

Prospects for People with Learning Disabilities York House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 16 and 19 September 2016.

York House provides accommodation and personal care for up to ten people who have a learning disability.

The home had a registered manager but they were not present for the inspection. The provider had made arrangements for a registered manager from another service within their organisation to run the home in the absence of the home's registered manager. Reference to the registered manager in this report relates to this person. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always supported to take their medicines and they did not always receive their prescribed treatment. People were not always protected from poor care practices because staff did not act on this to protect them. The provider had taken action to provide additional staffing so people would receive a better service. People were protected from the risk of accidents because knew how to reduce the risk of this happening.

The provider had taken action to provide staff with one to one [supervision] sessions to assist them in providing a better service for people. The provider had also taken measures to ensure new staff were supported in their role. People were cared for by staff who had access to routine training to ensure they had the skills to care and support them.

Staff had a good understanding of the Mental Capacity Act 2005, but their knowledge was not always put into practice to ensure decisions made on people's behalf was in their best interest. People had a choice of meals and had access to drinks at all times. People were supported to access healthcare services when needed to promote their health.

Staff demonstrated a good understanding of how to promote people's right to privacy and dignity but this was not always put into practice. People's support and care needs may not be met because not all the staff were aware of their needs.

Practices did not support people to be involved in their assessment of their needs, so people may not receive a service specific to their needs. People had limited access to their local community and they were not always supported to do the things they enjoyed.

People were unable to tell staff if they were unhappy but staff knew by their body language and facial expression. Systems were in place to manage complaints and to show what action had been taken to

resolve them.

The home was managed by a registered manager and two compliance managers. Prior to our inspection the provider had taken action to improve the service provided to people. The culture of the home was not inclusive to support people to have a say in how the home was run. The provider's governance was not effective to ensure people received a good service. However, the provider was confident their governance was effective if implemented properly and managers were in place to ensure this.

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 consistently safe.

People were not always supported to take their medicines and they did not always receive their prescribed treatment. People were not protected from poor care practices. However, people were protected from the risk of accidents because knew how to prevent them happening. Arrangements were in place to ensure there were enough staff on duty to care for people.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People's human rights may not be protected because staff did not always include the principles of the Mental Capacity Act in their care practices. People had a choice of meals and had access to drinks at all times. People were supported by staff to access relevant healthcare services when needed. Arrangements had been put in place to ensure people were supported by staff who received one to one [supervision] sessions and who had access to routine training.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

People's right to privacy and dignity was not always respected. People may not always receive the care and support needed because staff were not aware of their specific needs. Staff actively engaged people in conversation but not with daily tasks.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

People were not supported to be involved in their assessment or to do the things they enjoyed. Staff were able to recognise when people were unhappy and acted on this. Systems were in place

Requires Improvement ●

to manage complaints.

Is the service well-led?

The service was not consistently well-led.

People were not supported to be involved in the running of the home. The provider was actively working on improving the service provided to people. The provider was confident that their governance would be effective to provide people with a better service and managers had been appointed to implement it.

Requires Improvement 

York 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 19 September 2016 and was unannounced. The inspection team comprised of one inspector.

As part of our inspection we spoke with the local authority to share information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

During the inspection we spoke with two people who used the service, five staff members, a compliance manager, a registered manager from another home within the organisation. We looked at one care plan and a risk assessment, medication administration records and accident reports.

A number of people at the home during the inspection were unable to talk to us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People were supported to take their medication by staff. We found medicines management was unsafe and people did not always receive their prescribed treatment. One medication administration record [MAR] showed the person had been prescribed treatment for nasal allergy symptoms. There were four gaps on the MAR to indicate they did not receive their treatment. We spoke with a staff member who was responsible for the management of medicines. They were unable to confirm whether the person had received their medication. The person this medication had been prescribed for was unable to tell us if they had received their treatment. Another MAR showed the person had been prescribed treatment for a skin condition. Information on the MAR showed this treatment had not been applied as directed by the prescriber. The MAR showed that for 13 days this treatment had only been applied correctly for three days.

Staff we spoke with gave us different information about the administration and safe storage of people's medicines. For example, one person needed treatment for their dry eyes, each staff member we spoke with told us different ways of administering this treatment. Only one was correct. This meant at times the person was not getting the medicines as it had been prescribed. We shared this information with the compliance manager who assured us medication practices would be reviewed.

The staff we spoke with demonstrated a good understanding about how to protect people from abuse. However, they raised issues with us that should have been reported to the registered manager for action. They could not tell us why they hadn't done this. We informed the compliance manager of the issues raised and they took appropriate action to make sure people were protected.

Prior to our inspection the compliance manager had identified that additional staffing was needed to ensure people's care and support needs were met. They said they had requested an urgent assessment of people's care needs in view of securing funding for additional staffing. On the second day of our inspection two care staff had been relocated from another home within the organisation to provide support to the staff team. One staff member said, "When there is not enough staff, people have to wait a while for support." Another staff member told us that one person had complex care needs and the level of support they required sometimes had an impact on the time spent with other people. Another staff member informed us that, "Not having enough staff meant people were unable to go out." During our inspection we saw staff were available in each unit. However, staff informed us there were not enough staff on duty to assist people to do the things they enjoyed.

The provider's recruitment procedure ensured staff were suitable to work in the home. All the staff we spoke with confirmed a request was made for references before they started to work in the home. They told us that a Disclosure Barring Service check was also carried out. These safety checks helped the provider to select suitable staff.

One person told us about the equipment they needed to support them to walk and we saw they had access to this equipment. The staff we spoke with had some understanding about how to keep people safe. One staff member told us they always ensured footplates were correctly fitted to wheelchairs to reduce the risk of

injury. Another staff member said they ensured the home was clear from clutter to reduce the risk of trips and falls. Staff confirmed they had access to risk assessments that informed them how to assist people with their mobility in a safe way.

A staff member told us that accidents were recorded and where necessary the GP would be called to examine the person. The compliance manager said all accidents were recorded and monitored to identify trends. They said where trends were found action would be taken to reduce the risk of this happening again. For example to review the person's care plan and risk assessment so staff knew how to support them to reduce the risk.

Is the service effective?

Our findings

Prior to our inspection the provider had recognised that staff had not been adequately supported in their role and had taken action to address this. The compliance manager informed us that one to one [supervision] sessions had now been arranged. They said a system had been put in place to ensure staff would be continuously supported in their role.

We looked at how new staff were supported in their role. A staff member told us that new staff were not provided with adequate support to care for people. The compliance manager confirmed this may have been the case. They informed us that since they were located at the home they had taken action to address this. They said all new staff would have a structured induction and would be provided with relevant training. A new staff member told us arrangements were in place to provide them with training. Another staff member said, "My induction was very good." They told us that during their induction they were made aware of people's needs. They also worked with an experienced staff member until they felt confident to work alone. Staff told us they had access to routine training that enhanced their skills about how to care and support people.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. One person told us they were able to make their own decisions and said, "I can go to bed when I want and get up when I like." A staff member told us that some people needed some help to make a decision. They said, "I show one person two meals and they will point at what they want."

The staff we spoke with had a good understanding of MCA. A staff member said, "People should be allowed to make their own decision." They said that consent was always obtained before providing personal care. They informed us that a number of people would be unable to give consent but they always explained to them what they intended to do.

The staff we spoke with raised concerns that one person who lacked mental capacity was at risk of social isolation. Discussions with staff identified some social activities had been restricted due to the person's health condition. We shared this information with the compliance manager who was unaware of the reason these restrictions had been put in place. We looked at the person's care record to see if there was any information to tell us why these restrictions were in place. We did not see any information to tell us these restrictions were in the person's best interests.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The compliance manager said a DoL was in place for each person who used the service.

They said these had been applied for to prevent people leaving the home without support from staff because this would place them at risk of harm. The compliance manager was unaware if a MCA assessment had been carried out to determine people's mental capacity to make a decision before an application to deprive them of their liberty was submitted. We found that not all the staff were aware of the principles of DoLS. Due to staff's lack of understanding, people could not be confident that staff would know how to promote their human rights.

Two people told us the meals provided were nice and they were given a choice. They said they were able to have a drink at anytime. Staff told us that some people required a soft meal that was easy to chew. A staff member told us about a person who required their drinks to be thickened to reduce the risk of them choking. We saw a staff member assist this person with their drink that was thickened. Staff told us that people were encouraged to have regular drinks as some people were unable to say when they were thirsty. Staff told us that people had access to specially adapted crockery and cutlery to assist them to eat and drink independently and we saw these in use.

All the staff we spoke with confirmed where necessary people were supported to access a speech and language therapist [SaLT] or a dietician. We looked at one care record that provided evidence of this. These specialists provided people and staff with support about suitable meals.

People were supported by staff to access relevant healthcare services when needed. Staff told us everyone in the home was registered with a GP. People were supported to attend medical appointments and where necessary a home visit would be arranged. Staff said that some people would be unable to tell them if they felt unwell. They told us that a change in a person's behaviour and body language would indicate if they were unwell. A GP appointment would be made for the person to find out if this was due to ill health. Staff told us people were supported to attend routine dental and ophthalmic appointments.

Is the service caring?

Our findings

One person told us that staff respected their privacy. They told us, "The staff knock my door and ask if they can come in." They said they like to be alone at times and staff respected their choice. Staff demonstrated a good understanding about promoting people's right to privacy and dignity. A staff member told us they would ensure that curtains and the door were closed when they assisted people with their personal care needs. However, during our inspection we saw these practices were not carried out. We observed two staff assist a person with their personal care needs with the bedroom door open. We asked the staff to close the door to preserve the person's privacy.

Discussions with staff identified there was a conflict of understanding about a person's care and support needs. A member of staff told us that one person required support with their continence needs and should be supported to go to the toilet regularly. They told us that some staff found it easier to use continent aids. These practices did not promote the person's dignity. We shared these concerns with the compliance manager who assured us that this would be reviewed and staff would be guided appropriately.

The registered manager recognised that work needed to be done to identify people's specific needs and for the service to be more 'person centred' focused. They told us that the individual's family and advocate would be involved in this process. People were unable to tell us if they were involved in planning their care and staff were unable to confirm this. The lack of people's involvement may result in them not receiving care and support the way they like.

We saw a member of staff assist a person but they did not talk to them. The compliance manager entered to room to assist the care staff. The compliance manager talked with the person and explained what they were doing. However, when the compliance manager left the room the good practice demonstrated by them was not continued. This meant the person was not involved and may not be aware of what was happening to them.

The registered manager said there were no systems in place to help people to communicate. They said one person would fetch tea bags to tell staff they wanted a drink. They would also place the television remote control in staff's hand for them to change the channel. The registered manager said another person would simply smile to show they were happy and contented.

One person told us, "I love living here." They described the staff as 'cool' meaning nice. They said the staff helped them with their personal care needs. They told us about their keyworker and said, "They do everything for me." We saw one person become anxious and staff quickly recognised this and offered them reassurance. Staff actively engaged people in conversation but we did not see them involve people in tasks they were doing.

Is the service responsive?

Our findings

People were unable to tell us if they were involved in their assessments and staff were unable to confirm this. Discussions with the registered manager highlighted that there were no systems in place to support people to express their views or to say what they would like. The registered manager recognised the care and support provided to people was not person centred to identify the specific needs of the individual to ensure they live the best life possible. The compliance manager said this was an area that needed to be developed.

We saw that practices within the home did not promote inclusion. Staff told us that people were not supported or encouraged to maintain their skills or to develop new ones. For example, people were not routinely involved with daily tasks within their home such as using the laundry, cooking or to have regular access to facilities within their local community. Staff were unable to explain why people were not supported to pursue these daily activities. Staff informed us that a person had moved into the home for a short period. Arrangements were in place for the person to live independently in the community. However, during their stay at the home staff did not support them to maintain their skills and this resulted with the person being deskilled and unable to move to their new home. When we shared this information with the compliance manager they were unable to say why care practices in the home did not promote people's skills.

People were not supported to maintain their independence. We saw a staff member assist a person with their meal. A staff member told us that the person was able to feed themselves with a little support. However, the person was not always given the opportunity to do this as it was easier for staff to feed them. The compliance manager was unaware of these practices and assured us this would be looked at.

Discussions with two people who used the service confirmed they were not involved in shopping for food or to prepare their meals. One person told us they enjoyed cooking and baking. They said, "I would love to bake cakes." One staff member said, "It's a shame that [person] is no longer supported to cook because they use to love doing it." The registered manager confirmed that meals were cooked by staff. They were unable to explain why people had not been supported to do this themselves. They said, "This is probably historical but there is a need for change." Staff told us there was a cooking group held at the local church each week but they were unable to say why people were not supported to do this within their own home. The compliance manager acknowledged that people should be more involved in food preparation and cooking. They assured us that this would be addressed at the next staff meeting.

People had limited access to facilities within their local community. A staff member said, "[person] use to love going to football matches but they are not supported to do this anymore." One person told us that staff went clothes shopping for them. They were unable to explain why they didn't do this themselves. A staff member said, "People sit and watch television all day. One person is so bored, they just fall asleep." One person told us they enjoyed going to the local supermarket for a drink and on the day of the inspection they were supported to do this. Staff told us that one person enjoyed being outside in the garden and we saw that this person spent most of the day in the garden. We observed that a child's toy was put in front of a

person. They showed very little interest but staff continued with this form of activity. We spoke with the staff member who confirmed that the person did not appear to be interested in the activity. However, they continued with it. Another staff member told us that some people were supported to go for walks and swimming and this was confirmed by one person we spoke with. The compliance manager acknowledged that work needed to be undertaken to identify people's interests and that they are supported by staff to engage in activities they enjoyed.

One person told us if they were unhappy they would talk to the person in charge who would help them. Discussions with staff confirmed that a number of people who used the service would be unable to say if they were unhappy. A staff member said people's body language and facial expression would indicate if they were unhappy. The registered manager said one person's refusal to partake in activities would suggest they were unhappy and this would be explored further. The compliance manager said they had not received any recent complaints. They told us that complaints would be recorded to show what action had been taken to resolve them.

Is the service well-led?

Our findings

Prior to our inspection the provider had informed us that standards within the home had fallen short of their expectation. The provider started to take measures to improve the quality of service provided to people. In the absence of the home's registered manager, the provider had allocated a registered manager from another home within their organisation to manage the home. This manager was supported by two compliance managers who were present during the inspection. These managers were in the process of reviewing care practices and to take the necessary steps to improve standards where needed. Staff told us they were unaware of who was running the home. The compliance manager said they had arranged a meeting to inform staff of the recent changes to the management team. They said a meeting with people who used the service would also be arranged.

This inspection was carried out over two days and on the first day of the inspection we highlighted a number of shortfalls that may have an impact on the quality of service provided to people. On the second day of the inspection measures had been carried out to address these points. For example, the registered manager's office had been moved to the ground floor so people could have easier access to them. Action had been taken to improve the security of prescribed medicines. Additional care staff were put in place to support the existing staff team. Arrangements had been made to provide staff with training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The compliance manager said their aspiration was to provide a service that was "Transparent, respectful, unified and consistent." The compliance manager was confident that the provider's governance was effective if applied properly to promote standards within the home. They assured us they would continue to support people, the registered manager and the staff team until these standards were achieved to provide people with a better service.

One staff member said, "There have been a lot of changes with policies and procedures and we have been asked to sign to say we have read them." The staff we spoke with were aware there was a need for change to ensure people received a service that met their needs.

Discussions with staff confirmed there were no systems in place to promote people's involvement in the running of the home. They also told us that people's links with their local community had diminished over the years but were unable to explain why. Staff were aware of the provider's whistleblowing policy. However, they said they had not expressed concerns about the care and support provided to people and the impact this had on them. The compliance manager acknowledged that the service provided to people was not at its best. They recognised that there was a lack of people's involvement. However, they were positive that they would be able to change the culture of the home and to provide a more person centred service.

This is a breach of Regulation 17, of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. Good Governance.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>This is a breach of Regulation 17, of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. Good governance.</p> <p>The provider did not have robust systems in place to monitor the quality of service provided to people and to ensure their specific needs were met.</p>