

Disability Action Yorkshire

Disability Action Yorkshire - 34 Claro Road

Inspection report

34 Claro Road
Harrogate
North Yorkshire
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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 

Overall summary

This inspection was carried out on 09 October 2014.

Claro Road is owned by the charity Disability Action Yorkshire. The home is registered to provide care for up to 22 adults with physical disabilities. Part of the focus of the service is to develop independent living skills. The service includes a self-contained flat which enables people to prepare for living independently. It is situated about one mile from the centre of Harrogate. There is a registered

manager in place. 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.

Summary of findings

We found that this service was safe and people told us that they felt safe living in this service. Staff were recruited safely and checks were made before staff were employed to ensure that they were considered suitable people to work with people who used the service.

There was sufficient staff with appropriate skills and knowledge on duty to meet the needs of the people who used the service. Staff received supervision from more senior staff which enabled them to discuss any matters pertinent to their work and to develop personally. There was a full training programme in place and staff reported that they were able to access appropriate mandatory and additional training.

The staff spoke kindly to people and treated them with respect which was reflected in the good relationships between staff and people who used the service that we observed during our inspection. There was mutual respect evident when people spoke to each other.

Staff were able to explain how they would safeguard people and if necessary how they would report any incidents that may have caused people harm. We saw

that staff had received training in safeguarding vulnerable adults. This meant that staff awareness around safeguarding was good and therefore if any situation arose where someone was at risk of harm staff would know what to do. We found medicines were managed appropriately ensuring that people received their medication safely.

The registered manager was following the principles of the Mental Capacity Act 2005 and had made some applications in respect of people being deprived of their liberty where required.

The environment was exceptionally well maintained and decorated and as the building was purpose built it was fully accessible and appropriate for people using the service. Activities were designed to provide meaningful occupation and were person specific. Bedrooms were personalised and people had brought personal items and photographs to decorate the rooms.

There was an effective quality assurance system in place which helped in the development of the service and making changes and improvements.

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?

This service was safe and people who used the service and their relatives told us that they felt safe.

Safe recruitment practices had been followed and appropriate checks had been made into the suitability of staff who worked at the service.

Staff told us that they understood how to safeguard people and could tell us about different types of abuse. Training records showed that staff had received training in safeguarding vulnerable people

We found that medication was stored, recorded and administered safely in line with current guidance.

The manager was following the principles of the Mental Capacity Act 2005 and was aware of how to make an application to request authorisation of a person's deprivation of liberty. This had been done where required.

Good



Is the service effective?

This service was effective because it had taken account of the needs of people with physical disabilities when planning the environment and training staff in relevant areas.

Staff who came to work at this service received an induction which was then followed up by other more specific training.

Staff were supervised effectively by more senior staff.

People were supported to access a nutritious diet and where necessary supported to eat and drink.

Good



Is the service caring?

This service is caring. Staff treated people with kindness and respect. Staff were cheerful and friendly and they knew everyone's individual needs.

One person told us, "I made the right choice coming to live here. I have the confidence to get out and live my life because of the support".

Staff supported people to develop independent living skills and to build their confidence in all areas.

Good



Is the service responsive?

This service was responsive to people's needs and people's care files were person centred.

Staff acted promptly when someone needed access to a healthcare professional and followed those visits up when necessary.

There was a full programme of activities which were centred on each person and their interests and abilities.

Good



Is the service well-led?

This service was well led. There was a registered manager in post with a settled group of staff.

There was a quality assurance system in place which led to service improvements where appropriate.

Good



Summary of findings

The manager had made statutory notifications to the Care Quality Commission where appropriate.

Disability Action Yorkshire - 34 Claro Road

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.

An unannounced inspection of this service was carried out on 09 October 2014. The previous inspection was carried out on 26 November 2013 and CQC had no concerns at that inspection. The inspection team was made up of an inspector, an expert-by-experience with experience in adult social care and a specialist advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was an occupational therapist with experience of working with people with disabilities. There were 20 people living at 34 Claro Road on the day of the inspection.

Prior to the inspection we spoke with the commissioners, social workers and the district nurse. We reviewed all the information we held about this service including notifications we had received. Before the inspection, the provider completed a Provider Information Return (PIR) which we used to inform our 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 looked at care and support plans for four people who used the service, records relating to the management of the service, observed the administration of medication and checked the management of medicines looking at medicine administration records (MAR). We reviewed four staff files and the daily rotas.

We spoke with six people who used the service, two relatives and the registered manager and interviewed four care staff.

Is the service safe?

Our findings

This service was safe. People who used the service and their relatives told us that they felt safe. One person told us, “I feel safe here which allows me to be confident in other areas of my life”. We observed that people were kept safe because there were sufficient staff in every area of the service giving support to people on the day of our inspection. This was confirmed when we looked at the rotas. On the rotas we saw that each day was covered by the registered manager or their deputy.

We reviewed four staff recruitment records and saw that safe recruitment practices had been followed. This was confirmed by all the members of staff we spoke with who told us that they had not started work until their Disclosure and Barring Service check had come through and references had been verified.

Staff told us that they understood how to safeguard people and could tell us about different types of abuse. We saw from training records that staff had received training in safeguarding vulnerable people. One member of staff told us about a situation where a person had been at risk and explained the process that they followed when dealing with the situation which included reporting the situation to management. This showed that staff had the knowledge to identify and alert someone to the possibility of abuse. There had been two safeguarding alerts made to the local authority, both made by staff at 34 Claro Road. One alert was regarding a minor injury and the other was regarding the attitude of a member of staff. These two reported by the service resulted in further action by them to ensure people's safety. This included reviewing policies and procedures, and appropriate internal procedures regarding staff. There was a safeguarding policy in place and the service was appropriately following local safeguarding protocols.

We also observed staff providing physical support for people throughout the day and any procedures to be undertaken were carefully explained to the person prior to the procedure being carried out sensitively and safely. This

meant that people who used the service could be confident that staff were aware of how to keep them safe. Safety checks of equipment had been carried out and were up to date.

Accidents and incidents had been recorded fully. These were also checked regularly by the registered manager. The completed forms we looked at included actions taken such as training needs identified and training organised. This showed how the manager and staff were learning from these events and making improvements.

When we reviewed care and support files of people who used the service we saw that risks to people's health and wellbeing had been assessed and where a risk was identified, it had been acted upon. We saw that appropriate risk assessments had been completed for people and that the appropriate equipment was in place. People had moving and handling risk assessments. When people had presented with any medical needs staff had sought professional input from the appropriate health and social care services. We could see that risks to people's health were managed well by staff.

This service provided care and support to 20 people on the day of our inspection.

We looked at how medicines were managed at 34 Claro Road and inspected medication administration records. Trained staff dealt with medication for people who used the service. Some people who used the service took responsibility themselves for ordering and administering medication but this was still double checked by staff. There were relevant risk assessments in place for these people. A medicine trolley was used. We found that medication was stored, recorded and administered safely in line with current guidance. We checked the controlled drugs (CD) and found that correct procedures had been followed.

Medication training was done by all staff administering medication and competency checks were carried out by the manager regularly. This included spot checks and full audits. The last audit carried out had resulted in some changes to procedure to ensure that medicines were checked, stored and administered appropriately. These checks were all fully recorded.

Is the service effective?

Our findings

We reviewed staff files and saw that when staff started work at this service they received an induction. They then went on to complete further mandatory training. The staff files we looked at confirmed that training in health and safety, food hygiene, fire safety, moving and handling people, first aid and safeguarding had been completed by staff. Specific training relating to people's medical conditions had also been completed. To support the staff and ensure they had up to date training the registered manager told us that they monitored the training needs of all staff. This was also discussed regularly at staff meetings. This meant that staff had up to date knowledge and were able to highlight further training needs when appropriate.

When we interviewed staff they told us that they had attended regular supervision sessions. The registered manager told us that they monitored when supervisions were due by keeping a record of when supervisions were carried out and next due. When supervisions were due, a reminder was shared with the supervising staff by the manager. One staff member told us, "I have supervision with the manager. We can raise concerns, discuss practice and look at policies and procedures". Documents confirmed that supervisions had taken place. This enabled people to discuss any work related matters and discuss personal development with their supervisor which would enhance their practice.

We could see that the service was appropriately decorated. People's bedrooms were decorated in a style that had been chosen by them. We asked people if they were able to navigate around the building safely and they told us they were. One person told us "I can go where I like in the building and it is easy to get around in my wheelchair as the building is laid out well". There were several communal areas for people to use and these were equipped accordingly. Kitchen areas had fittings designed to be used by people in wheelchairs and included features such as rising worktops.

We observed a mealtime in two dining rooms and saw people receiving support from staff to eat and drink in their own rooms and in lounge areas. People who used the service planned their own menus and assisted with shopping and cooking. On the day of our inspection people were eating various different types of meals according to their personal choices such as sandwiches and pasta. Staff

helped people to prepare food where required and some people had food prepared by staff for them. All staff had completed food hygiene training. People were given sufficient to eat and the menus showed us that people got a balanced diet which included all food groups. Drinks and snacks were offered to people throughout the day.

When we examined care and support plans we saw that people's health needs had been reviewed and people had been referred for specialist support. We saw examples such as visits to the GP and other external services such as a physiotherapist. This meant that people were supported by staff to access specialist healthcare when it was necessary.

If someone was assessed as being at risk of malnutrition through use of a nutritional risk assessment staff had made a referral to the dietician. People who were identified as at risk of choking had then been assessed by the Speech and Language therapy (SALT) team. The SALT team were then able to risk assess the person and give guidance about the types of food or the way food should be prepared in order to minimise any risk. Staff were aware of people's specific needs which were recorded in the person's care plan and that information was passed to all staff.

Part of the focus of the service was to develop independent living skills. The service included a self-contained flat which enabled people to prepare for living independently. We saw that care plans and the way that staff worked with people was centred on improving or developing these independent living skills. When we spoke with people who used the service they told us that this was a very positive and effective element of the support they received. This was also supported by comments from healthcare professionals we spoke with prior to the inspection. Comments made to us included "I saw that staff were encouraging them to do tasks for themselves", "There was clear evidence at the time of my review of the resident being given choice and control in terms of hobbies and interests" and "Their personal preferences had been integrated into the support plan".

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The manager was aware of how to make an application. When we spoke with care staff they were less clear on the process for DoLS and mental capacity assessments. However, the registered

Is the service effective?

manager was aware of this and was looking at ways staff knowledge could be improved at the time of our inspection. There was a comprehensive policy in place regarding DoLs and MCA.

Is the service caring?

Our findings

We observed that staff interactions with people were good. The staff were cheerful and friendly. People told us that they were happy to talk to any of the staff if they needed to discuss anything. Staff and people who used the service knew each other by their Christian names and appeared relaxed in each other's company.

One person who used the service told us, "It is like we are all part of one team here" and another said, "This feels like my proper home, not just a service". A relative told us that they felt they had made the right choice in their relative moving in to Claro Road. They told us "I once mentioned a minor issue in passing to a member of staff and subsequently received a full report of what actions had been taken to ensure it didn't happen again. This made me feel that the staff really care". Our observations confirmed that people felt well cared and relaxed within their home environment. A health professional we spoke with prior to the inspection told us, "I was really impressed by the personalised service received. The person was able to show me all the things that staff had supported them to achieve in the short time they had been there".

Each person had their own room and we saw staff knocked on the door before entering ensuring that people had their privacy maintained. Staff responded to people's wishes

positively and spoke to them in a respectful manner. They were compassionate and supportive to people and worked in a discreet way when they were providing support such as personal care.

We observed staff giving people information about what was going to happen to them. For instance, we saw a member of staff explain what was going to happen throughout the rest of the day and what the person would need to prepare for. This was done in appropriate language and with enthusiasm. The staff member listened when the person asked repetitive questions and answered each time carefully and sensitively. When we spoke with staff they told us about the ethos of the home and the importance of listening to each individual.

We saw that people who used the service and their relatives had been involved in setting up care plans, and relatives were able to read daily care notes to see what had happened since their last visit. One relative told us, "The detail in the notes is fine and it helps me stay up to date but usually my relative tells me all about it anyway".

We observed the lunchtime period. Most people were encouraged to be independent in their choices and in some cases the preparation of food. Staff were respectful and people appeared relaxed in the company of the staff. The dining rooms had tables for people to sit at, or they could choose an alternative area to eat if they wished.

Is the service responsive?

Our findings

We saw that people's care files were person centred and kept up to date. For instance in one person's care and support plan we saw that they had completed documents regarding their life before they moved to the service, their night time routines, their hobbies and interests and their independent life skills. This was coupled with information pertinent to their support needs and areas of risk. This meant that their care profile included a wide range of information designed to assist staff to support them effectively. When people's needs changed this was clearly recorded and we saw evidence that as well as care plan updates, the changes would be discussed in staff handovers and placed in the communication book. This ensured that everyone was aware if there were any changes in support needs.

Each person had their own activity timetable and this was based on their interests and skills. Most of the people that used the service at the time of our inspection were attending college or had recently finished courses. People were able to access planned activities such as horse riding and swimming. These activities and interests were clearly recorded within their care plans and staff we spoke with demonstrated good knowledge of what each person's preferences were.

A relative told us that they were pleased that their relative had been able to continue all the activities they enjoyed with staff support since moving into the service. One person who used the service told us "I get to choose what I do. I can go out and about and the staff will rota on extra staff to support me with certain things. The only downside is that town is a bit far to go in my wheelchair so I have to

use accessible taxis which need booking. This affects my spontaneity a little but staff support make up for it". One member of staff told us "We rota in one to one time for everyone that wants it so that they can have some specific support, even if it is just to hang out and do things at home". We observed during our visit that staff numbers facilitated this effectively.

People were encouraged to maintain their family and other social relationships and we spoke with relatives of people who used the service during our inspection. They told us that they had been involved in helping write care plans and they read the care notes to check what had happened since their last visit. One person's relative told us, "I feel fully involved, as much as my relative wants me to be anyway – they are able to make their own decisions and staff support them to do that."

People told us they knew how to raise a concern or make a complaint if they wanted to do so and they felt this was easy to do. All those we spoke with felt that there would be a satisfactory response from staff. We were told about two examples where small concerns had been raised and these had been addressed quickly and appropriately. A register of any complaints received was kept by the manager. We saw that there had been seven complaints received in 2014. All the complaints had received full responses including information about the action that had been taken. The investigations undertaken were seen to be very thorough and records showed whether the complainant was now happy with the outcome. This included where the concerns had been raised by the person using the service themselves. None of the complaints we looked at were of a serious nature.

Is the service well-led?

Our findings

There was a registered manager who had been in post at this service for seven years. They told us that they had an open door policy for staff, people who used the service and visitors.

Staff told us that they liked the manager and that they were very supportive. They told us that they felt part of a team. One staff member we spoke with said “The manager is supportive and fair. I really enjoy working here”. People who used the service told us that they liked the manager and that they saw them regularly around the home. One person told us “The manager is part of the team and mucks in to do whatever needs doing. They are nice”.

There were daily handover meetings which were detailed and informative. Regular staff meetings were also held for staff so that the manager could share information. Staff were encouraged to express their opinions and question practice and minutes showed that this happened in a constructive way on a regular basis. We observed staff approaching the manager during the day to ask for advice and guidance and they always got a polite response, including encouragement to make decisions for themselves, where appropriate.

When we spoke with the registered manager they were clear about the key challenges for this service and how they might address them. There were regular meetings with people who used the service and these were chaired by one of the people using the service. Within the minutes we saw that people were asking questions on a variety of topics and were given open and honest answers. They were able to make suggestions and give feedback about various elements of the service.

A survey had been completed in 2014 which covered a wide range of topics including the environment, involvement, practical daily living areas such as food and cleaning and

overall satisfaction with the service. Following the results being analysed an action plan had been developed which included who was responsible and when the action would be completed by. This meant that there was a clear audit trail of feedback from people who used the service being acted upon in order to make improvements. This showed that the service was being monitored on the basis of continual improvement.

The manager carried out regular audits of the environment, equipment, care plans, risk assessments, food protection, training, activities and medicines to ensure the quality of the service. Some were completed monthly and others were done as regular spot checks at different times of day. For example we saw that medicines, records and activities checks had been completed at 7am or late at night. This enabled the manager to plan improvements and ensured consistency of the quality of support across a full 24 hour period.

There were monthly quality assurance visits from the chief executive which looked at areas such as communication, environment, staff files, supervision and fire safety. This ensured that the manager was aware of any potential improvements needed.

When we asked the manager to provide a range of documents to demonstrate how the service was run they were able to do so immediately and were able to sit and discuss them with us. They showed a good knowledge of this service and of the needs of people who used the service.

There had been two safeguarding alerts raised by the manager of this service and these had been investigated thoroughly and improvements made to prevent the same incidents being repeated. The registered manager had made all appropriate notifications to CQC as required by law.