

Integracare Limited

Hyde Park House

Inspection report

10-12 Hyde Park Road
Harrogate
North Yorkshire
HG1 5NR
Tel: 01423 509267
Website: www.example.com

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Overall summary

We inspected this service on 28 July 2015. This was an unannounced inspection.

Hyde Park House is owned and managed by Integra Care Limited. It is registered to provide care and support for up to ten adults, who have a learning disability. The property is made up of two adjoining houses. One side of the house is known as 'the flat' and contains three semi-independent flats, plus shared kitchen, lounge and kitchen. The main 'house' accommodates seven adults and also has a shared lounge, kitchen and dining room.

All rooms are for single occupancy and have en suite facilities. Hyde Park House is within walking distance of Harrogate town centre. At the time of our visit nine people were using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

Summary of findings

The registered manager and provider regularly assessed and monitored the quality of care to ensure national and local standards were met and maintained. Continual improvements to care provision were made which showed the registered manager and provider were committed to delivering high quality care.

All of the staff received regular training that provided them with the knowledge and skills to meet people's needs in an effective and individualised manner.

People's health and wellbeing needs were closely monitored and the staff worked very well with other professionals to ensure these needs were met.

A flexible approach to mealtimes was used to ensure people could access suitable amounts of food and drink that met their individual preferences. This helped people to maintain healthy weights and encouraged their independence.

Staff sought people's consent before they provided care and support. However, some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed. Where people had restrictions placed upon them to keep them safe, the staff made sure people's rights to receive care that met their needs and preferences were protected. Where people were restricted to promote their safety, the staff continued to ensure people's care preferences were respected and met and that they were supervised when required.

There was a positive atmosphere within the home and people were very much at the heart of the service. People and their relatives, where necessary, were enabled to be involved in the care. Staff implemented the service's core values to ensure people had a meaningful and enjoyable life. People were involved in the assessment and review of their care. Staff supported and encouraged people to access the community and participate in activities, including paid and voluntary work placements, that were important to them. A literacy and numeracy initiative had been introduced over the last twelve months and this had been positively received.

Feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

Any risks to people were identified, managed and reviewed and the staff understood how to keep people safe. There were sufficient numbers of suitable staff to meet people's needs and promote people's safety and independence. Systems were in place to protect people from the risks associated from medicines, incidents and emergencies.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. The staff were extremely committed to their work roles and provided people with a positive care experience. They ensured people's care preferences were met and gave people opportunities to try new experiences.

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?

The service was safe. Risks to people were assessed and reviewed and staff understood how to keep people safe.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Good



Is the service effective?

The service was effective. Staff had the specialist knowledge and skills required to meet people's individual needs and promote people's health and wellbeing.

The service worked well with other healthcare professionals and supported people to attend medical appointments.

Staff supported people to make decisions about their care in accordance with current legislation. Where restrictions were placed upon people, staff made sure people were supported to continue living their life in accordance with their preferences.

The home would benefit from some refurbishment, where carpets and décor were heavily used and the laundry area was in need of modernisation. However, overall the premises were fit for purpose.

Good



Is the service caring?

The service was caring. People had positive care experiences and staff made sure people's preferences were met.

People were treated with kindness, compassion and respect and staff supported people to be involved in their care and to take control of their lives.

Good



Is the service responsive?

The service was very responsive. Innovative methods were used that ensured care was delivered in accordance with people's individual preferences and needs and which supported them to live independently.

People were supported to be an active part of their local community. This promoted positive care experiences and enhanced people's health and wellbeing. A numeracy and literacy scheme meant that people could gain skills to support their independence and help them move to more independent living if appropriate.

Staff regularly sought people's feedback about the care and this feedback was used to improve people's care.

Outstanding



Is the service well-led?

The service was well-led. There was a positive atmosphere in the home and people were very much at the heart of the service.

Good



Summary of findings

Effective systems were in place that regularly assessed, monitored and improved the quality of care.

The registered manager and provider demonstrated they provided a good and consistent standard of care.

Hyde Park House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 28 July 2015 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and

information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. 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 used this information to formulate our inspection plan.

We spoke with five people who used the service, a visiting professional, five members of staff and the registered manager. We did this to gain views about the care and to check that standards of care were being met.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

Is the service safe?

Our findings

People told us that care was delivered in a safe way. People told us they felt safe and comfortable around the staff and they told us the staff supported them to be as independent as possible. We saw from the records we looked at that risks to people's health and wellbeing were managed well. One person told us, "They make sure everything I do is good for me and I am kept safe. I feel safe here."

Staff had received training about safeguarding adults. Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team. Records showed that these procedures were followed when required.

During our discussions with staff they showed that they understood each person's risk assessment. From the records we reviewed it was clear that risks to people's health and wellbeing were assessed, monitored and reviewed. We saw that people were supported in accordance with their risk management plans.

Staff took a positive approach to risk taking in order to promote people's independence. For example, crossing the road independently. People had been taken through a safety briefing and staff were able to assess their level of understanding. Measures were then put in place to make sure people were safe when out of the service unaccompanied. This showed the staff had a positive and flexible attitude towards risk.

People told us that staff were always available to provide them with care and support. This was throughout the day in the main house, and at set periods during the day in the flats. At night a member of staff slept over in both areas. An alarm system was also available in each bedroom and people could summon help by using the alarm to alert staff

on the premises. One person told us, "There's always staff around to speak to." The person demonstrated how they would summon help during the night and told us how it worked for them.

The registered manager told us they and the provider believed that good staff and good staffing levels were important to provide quality care for people. They said that good staffing levels were maintained at all times to make sure staff were available to take people out to their organised trips and provide support at home with daily living skills. They added "We keep the staffing numbers high because we can't operate what we say we operate without the staff to do so. The provider has supported us with this." This was confirmed to be the case when we looked at the staffing arrangements for the week of the visit and the six weeks prior.

Staff told us, and we saw, that staffing numbers were flexible to meet people's individual needs. The registered manager told us, "We bring extra staff in to support people to attend appointments and daily activities." The registered manager told us and we saw that they regularly reviewed the staffing levels to ensure people's safety and wellbeing needs were met.

Appropriate recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people with a learning disability.

During the visit we looked at the storage arrangements for medication. We also checked the administration records, the process for ordering and disposing of medication. We saw that medicines were managed safely. Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

Is the service effective?

Our findings

Staff had the skills needed to meet people's needs. We saw that staff training had been effective. For example, staff managed people's behaviours that challenged in accordance with best practice and people's care plans. A member of staff talked to us about how they managed behaviours that challenge. They explained that the care plans detailed how best to deal with situations and how to support the person. Staff told us their training needs were met and they confirmed that they had received training to enable them to meet the specific needs of people living at the service. One member of staff told us, "My training is up to date; I am booked to do a refresher course in October." Another staff member told us they thought the level of training was very good and that they felt supported by the management team to do training and to attend advanced training if necessary.

External accredited organisations were used to deliver training based on best practice. For example, staff were taken through an accredited course, (The Care Certificate) and this included induction training through to advanced specialist topics. The registered manager and deputy manager had been trained to carry out the observational assessments in house so they could assess and confirm when a member of staff was competent at each stage of the training.

Health and social care professionals were also used to provide training as required. A visiting health and social care professional told us, "This is a dependable service, they know the clients well and manage their care in a positive way." They went on to say that new staff were promptly trained and enabled to fit in with the style of the home and the way people were supported. The type of training provided meant staff knew how to provide person centred care, which was right for that person. This showed that training was sourced and tailored to ensure staff were trained to meet the specific needs of the people who used the service.

We saw that staff had access to a health action plan, a support plan and a document entitled, "My life – My way." This gave staff enough detail to support people effectively. All staff told us they had read the care records and also

completed daily diaries for each person detailing their day and any interventions they had supported them with. Staff had also signed the care records to confirm they had read and understood what was required.

Staff worked with people in an effective way and one of the principles of the organisation was, "It's my life not just your job." Staff were clear about what this meant and they told us they also regarded themselves as a 'guest' in the house which was run for the benefit of the people living at Hyde Park House.

We saw that staff sought people's consent before they provided care and support. For example, one member of staff asked a person, "Is it okay for me to give you your medicines now?" Staff told us how they involved people in making decisions about their support. One member of staff told us, "Some people need guidance and support to make big decisions about their life. We always offer them choices and respect their decisions, even if this might not be the decision we would make." It was clear that where this happened the risks were highlighted to the person and a record made of the discussions. We saw examples of risk assessments in place to minimise any risks highlighted.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate decisions are made in people's best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act. The deputy manager told us, "We complete mental capacity assessments during our pre-admission assessment. All our mental capacity assessments are decision specific." We also saw that best interest decisions were made in accordance with the Act.

At the time of our inspection, a small number of people were subject to a DoLs. Staff knew the guidance had to be followed to ensure any restriction was lawful and in the people's best interests. Some people were able to leave the service unaccompanied, others were accompanied for their own safety and this was organised in accordance with their care plans.

Staff were flexible in their approach to mealtimes. For example, people could eat and drink at times that suited

Is the service effective?

them. We saw that people had their breakfast when they got up, and ate it either in the communal dining room or their own bedroom. In the flats, people had preferred times to eat and usually ate in their own room.

We reviewed the care records. The information showed that people's health and wellbeing were regularly monitored by staff and that healthy eating was promoted. We also saw that people's preferences were accommodated through choice and menu planning. Pictorial sheets were used to help people gain independence, for example menu planning and recipes were available in picture form so that people could follow a recipe when cooking. This helped people carry out the task with minimal staff input. This approach was used more in the flats where people were preparing to move to independent supported living.

People were supported to access a variety of health and social care professionals if required. For example, we saw

referrals were made to community psychiatric nurses and doctors when required. Staff told us they had good working relationships with other health care professionals and worked in partnership with them to benefit the people living at Hyde Park House.

Overall the premises were fit for purpose. The home was decorated to promote a homely atmosphere. For example, with the required consent, photos of people who used the service were displayed in communal areas to promote a homely atmosphere and photographs were on display to remember people who had died. This had been done in consultation with people who had known them. However, the home would benefit from some refurbishment, where carpets and décor were heavily used and showing signs of wear and tear, and the laundry area was in need of modernisation.

Is the service caring?

Our findings

People told us that the staff treated them with kindness and compassion. One person gave the home a 'thumbs up' when asked about the support they received and the team working with them. Another person explained the kindness and consideration staff had shown whilst they were going through a family event. The described how they had been supported and felt staff had guided them through the event. One member of staff referred to Hyde Park House as "Home from Home." They told us they trusted the staff they worked with and would not hesitate to let them, 'look after' a relative. We saw that people responded positively to the staff during interactions and that staff were attentive and patient. This showed that people felt comfortable with the staff.

People were encouraged to make choices about their support. One person told us, "I like to choose where to go and I go where I want, usually local." We saw that staff gave people information about their care and support in a manner that reflected their understanding. Staff clearly knew people well and knew how to engage them in a meaningful way.

There was a person centred culture at the home and staff understood that people were at the heart of their work. One member of staff told us, "We are guests here and we

work around people, they don't have to fit in with us. We support them to have a good life." Another staff member said, "I feel privileged to be working here with the people at Hyde Park House. I look forward to coming to work every day." An example of the person centred culture was the home's no uniform policy. One member of staff told us, "It helps to give a relaxed atmosphere and it removes the 'them and us' barrier and helps to make it feel more like home."

People told us the service was homely and friendly. Staff had the information they needed to interact with people and strike up meaningful conversations because care records contained information about people's experiences and interests. For example, we saw staff talking with one person about their preferred football team and this person's care records confirmed that football had played a significant role in their life.

During the visit we observed people were treated with dignity. We saw that people were supported to maintain their preferred standard of hygiene and appearance. We saw that the staff promoted dignity in all their interactions with people, sometimes using a hushed voice to communicate something delicate or supporting someone away from the communal area if they needed assistance with personal hygiene.



Is the service responsive?

Our findings

Before people moved to Hyde Park House they had an assessment of their needs to ensure the home was suitable for them. The registered manager told us, “When we assess people for admission we consider their needs and that of people already living here and if they will fit in to our community.” Involving people in this assessment helped to make sure support was planned around people’s individual care preferences, taking into account the existing dynamics of the group.

By chance, everyone living at the service was male. There are both male and female staff working at the service, which people told us was good because they preferred a male carer in some instances and felt this was always available. Staff used the information from people’s assessments to ensure people received care that made them feel valued. For example, staff took an interest in each person’s hobbies and made an effort to make sure they were able to pursue their individual preferences. Including attendance at sporting events, use of the local facilities and visits to family and friends. Staff also introduced fresh ideas and opportunities for people to join new groups and networks in the area.

We saw that staff were committed to providing people with high quality care that met people’s individual preferences. Staff organised trips and activities that were based around people’s needs and aspirations. One initiative, which had been well received, is the numeracy and literacy scheme. A room has been set aside for the learning and provided a quiet and relaxing environment. Each person had a structured assessment and they were provided with exercises and projects which stretched their abilities and worked towards them being able to read and carry out mathematics. The aim was to encourage people to widen their skills and promote their independence. Engaging with the scheme has meant that people have been able to read and budget for when they move onto independent supported living. Some people have found that their ability to read has opened up other choices for example attending a college course or shopping independently.

It was clear to us that staff would try to access or make possible anything which was in their power, in order to enrich the lives of people living at Hyde Park House. They shared the attitude that they would endeavour to support each person with their chosen life events and where

possible make the necessary arrangements for people if they could. They were inspired to help people make small and larger decisions and choices in their lives, including a ‘dream holiday’ or a chosen sporting event.

We observed people being engaged in one to one activities that met their individual preferences throughout the day. Activities included paid and voluntary work placements, gardening, attendance at day centres, scuba diving, sporting events and a friendship network. The organisation has developed a six minute ‘You Tube’ video, explaining the purpose of Hyde Park House, the ethos and what people could expect if they moved in. It had been done sensitively and portrayed what we saw on the day of our visit. The provider wanted to promote the service through social media which would attract a wider audience with younger adults. The video was in draft form and was ready for approval and assigning to the social media website.

The registered manager promoted community involvement at the home. They told us, “We are always looking for new opportunities within our local community for people to access.” For example, people attended local colleges or did voluntary work in the area such as gardening for older people and worked at local businesses.

People were involved in reviews of care. This made sure care plans were current and continued to reflect people’s preferences as their needs changed. Staff were keen to make sure the care plans were tailored around the person. The involvement of relatives was handled sensitively when there was a conflict between their views and those of the person themselves.

People’s views about their care were regularly sought. A local advocacy group were invited to visit and talk to people independently. They completed a survey, analysed the outcomes and provided a report for the provider. This had happened recently at Hyde Park House and the manager was awaiting the results at the time of writing this report. As well as this there were regular house meetings, to seek the views of people and help towards improving the service according to what they wanted.

People told us they knew how to complain about the service and who they would talk to. There was an accessible complaints procedure in place, including pictorial forms which helped those with limited written and



Is the service responsive?

reading skills to complain. In discussion with us, staff demonstrated that they understood the provider's complaints procedure. We saw that complaints were managed effectively.

Is the service well-led?

Our findings

It was evident throughout our visit and from the information we had received about Hyde Park House that staff were supported to carry out their roles well and were well supported by the management team. Staff told us they enjoyed working with the people who used the service. One member of staff told us, “I love my job. It can be hard at times, but I feel I have really made a difference to people’s lives.” Another member of staff said, “It’s very rewarding.”

Staff told us the registered manager was effective in their role. A visiting health and social care professional told us that the registered manager was aware of people’s needs and was always available. They said, “The manager is really good, it’s a good staff team and they act on advice I have given.”

The registered manager and provider were committed to providing all round good quality care. We saw that the service had a number five Food Standards Agency (FSA) hygiene rating. Five is the highest rating awarded by the FSA and shows that the service has demonstrated good hygiene standards.

We saw that well managed systems were in place to monitor the quality of the care provided. Frequent quality audits were completed. These included checks of; medicines management, care records, incidents and health and safety. These checks were regularly completed and monitored to ensure and maintain the effectiveness and quality of the care. Where necessary, action was taken to drive improvements. Staff told us that they shared ideas and plans with the registered manager and that she was keen to try anything which would enhance the running of the service. For example, when the numeracy and literacy scheme was suggested, the manager supported staff to make the necessary changes to the room and provided equipment and the funds to make sure the scheme ran effectively.

Staff told us the registered manager was approachable and supportive. One member of staff told us, “She is very

approachable and knowledgeable about the service. I’ve learned a lot from her.” Another member of staff told us, “I can talk to the manager, it means a lot to her and us that the people here get a good standard of care and support. She listens when we need advice.” Staff told us that they received regular support meetings (supervision sessions) with a manager or a senior member of staff. Staff told us these meetings were used to assess and monitor their training needs, get feedback about their performance and give suggestions for improvement. One member of staff told us, “Supervision gives me the chance to talk about my development and refreshes my enthusiasm for my work.”

People were at the heart of the service. Regular meetings were held with people and their relatives to discuss the quality of the care. We saw that improvements to care were made as a result of these meetings. For example, we saw that changes had been made to the menu as a result of feedback from people.

Staff told us the registered manager listened to and dealt with their concerns in a constructive and logical way. We found that staff understood their responsibilities to report any care concerns and they knew how to do this.

The staff understood the services values and philosophy and we saw that these values underpinned staff practice. One of the service’s values was promoting independence. We saw that staff encouraged people to do as much for themselves as possible. For example, people were supported to cook independently by staff who encouraged and supervised them appropriately. One member of staff described how they supported people to do things independently rather than doing it for them. One member of staff told us, “We all have the same aims and ethos here, we have all chosen to work here and aim to make people as independent as possible.”

The registered manager understood the responsibilities of their registration with the CQC. This included the reporting of significant events to us, such as safety incidents, in accordance with the requirements of their registration.