

Homes Together Limited

Knarborough Two Group

Inspection report

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Knaresborough Two Group is a residential care service. It supports adults who are living with learning disabilities. The service comprises of a house and a bungalow approximately two miles apart. It is registered to provide accommodation for up to ten people. At the time of the inspection seven people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People told us they felt safe and well cared for. Staff knew how to protect people from the risk of abuse. Risks to people were identified and reduced. Checks were made of the two buildings to ensure their safety.

We have made a recommendation about the assessment of risk around fire.

Recruitment checks and processes reduced the risk of unsuitable staff being employed. Staff were suitable trained and qualified to carry out their roles effectively. They felt supported and had regular supervision meetings and an annual appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. We identified some records relating to decision making in one person's best interest could be improved.

People and relatives said staff were kind and caring. Positive relationships had been formed between people and staff. Each person's care and support reflected their individual preferences and choices. A complaints procedure was in place however no complaints had been received. People followed their own hobbies and interests.

At the last inspection of the service we had not been notified of authorised applications to deprive people of their liberty. We also identified that the provider had not ensured that the rating, awarded following our last inspection of the service was displayed on their public website. At this inspection we found these issues had been addressed.

The provider and registered manager carried out checks to monitor and improve the quality of the service. Feedback was gathered and acted upon to develop and improve the service. Staff worked closely with a

range of other agencies to meet people's needs fully.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 30 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Knarborough Two Group

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 Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

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

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

Notice of inspection

The inspection was unannounced. The provider was given 24 hours' notice of our visit because this is a small service and we needed to be sure someone would be in when we visited.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch to gather information. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and two relative. 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.

We spoke with five members of staff. This included the registered manager, a senior support worker and three support workers. We also spoke with the provider's director of care.

After the inspection

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. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and measures had been put in place to reduce those risks identified. Staff knew the action to take to keep people safe.
- Checks were carried out of the building and equipment to ensure they were safe. We identified the fire risk assessment for the two buildings had not been carried out by a fire professional.

We recommend the provider liaise with the relevant agencies to ensure the fire risk assessment is comprehensive, undertaken by a suitably qualified person and meets all legislative requirements.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and protocol in place for staff to follow if they suspected a person was being abused.
- Staff had received training in safeguarding adults. They were confident the management team would act on any concerns they may raise.

Using medicines safely

- Medicines were managed safely. Staff were trained in medicines management and had their competency checked. Medicine records were complete with no unexplained gaps.
- Medicine audits took place however we identified these could be more robust. We discussed this with the registered manager who informed us they would take action to address this matter.

Learning lessons when things go wrong

- Lessons were learnt from adverse incidents to reduce the chance of them reoccurring. Such lessons learnt were shared with the staff team.
- The provider and registered manager analysed accidents and incidents to identify any patterns and trends.

Preventing and controlling infection

- Infection prevention and control measures were in place. Staff received infection control training and knew how to reduce the risk of infection spreading.
- Supplies of gloves and aprons were available.

Staffing and recruitment

- Sufficient staff were on duty to meet people's needs. The registered manager monitored staffing levels to ensure people received the right support.

- The provider's recruitment process reduced the risk of unsuitable staff being employed.
- Staff lone worked in the two houses however they told us they felt assistance and guidance from the management team would always be available if needed. One staff member told us, "The manager is always on the other end of the phone."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the last inspection we recommended the provider reviews relevant guidance on to the Mental Capacity Act 2005. At this inspection this issue had been addressed.
- Staff understood the principles of the MCA. People were supported to make as many decisions for themselves as they could.
- Where needed DoLS had been applied for. Care plans contained details of decisions made in people's best interests where appropriate. However, we identified some recordings in this area for one person could be improved to reflect details of the actions taken to support the person in the least restrictive way. We discussed this with the provider and registered manager who sent us information following this inspection to show this issue was being addressed.

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

- People's needs had been thoroughly assessed and were reviewed regularly. People's care and support needs were assessed before they moved into the home to ensure the right level of support could be provided.
- People told us they were able to live the lives they wanted. Relatives confirmed this was the case.

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

- People's healthcare needs were met. Staff worked with healthcare professionals to ensure people received the right support. This included accompanying people to their medical appointments and following up on health professionals' recommendations.

Staff support: induction, training, skills and experience

- Staff were suitable skilled and experienced to carry out their roles.
- The provider ensured staff received the training they needed to carry out their roles. Positive feedback was received from staff about their training. One staff member told us, "Oh yes, we get all the training we need."
- Staff received regular supervision and had an annual appraisal. They told us this helped them feel supported. We identified more detail was required in the recording of some staff supervision sessions. The registered manager told us this would be implemented.
- New staff completed a comprehensive induction which included training and the shadowing of more experienced staff.

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

- Where required people were supported to eat and drink sufficient amounts to maintain a healthy and balanced diet. Staff provided people with information about making healthy choices in this area.
- People they told us they enjoyed the food on offer and had a choice of meals.

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

- The building was adapted to meet people's needs. The two houses were homely and comfortable.
- People's bedrooms were personalised with their own belongings. People told us they were happy with their home and bedrooms.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring and kind. One person told us, "They are all good."
- Relatives said people were very well supported and cared for. One relative told us the service was "Excellent."
- Families told us they could visit any time and were always made welcome.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and respect was maintained.
- Staff were very patient in their interactions with people. Staff asked for permission from people before helping them. They give people time to respond to choices. Staff were patient in waiting for people to make decisions for themselves.
- People were encouraged to maintain their independence. Staff told us how they encouraged people to do as much as possible for themselves. One staff member told us, "We promote choices and the support is person centred."

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

- Feedback was sought from people and relatives. Due to the small size of the two houses this was mostly done through informal chats and resident's meetings. People told us they felt listened to.
- The provider sought feedback through surveys. The results of these were analysed and consideration was given to actions that could be taken to address issues raised.

Is the service responsive?

Our findings

Our findings - Is the service responsive? = Good

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was based around their individual needs and preferences. Each person's plan of support reflected them as a person and what they wanted from their lives.
- People told us they received the support they wanted when they needed it. The relatives we spoke with confirmed this was the case.
- People's religious and spiritual needs were assessed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Support plans fully documented people's communication needs. Staff knew people's communication needs well and communicated with them effectively
- Staff used different techniques to communicate well with people including signs, gestures and touch.
- The registered manager told us where people needed information provided in an alternative format this would be provided on a bespoke basis.

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 had active social lives. They had had opportunities to follow their hobbies and interests. For example, one person went scuba diving and did some charity work. One person told us, "I sort out what I do in my spare time myself. I book my own taxis." A relative told us how staff ensured people who could not make their own plans in this area had plenty of opportunities to get involved in activities they enjoyed.

Improving care quality in response to complaints or concerns

- The provider had systems in place to investigate and respond to complaints. No formal complaints had been received at the time of inspection.
- People told us they would go to the registered manager if they had any complaints. Relatives said they knew how to raise concerns and were confident these would be acted on by the management team.

End of life care and support

- At the time of our visit no one was receiving end of life care. The management team were rolling out some paperwork which encouraged people to discuss their end of life wishes if they chose to do so.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We found at the previous inspection of the service notifications to relevant bodies had not always been made appropriately and the previous inspection rating from CQC had not been displayed. At this inspection these issues had been addressed.
- At the last inspection we recommended the provider reviewed their policy on staff supervision. At this inspection this issue had been resolved.
- The provider and registered manager completed a range of audits to monitor the quality and improve standards.
- Positive feedback was received about the management team from people, relatives and staff.

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

- Staff spoke very positively about the values of the service, and the leadership provided to them. They told us they enjoyed working at the service and felt people received a high quality of care and support. One staff member told us 'Staff morale is good,'
- People and relatives told us they were very happy with the support provided and communication with the service was good.
- The registered manager was a visible presence. They knew people's needs extremely well and often worked directly supporting people.

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

- The provider and registered manager sought feedback from people and relatives. Relatives told us any issues they had highlighted with the management team had been quickly addressed.
- Staff told us they felt listened to and could make suggestions which would be considered.

Continuous learning and improving care; Working in partnership with others

- The management team and staff were keen to improve and develop the service.
- Staff worked well with a wide range of external professionals to fully meet people's needs.
- The registered manager had ensured positive links had been made between people and the local community.