We spoke with 4 members of staff, the deputy manager, the registered manager and the operations and development manager. We also spoke with 4 visiting health professionals.

We made observations around the service. We reviewed a range of records. This included 3 people's care records and medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures were reviewed.

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by knowledgeable staff. People told us they were kept safe and that they felt safe. Comments from people included, "Yes I feel safe here", "The staff make sure we are as safe as possible".
- Staff completed regular updated safeguarding training and staff understood their responsibilities and how to report any concerns. A staff member said, "Yes I have done a lot of training which I have found very useful." Staff said they would contact the emergency services [police, ambulance] if people needed immediate protection.
- The registered manager told us they regularly discussed safeguarding policies and procedures in team meetings. This was to ensure staff were up to date with best practice and to share knowledge and experiences amongst the staff team. Minutes of these meetings we saw confirmed this.

Assessing risk, safety monitoring and management

- People were central to the assessment of their needs and risks. Staff worked together with people and their community and hospital mental health professionals to ensure they had as much freedom of choice as possible when developing their care plans. Care and support plans were developed to ensure people's needs and risks were met appropriately. This was to assist people to work towards achieving their goals in terms of their independence.
- Support plans and risk management plans provided staff with guidance about how to support people safely and how to work with them to achieve their goals. People told us their main aim and objective was to live as independently as possible and they welcomed the constructive support they received to achieve this.
- The registered manager carried out regular audits of the premises and equipment in order to minimise risks and to help keep people safe.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS), work history checks and references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were appropriate numbers of staff on duty to meet people's needs. The staff rotas we inspected confirmed this as did staff who said, "We have good numbers of staff on each shift here."

Using medicines safely

- People received their medicines safely and as prescribed. There was a robust system in place to ensure medicines prescribed on an 'as required' basis were used appropriately. Protocols were in place for the safe

use of these medicines that staff demonstrated they were well aware of.

- Some people were assessed as being able to administer their medicines themselves. These people received minimal assistance and supervision from staff. Others had their medicines administered by staff.
- Medicines records were clear and accurate.
- Staff assessed risks relating to medicines for each person and there was clear guidance to follow to keep people safe.
- People received medicines from staff who were trained and assessed as competent to do so each year. Additional training was available for staff who required more support.
- The managers regularly checked medicines management was safe by carrying out quality audits. Our checks of medicines stocks and records showed that stocks matched recorded levels and they were stored at the required, safe temperatures.

#### Preventing and controlling infection

- The home was clean and freshly decorated to a high standard throughout the building. Comprehensive policies and procedures were in place to prevent and control the spread of infections. These were reviewed regularly and updated as necessary.
- People were helped to keep safe by staff who followed safe infection control practices. They received appropriate training in this, including how to use PPE to reduce the risk of COVID-19 infections.
- The registered manager regularly checked infection control practices to ensure staff followed current guidance and had access to a regular supply of PPE.
- The provider assessed risks related to COVID-19 for people using the service and staff. They took any action necessary to reduce risks.
- The staff completed food hygiene training and where people needed assistance, followed correct procedures for preparing and storing food.

#### Visiting in care homes

- The provider accepted visitors to the home in line with current best practice.

#### Learning lessons when things go wrong

- Policies and procedures were in place for all accidents and incidents to be reviewed and lessons to be learnt. The registered manager monitored any incidents to identify patterns and trends in people's behaviour and other risks.
- There was good communication with staff to make sure lessons were learnt together when things went wrong. We saw that records were maintained for all incidents and accidents so that they could be investigated. The registered manager regularly reviewed them.
- Learning from previous incidents was discussed with the staff team at team meetings where staff were encouraged to share ideas as to how further improvements could be made to identify any patterns and to prevent re-occurrence.



# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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's needs were comprehensively assessed in line with recognised best practice together with the person, their relatives and mental health professionals to ensure a coordinated approach to best meet the person's needs and wishes.
- People's care plans included their health and social care needs together with agreed outcomes. The care and support plans were reviewed and revised as people's needs changed in order to help them move on as part of their transition to less supported accommodation.
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- Staff were supported with the provision of a wide range of training and individual support. Staff told us they received a wide range of training that was relevant to their roles. Staff training included: person centred care, safe handling of medicines, safeguarding adults, mental capacity act and deprivation of liberties, food safety, health and safety and infection control.
- Staff told us they would appreciate additional training to cover some areas not included in the training scheme for staff such as training for substance misuse and other drugs that were previously legal and which are now not legal. The registered manager was aware of this already and agreed this would be added to the training programme as it would provide good additional training to compliment the programme already available for staff.
- Staff told us they received regular supervision with the registered manager. This included one to one meetings and team meetings. We saw the provider's supervision matrix that set out regular six to eight weekly individual supervision for staff members. These meetings included a review of the direct work staff undertook with people. These measures ensured staff had the support, skills, knowledge and experience to deliver effective care.

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

- People were supported to maintain a healthy, balanced diet. Most people did their own shopping and cooking. They told us the staff team encouraged and supported them to understand the important contribution that eating healthy and nutritious food made to improved mental health. This included assistance with supporting people to develop their skills in budgeting, shopping and preparing their own meals.
- People told us how much they enjoyed preparing their meals for themselves. They said they had built up

good skills with this.

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

- People were supported by staff and a range of different health and social care professionals to ensure there was a good coordinated approach to their care and that outcomes were effectively met. Staff supported people to access community healthcare professionals such as the GP, community and hospital mental health teams and psychiatrists.
- Health professionals comments were complimentary and included, "We work well with the staff team here, it really helps the people living here when we can get this sort of effective whole team approach to the care and support they receive," and "Communication with the staff team here is very good, it is regular, helpful and they always let us know if changes in people's health occurs."
- Records confirmed that people had regular appointments with these professionals. We saw doctors and dental appointments were made and regular check-ups took place.

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.

- People had their rights and freedoms respected by staff who understood the principles of the MCA and the importance of enabling people to make their own decisions. This meant care and support was provided in the least restrictive way.
- Staff had received training in MCA and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA and how this was used when supporting people.
- Assessments showed that where a person was unable to make a specific decision, staff understood they needed to ensure any decisions made were in line with the person's best interests and was the least restrictive way. Records we looked at confirmed people were supported with their best interests and safety in mind.
- At the time of our inspection people had not required DoLS authorisations.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- There was a visible person-centred culture that was evident with staff who were clearly well motivated to work with people to help them achieve their ambition to live a more independent lifestyle. One member of staff said, "We really care about the people living here and we want to help them achieve their highest hopes of achieving more independent living."
- We observed staff demonstrated kind and compassionate attitudes towards people.
- People told us they received good care and were well treated and respected. One person said, "The staff here do care," and "Staff ask how I am and if I need any help with what I am doing, I get it."
- People's equality and diversity needs were fully assessed as a part of the initial and ongoing assessment and care planning process. The provider had creative ways of reflecting people's personal histories and cultural backgrounds and staff were matched with people's interests and personalities.

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

- The service helped people express their views so that staff and management understood their wishes, choices and views.
- People told us they were able to express their views and be involved in not only decisions about their own care but also in matters to do with the running of the house. People said this was a topic of monthly house meetings. We saw the minutes of recent meetings, and we can confirm people were actively able to contribute in this way with their ideas.
- We saw staff interacting with people in a respectful, caring way that encouraged people to make their own decisions about their care. People told us that staff developed good relationships of trust with them which had helped them work more successfully towards achieving their goals.
- The managers and the staff team made sure people got the support they needed. They were particularly focussed where conflict and challenges presented themselves for people.

Respecting and promoting people's privacy, dignity and independence

- The provider promoted ways of working that respected people's dignity and independence. People told us staff upheld these values and respected their privacy, dignity and independence.
- We saw the registered manager had developed a strong culture in the home where respect for people and the promotion of their privacy, dignity and independence was a foundation of the care and support provided to people by staff. They ensured people's autonomy and independence was promoted and that this was the central focus of their care.
- Some people had moved on to live more independently since the last inspection. Care records detailed

how this had been achieved and staff discussed the steps that led to people being able to move on.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the person'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 care plans were based on a full and comprehensive assessment of their individualised needs, risks, religious and cultural background and lifestyle choices.
- People had a structured personalised care and support plan. These involved learning skills as well as taking part in activities which they enjoyed and wanted to do. The provider recognised people's changing needs and this was reflected within the care planning and support being offered. Care and support plans were regularly reviewed and updated.
- People told us they were invited to attend their reviews and had regular meetings with their keyworkers where their care was discussed. We saw from Care Programme Approach reviews, they were held annually. People's care was discussed with them and the health and social care teams which supported people in hospital and in the community.
- Staff knew people well and understood their history and future aspirations. Coordinated joint work with community and hospital mental health teams had enabled staff to plan people's care in a way which was most effective, as well as being person-centred.
- There were regular key worker sessions with people and regular reviews with the person's community mental health team to understand if people's needs were being met and if they were happy and contented.
- People told us they felt they had been listened to and that their care and support plans reflected their contribution.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard [AIS]. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were known to staff. Staff ensured they had access to information in formats they could understand. When necessary key policies and procedures were available in alternative formats to make sure people could more easily understand the information they were given.
- Staff assessed and recorded people's communication needs and this was recorded in their care plans, including any assistance they required from staff.
- Staff had awareness, skills and understanding of individual communication needs.

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 well supported to develop and maintain relationships that they said were important to them.
- Because staff knew people well and had developed good trusting relationships with them, the staff team understood how best to support people to pursue their interests and activities. Staff also knew how to help people build their daily living skills so they could lead as independent a life as possible.
- Staff told us they worked hard to support people to become more integrated into the community by encouraging and supporting activities such as further education, volunteering work and sports. People had completed further education courses, undertaken vocational training and gained employment.

#### Improving care quality in response to complaints and concerns

- People told us they knew how to make a complaint if they needed to. Comments included, "I'd raise it with staff or one of the managers"; "I'd talk to the manager or deputy." The complaints process was displayed in the main hall so people were aware of how to complain if they needed to.
- We reviewed the complaints log. We saw that where a complaint was made this was investigated and the complainant responded to with the outcome of the investigation. We saw that complainants could be invited to a meeting if they wanted to discuss a complaint further. The registered manager told us they reviewed all complaints to check if there were any trends emerging. None had been identified at this inspection.
- The service had appropriate procedures in place to address complaints and concerns.

#### End of life care and support

- People using the service were all relatively young adults and end of life care was not a priority need for them. No-one using the service was receiving end of life care. The registered manager told us that if a person was diagnosed with an illness that might limit their life expectancy, they would work with the multidisciplinary teams to discuss their future care needs and how best to support them.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led.

Leaders and the service culture they created drove and improved high-quality, person-centred care. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture and ethos at this service put people at the centre of their care. We saw from our discussion with staff and people that the provider's organisational values were embedded in every aspect of this service. Advocacy services were sought for people when considered necessary and these were advertised on notice boards in the service.
- Staff members told us they felt supported by the registered manager and the deputy manager. They told us they were able to be involved by making suggestions and improvements within the service. Comments included, "The managers have an open-door policy. This means we feel fine about consulting them when needed and they are helpful when we do ask for advice or support."
- We saw documentation to demonstrate the registered manager carried out competency assessments on staff members. This has helped to ensure the staff team provided good care and support.
- Staff told us they knew about the whistleblowing policy and action they would take if they had concerns.

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

- There were systems in place to ensure the service sought the views of people through regular reviews, keyworker meetings, resident's meetings and annual surveys.
- The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out by the managers and staff on a regular basis in areas such as medicines management, care plans, staff records, health and safety and the home environment. Where required action plans were developed to address any issues or concerns identified.
- Daily staff handover meetings were held. We observed these provided staff with the opportunity to discuss people's daily needs and any issues or concerns that had arisen. Staff team meetings were held on a regular basis and provided staff with the opportunity to discuss issues relating to the management of the home.

Working in partnership with others

- The staff team worked effectively to develop good working relationships with people's relatives and health and social care professionals to ensure people's needs were appropriately met. For example, hospital and community mental health teams, psychiatrists and GPs.
- We observed the service worked in partnership with local services and organisations to ensure appropriate

support was co-ordinated for people if required, such as colleges and places of worship.

- The registered manager and deputy recognised the importance of co-working with health professionals in a structured way to better meet people's agreed care plan outcomes. This approach was confirmed by the health professionals we spoke with, they told us the service worked well with them and it was effective in helping people achieve their care plan objectives.

#### Continuous learning and improving care

- Staff demonstrated by their comments a strong emphasis and desire for continuous learning. This was supported by a training programme that ensured all staff regardless of their roles had the opportunity to develop and build on their skills and knowledge. The registered manager recognised the individual strengths of different members of the staff team. Staff members took lead roles and became champions in their roles.
- A quality improvement plan was in place and used to review and monitor all aspects of care in the home. An action plan was in place to help to ensure necessary or aspirational improvements could be made.
- The provider shared information and learning with staff via conversations, staff handovers, supervision, staff meetings and updates to people's care and support plans.

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

- Effective governance processes were well embedded in the running of this service. There was a strong framework of accountability to monitor performance and risk.
- The registered manager understood their responsibilities to act with candour. Records showed us they met these obligations appropriately.
- There was a clear organisational structure in place. The registered manager and staff understood their roles and responsibilities within the service.
- We observed staff acted together as a united team. Staff told us they saw each person's role as crucial. This helped to create the most successful environment for people and staff to attain their best outcomes and experiences.
- There were clear and appropriate policies and procedures in place which incorporated best practice and the provider's legal responsibilities. This helped to ensure people received the care and support they needed and wanted.