

Homes Together Limited

# Knarborough Two Group

## Inspection report

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Date of inspection visit:  
12 March 2016

Date of publication:  
27 June 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 12 March 2016 and was unannounced. At the time of the inspection there were seven people being supported by the service. The last inspection of the service was 31 July 2014 when it was found to be compliant with the regulations assessed.

The Knaresborough Two Group is registered to provide residential, personal and social care for seven people with learning disabilities and an associated sensory impairment. The service is comprised of two separate homes located at 17 Park Way and 21 Fairfield Avenue. The two homes are both on residential housing estates, close to Knaresborough town centre and have good access to local services and amenities. The registered provider is Homes Together Ltd.

The location is required to have a registered manager in post. '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.' At the time of our visit there was not a registered manager in post.

We found that window restrictors were not in place in all areas of the home in order to meet the requirements of the Health and Safety legislation and to protect people from the risk of harm.

Not all of the records required to ensure the provider had followed the correct procedures in relation to consent were available. This included recruitment and accident and incident records. We have made recommendations about these and about staff consultation.

Risk assessments were individual and personalised to assist people to live their lives safely; however there was a lack of environmental risk assessments.

There was a recruitment system in place to help ensure only people suitable to work with vulnerable people were employed. However improvements in respect of record keeping were needed.

Additionally we found improvements were required in the quality assurance systems used within the homes and that not all required records were available. These are breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they felt safe living in their home. Staff were aware of how to handle any concerns and we found there were enough staff available in each home to meet people's needs.

Staff completed a variety of training and felt well supported in their role. People told us they liked the food provided and that their health and medication needs were met in the home.

Staff were kind, caring and polite. They knew people and their preferences on how their care was provided. People were supported through a care planning process which supported them to be involved or represented in decisions about their care.

One person told us how they were supported to maintain their independence and people were supported to attend a variety of leisure activities.

Staff told us there was a good culture in the home and people were consulted through the use of questionnaires.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe

People were supported by adequate numbers of staff and felt safe in the home. Systems were in place to safely handle medicines.

Not all areas had window restrictors to help protect people from the risk of falls and some records required improvement for example, recruitment.

### Is the service effective?

**Requires Improvement** ●

The service was not effective.

People were supported by trained staff, who were supervised in their role. Peoples nutritional and health needs were met.

Record were not available to show that peoples rights were protected.

### Is the service caring?

**Good** ●

The service was caring

People were supported by caring staff who knew their needs well and respected their privacy.

Peoples independence and choices were supported.

### Is the service responsive?

**Good** ●

The service was responsive.

People were supported through a care planning process to have their needs met.

People's communication methods were clearly known by staff who supported people to undertake activities of their choice.

There was a clear complaints procedure in place.

**Is the service well-led?**

The service was not always well led.

There was no registered manager in post and the providers quality assurance systems were not effective in the home; some documents required improvement.

People and their relatives were consulted and staff were complimentary about management support.

**Requires Improvement** 

# Knarborough Two Group

## **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 12 March 2016 and was unannounced. The inspection was undertaken by one inspection manager.

Prior to the inspection we reviewed all of the information we held about the location. This included notifications we had received about the location including if there had been any accidents in the home. The provider completed a Provider Information Return (PIR). 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 also contacted the local authority but did not receive any feedback about the service.

During the inspection we were only able to speak with four people who lived in the one of the homes, as not everyone used verbal communication. However, we observed the interactions between staff and people who lived in both homes, read three peoples care files, reviewed recruitment records for the two new members of staff, training records and other records regarding the management of the homes. We spoke with the area manager at the time of the visit, two members of staff, a deputy manager and the manager post the visit.

After the visit to the homes we also spoke with two relatives who provided feedback to us.

# Is the service safe?

## Our findings

We were shown around different areas of each of the homes and this included, with when possible peoples permission. We saw people's rooms were individualised and personalised. We noted that at Farfield Avenue which is a bungalow, there were no window restrictors in place and at Park Way we found in one of the bedrooms there was no window restrictor in place. This was discussed with the area manager at the time of the visit and they were advised of the HSE guidance regarding this. The lack of appropriate window restrictors places people at the risk of harm from falls.

This is a breach of regulation 12 of the Health and Social Care Act Regulations 2014.

It was confirmed to us on 2 May 2016 that window restrictors were now all in place.

During the inspection we were provided with documents to reflect the safety and maintenance of the property. This included, for example, records of hot water temperature checks, records of the temperature for storage of medicines, portable appliance testing, and records of cold water temperatures. We saw evidence that portable appliance testing, gas safety and fridge temperatures were all checked regularly. The legionella risk assessment was dated 2008 and no certificate to record the safety of the electrical installation certificate was available; the area manager agreed to forward these documents to us. We received an up to date legionella risk assessment immediately post the inspection. However, the electrical wiring certificate was not initially provided and the manager confirmed these checks had been carried out post the inspection and then forwarded these to CQC.

The local fire officer had written to the service following a recent visit. They confirmed the service was 'broadly compliant' with regard to fire safety but had made some recommendations, for example, some improvements to the environment to assist with evacuation procedures. The deputy manager confirmed to us that the information from the fire officer had been passed to senior management and plans were in place to complete some of the environmental work the week following our visit. After the inspection the manager confirmed to us that the last of this work, for example the installation of a new kitchen door had been completed. We saw there were recorded checks of the smoke detectors, emergency lights and fire alarms within both homes.

Risk assessment records were in each persons file and covered a variety of risks, for example moving and handling, going out in the car, and the risk of falls. Also there were risk assessments and management plans to help people manage their mental health. We saw these recorded the assessed level of risk and included information on measures in place or to take to help keep the person safe. Additionally each person had a personal evacuation plan which provided details of how the person would be assisted to safely leave the home in an emergency.

The manager told us in the PIR 'All staff must undergo CRB checks and two references prior to employment with the company, they will then commence a two week induction period where basic training will be commenced and they will develop an understanding of agreed ways of working within the general

philosophy of the company.'

Staff files included evidence of the recruitment process used for example, proof of their identity, an application and written references. These helped the provider make sure people had the suitable skills and experience for the role. However, when a discrepancy had been noted, for example, regarding a person's previous employment history, no record was available of the assessments and decisions taken to employ the person. Additionally one person's files did not hold details of their current Disclosure and Barring Service (DBS) check. A DBS check records if the person has been barred from working with vulnerable people. We discussed these gaps in records with the area manager who informed us these records were held centrally and this would be forwarded to us.

We have only received information in relation to the DBS check and have not been provided with evidence to be assured that the provider has appropriately employed people and ensured the safety of vulnerable people.

Additionally, we saw records of peoples interview questions, for one staff member their interview questions were only completed for 3 of the 10 recorded questions. Although the recruitment process had been followed these records had not been fully completed.

We recommend the provider ensures recruitment records are fully completed and up to date to evidence that the necessary checks have been fully completed.

All four people we spoke with confirmed they felt safe living in the home. One person confirmed they were able to raise any concerns they may have. Both relatives confirmed to us they felt their relative was safe living in the home.

The manager informed us in the PIR. 'Our policy meets the Multi-Agency Safeguarding Adults Policy and Procedures for North Yorkshire, promoting good practise and ensuring any allegations or disclosures of abuse are dealt with appropriately in order to stop abuse occurring.' We observed there was a copy of the procedure to use in the home should an allegation of abuse be raised. Both staff members confirmed their understanding of abuse, for example, types of abuse and the actions they would take to ensure this was reported appropriately. One staff member confirmed they had undertaken training in safeguarding people from abuse although this was not recent but the second member of staff had not received this training.

We asked people if they felt there were enough staff with responses being positive. One person confirmed there were enough staff to support them. Both relatives confirmed to us when asked that they felt there were enough staff in the home, one person told us they had been reassured that there was support nearby at another service should this be required.

A member of staff talked with us about staffing levels in the home and told us that staffing levels varied dependent upon the needs of the people who lived in the service. For example, on the day of our visit there was only one member of staff on duty at Farfield as there were only two people who required support. On other days the duty rotas recorded and staff confirmed there were sometimes two staff on duty to support people. This would support people to attend social activities, for example, a day trip and when necessary medical appointments, for example the dentists. Both staff told us they felt there were enough staff on duty each day. At the Park Way we noted there were two staff on duty to support four people.

People told us they were supported by staff with the administration of their medicines and were happy with this. We looked at the medication system in place in one home and reviewed this in brief in the second home. Both staff we spoke with were knowledgeable on the systems in place for the safe handling of



medicines and we saw there was medication policy in place which included guidance on the safe handling of medicine. Individual records of medicines prescribed for people included the date, time and route for administration. Staff recorded when they had checked the amounts of medicine received into the home and when they had administered medicine. Information was available on how each person would present if they felt unwell to enable staff to respond to this and administer prn medicine appropriately. PRN medicine is prescribed as required for example, paracetamol. Records included clear protocols for this administration to help ensure this was completed safely. Medicine no longer required was returned to the pharmacist with clear records of this being kept.

## Is the service effective?

### Our findings

The manager told us in the PIR, 'All staff must complete their in-house (name of company) training and this includes: Adult Abuse, Health & Safety, and Diversity & Equality amongst others. Foundation and Advanced Boots Medication on-line training is a prerequisite for anyone administering Medication. All attend external training for The Safe Administration of Medication, Safeguarding Level 1 and the team leaders and senior members of the team Safeguarding Level 2.'

Both staff members confirmed to us they had completed a variety of training which included moving and handling and fire procedures. Staff files included individual records of training and certificates of attendance for courses, confirming staff had undertaken this training and had received the necessary training to undertake their roles. The area manager provided an overall training matrix of which we noted had gaps throughout. The area manager confirmed there were gaps in the training programme but this was something she was aware of and wanted to "Get on board with." One member of staff told us they had not completed training on the protection of vulnerable adults. The area manager confirmed the organisation plans for introducing the care certificate. This included how it would be decided which member of staff would complete this which was dependent upon the individual staff members' previous experience. The care certificate is a set of standards for carers to work to. It is part of care staff induction at the service.

A staff member confirmed to us they received regular formal supervision every six months and we saw there was a supervision schedule in place to help plan for these. One staff member confirmed the support they received when working in the home and that this included supervision sessions.

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. The application procedures for this in care homes and hospitals are 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 were being met. One staff member confirmed that three people had DoLS in place. They described in detail to us the reasons for the DoLS and how these worked in practice. However, we could only find evidence of one such referral in a person's file. Additionally, when people had not formally given their consent to decisions the signature of the person's relative had been recorded. We discussed this with the area manager who confirmed people's relatives had the legal powers to make decisions on behalf of people but that these records were stored centrally. She confirmed she would forward these records to us but we have not received these.

One person confirmed to us that the food provided was 'Nice, gorgeous'. Staff told us they prepared and cooked the meals for people. People's individual records included details of their personal food preferences and one staff member told us in detail what people liked to eat. Another staff member confirmed that one person had a specific diet due to a medical condition but that no-one required the support of a dietician. People's records included information in relation to their dietary choices and recorded if they ever declined a meal. Additionally records were kept of people's dietary intake and their current weight. This information could be used by staff to monitor and review whether people's nutritional needs were being met.

One person told us how staff supported them to attend medical appointments. People's files included information on their health and medical conditions which enabled staff to be fully aware of these and the support people required. Information was recorded on how people would communicate if they felt unwell, for example, through body language.

Records included information from health professionals on how support should be provided for example with mobility, to help ensure people's needs were safely met. Additionally staff confirmed and we saw records where people had been supported to receive ongoing medical checks to help ensure their health was monitored and any changes responded to appropriately. This information enabled staff to be fully aware of people's needs and support people appropriately.

Relatives told us there was good communication from the home and they were kept up to date with information about their relative. We were told about and shown a communication book used within one home to aid effective communication. This provided information to direct staff when supporting people for example, important dates were recorded.

We were told how the bathroom facilities had recently been re-assessed by an occupational therapist and that there were to be adaptations made to ensure that the person who lived in the service continued to receive the correct level of support.

## Is the service caring?

### Our findings

One person told us, "They are a good staff team here, there is a good banter." And another person said "It is good living here. Staff are kind and speak to me politely." Both relatives confirmed to us they felt the staff were caring and kind. One person said, "They are very good indeed."

We observed interactions between the staff team and people who lived in the home. Staff clearly knew people well and the level of support they required. We observed staff to be kind, patient and caring when offering one to one support to people. For example, we observed support being provided to one person with the eating of their lunch. The staff member was extremely patient and gentle with the person. Staff conversations with people reflected a mutually positive relationship with staff clearly understanding the individual and their needs.

We found staff were very knowledgeable about how people communicated and knew the person individually. Both relatives confirmed to us they felt staff communicated well with them and any queries were quickly answered. One person told us they felt staff understood their relative.

One person told us that one of the best things about living in the home was their independence. They said "You can do what you want." We saw that staff had recorded how people liked their support to be provided and records included 'What staff should know about me'. This included information on how the person expressed themselves when they did not use verbal communication. If necessary staff had utilised a Disability Distress Assessment tool which included information so that staff were aware when the person was happy or distressed. Records included 'What is important to me' for example, that the person liked their food to be hot or a certain style of trousers.

People were supported to have goals in their lives for example, to return to a previous hobby. Staff kept records of how the person was achieving the goal which were regularly reviewed to help ensure the person was receiving the correct support.

Each person had a keyworker allocated to them. Their keyworkers had responsibility for monitoring the person's needs were met, appointments were made and any leisure activity completed. We saw that keyworkers completed monthly evaluation sheets for reviewing how the needs of the person had been met.

One person confirmed to us "Yes, staff knock on the door" before entering their room, this respected their privacy. Staff reflected a good understanding of how to maintain people's privacy. For example, they told us how they would support people to dress and undress in private and ensure that doors and curtain were closed. We saw that confidentiality was maintained within the home as records were all kept securely locked and only removed as and when needed.

## Is the service responsive?

### Our findings

Each person had an individual care file which included details of the assessments undertaken to ensure staff were able to fully aware of the person's needs. When possible people were consulted about their preferences and choices. When people were not able to verbalise their wishes staff had also consulted with their relatives. Additionally, when a person could not verbally inform staff of their preferences a clear record of nonverbal communication had been completed. This ensured that staff were aware of for example, when someone was happy or sad, if they did not wish to undertake an activity or which food they preferred.

Information which had been provided by people's families included the person's life history. This gave the staff an insight into who the person was and their life before they lived in the home. It provided a personal picture of the individual to enable staff to try to fully understand the person and their needs.

We saw people's files included information on how the person was to be supported with their health needs, continence, personal hygiene, mental health and activities. Records were kept of the support people received and what they did each day. The records were regularly reviewed to help ensure people's needs continued to be met. Relatives confirmed to us they were involved in people's reviews of their care.

People told us they attended a variety of activities and this included, for example, craft activities, music and textiles. Staff told us about the varied activities people enjoyed and this included arts and music. Staff recorded in peoples files when people had undertaken an activity.

When necessary monitoring forms were kept. These recorded how the person was and the support offered. Information from these were used to change and adapt the support given to help make sure people's needs were met.

Staff told us about the choices people made each day and this included having a lie in in the morning, going out for meals, reflexology sessions and arts and crafts. The people living in one home had a weekly activity planner to help staff plan their appointments for the week. A member of staff confirmed to us that people could make choices each day and said "They are just like normal people in a normal home."

There was a complaints procedure in place to support anyone who wished to raise a concern about the service. There were no recorded complaints and the area manager confirmed no complaints had been received.

## Is the service well-led?

### Our findings

The area manager told us about one concern which had been raised with the safeguarding adults team of which CQC had not been notified. We checked our records of notifications we had received prior to this visit and noted we had not been notified of this safeguarding alert. Registered providers are required to notify CQC of incidents within the home under the Care Quality Commission (Registration) Regulation's 2009. We have addressed this separately with the provider.

We saw people's records were regularly reviewed, there were weekly checks of the environment within the homes and the area manager completed visits. We reviewed records of the area manager operational report which recorded audits completed on different areas of the home for example, people's medication, money, duty rotas supervision and training. However, the last record available was April 2015. There was no information how these audits had been used to improve the home and as this record was over one year old, no evidence of these checks being up to date. Additionally there were no audits of accidents or incidents which occurred in the home. This would have provided information to allow for an oversight and for actions to be taken to prevent any further injury. The lack of up to date and comprehensive quality assurance systems meant the provider did not have a system for oversight of the service and to check how well people's needs were being met.

During the inspection we noted some records were not available, these were requested from the area manager but were not provided. This included evidence of staff recruitment checks, a safeguarding referral and records in relation to DoLS.

These are breaches of regulation 17 of the Health and Social Care Act.

The location is required to have a registered manager in post. At the time of the visit there was a manager in post who had not yet been registered with the CQC and no application had been received from them to be registered.

When we asked staff about management support we were told by one staff member that the deputy did a "Fine job". Another member of staff described the culture as "It is absolutely fine, we get on really well and that they felt listened to." One staff member told us that the vision for the home was for people to 'Make the best of their lives.' With another staff member telling us how they enjoyed working in the home, that there was a good team and a calm culture. Both relatives we spoke with had no concerns in relation to the management of the home and felt involved and kept up to date with information in relation to the home, they told us queries were quickly answered.

There was an on call system in place which identified to staff different managers availability to ensure they could call on support outside of the 'office hours' for example on a weekend. We observed staff use this during our visit and both the deputy and area manager were able to attend and support staff during the inspection.

People's relatives had been consulted about the service through the use of questionnaires. These had last been completed in August 2015 and covered a variety of areas including the staff, environment, menus and facilities. We saw these included positive comments and responses about the home.

Staff meeting minutes recorded only two meetings had taken place in 2015. The deputy manager told us they completed informal meetings with staff, had handovers with staff between shifts and used a staff communication book. They confirmed they did not undertake formal meetings.

We recommend the provider considers how they formally involved staff in consultation about the management and running of the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems in the home had not protected people from environmental risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  People who use services and others were not protected against the risks due to the lack of adequate quality assurance systems in the home.