Disability Action Yorkshire

Disability Action Yorkshire - 34 Claro Road

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

This inspection took place on 31 January 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

Disability Action Yorkshire – 34 Claro Road provides care and accommodation for up to 22 people with physical disabilities. On the day of our inspection there were 21 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 inspection, the registered manager was on sick leave and a temporary manager was in charge.

We last inspected the service in October 2014 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff were suitably trained and received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Disability Action Yorkshire – 34 Claro Road.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. Care plans were in place that recorded people's plans and wishes for their end of life care.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The registered provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

Staff felt supported by the management team and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 registered 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 31 January 2017 and was unannounced. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with four people who used the service. We also spoke with the acting manager, deputy manager and three care staff.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at Disability Action Yorkshire – 34 Claro Road. There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. Staffing levels varied depending on the needs of the people who used the service. Staff and people who used the service did not raise any concerns regarding staffing levels at the home.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. General risk assessments were in place, which identified hazards in the home such as fire, slips, trips and falls, use of equipment, hygiene, and hazardous substances. Other risk assessments included mobility, personal care and medication. Care records included a risk assessment signature sheet for all staff to sign to say they had read and understood all the risk assessments in the care records. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Equipment was in place to meet people's needs including hoists, shower chairs and wheelchairs. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Electrical testing and gas servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date. The registered provider had an emergency plan in place however the people who used the service did not have Personal Emergency Evacuation Plans (PEEPs). We discussed this with the acting manager who agreed to implement PEEPs for each person and started to put them in place immediately following the inspection.

We found the acting manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people.

We found appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People who used the service told us, "They all look after me", "It's quite nice actually" and "I'm very happy".

Staff were supported in their role and received regular supervisions. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff mandatory training was up to date. Mandatory training is training that the registered provider thinks is necessary to support people safely. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Care records included information about what food people liked and disliked and people were able to make choices about mealtimes. People had access to their own kitchens and were supported by staff at meal times. We saw the kitchen rota on the wall and all the people who used the service were encouraged to take part. People who used the service told us they helped to plan the meals for the week.

People had 'Appetite' care plans in place. These described people's dietary needs, what assistance they required and whether there were any risks involved. For example, one person was identified as being at risk of malnourishment and was supported to maintain a healthy and well balanced diet. Staff were instructed to monitor any changes in the person's weight and enlist the support of healthcare professionals as appropriate. The person had a weight monitoring sheet and it was identified at the person's last review that they had now reached and stabilised at their target weight.

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. None of the people who used the service required DoLS however the acting manager was aware of their responsibilities.

Care records we looked at were signed by the person who used the service to say they agreed with the content. People also had medication consent forms in place to say they gave permission for staff to administer their medicines.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits to and from external specialists including GP, dentist, hospital

appointments, podiatrist, district nurses and diabetes clinic appointments.

Corridors were wide to accommodate wheelchair users and communal areas were spacious. Kitchen work surfaces could be lowered so that people in wheelchairs could use work surfaces effectively and safely. People's bedrooms included spacious ensuite facilities, including a walk in shower. This meant the premises was appropriately designed for people who used the service.

Good

Is the service caring?

Our findings

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff.

We saw staff knocking on bedroom doors and asking permission before entering people's rooms. People's care records described how staff were to promote dignity and respect people's privacy. For example, "[Name] should have their dignity, privacy and choice upheld at all times." The service user guide described how people who used the service were expected to, "Respect the privacy of others living in the home" and also stated, "All service users have the right to be treated with respect for their individuality and sense of dignity". One person had a sign on their bedroom door that stated, "All members of staff please knock before entering. Thank you." Staff we spoke with were aware of the need to respect people's privacy. This meant that staff treated people with dignity and respect.

The service supported people to develop independent living skills. The service included a self-contained flat which enabled people to prepare for living independently. The service user guide described how people were expected to participate in daily activities at the home but would receive support from staff as required. People had 'Independent life skills' care plans in place. These described people's abilities such as setting and cleaning the table at meal times, preparing meals and doing the laundry.

People had 'Independent life skills' risk assessments in place, which meant people were able to maintain their independence in a safe environment. Care plans described how staff were to support people to be independent. For example, "[Name] should be given support and guidance to maintain their independence and confidence in a safe and secure environment", "I can currently make independent choices regarding my clothing", "[Name] wishes to promote her individuality and confidence regarding dressing and undressing" and "[Name] wishes to promote her independence and confidence regarding bathing and showering". This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and social occasions in people's bedrooms. People we spoke with told us they could have visitors whenever they wished.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the acting manager who told us none of the people using the service at the time of our inspection had independent advocates.

People had 'Last wishes' care plans in place, which described people's preferences for their end of life care, who they wanted to be contacted and funeral arrangements.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were reviewed and evaluated every three months and a full review took place annually.

People's needs were assessed before they started using the service. This ensured staff knew about people's needs before they moved into Disability Action Yorkshire – 34 Claro Road.

Each person's care record included important information about the person including emergency contact details, disability, allergies and contact details for health care professionals involved in reviewing the person's care needs.

People's care records were person centred and included an overall summary of the person's care and support needs, medical history and information about the person from before they started using the service. For example, family, school and college, and previous accommodation. This helped staff to understand the person they were caring for.

Care plans were in place and described the person's ability with a particular task, what assistance was required from care staff, what risks were involved in carrying out the activity and the desired outcomes from the activity. For example, one person required assistance from staff to manage their personal care, including bathing and showering. The care plans described what the person could do for themselves and what assistance they required from staff. For example, the person could wash the top half of their body but required assistance with the rest of their body and with drying.

Daily records were maintained for each person who used the service. Records we saw were up to date and included information on the person's diet, sleep pattern, personal care and records of appointment or visits by healthcare professionals.

We found the registered provider protected people from social isolation. People had individual activity timetables in place and some of the people who used the service accessed local colleges. People had hobbies and interests care plans in place, which described what outings people enjoyed doing, what general interests they had and how staff could support the person with their hobbies and interests. These included external activities such as arts and crafts, shopping and going out for meals. One person told us they enjoyed horse riding, another person told us they enjoyed watching sport. There were two large communal lounges at the home where people could watch television and take part in activities.

The registered provider had an effective complaints policy and procedure in place. The service user guide included a copy of the registered provider's comments and complaints procedure. This described the procedure for making a complaint and how long the complainant would expect to wait for a response. There had been two complaints at the service within the previous 12 months. We saw records of these complaints, which included the nature of the complaint, action taken and a summary of the outcome.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager was on sick leave and an acting manager was in place. We spoke with the acting manager about what was good about their service and any improvements they intended to make in the next 12 months. The service had just achieved the 'Disability Leader' award as one of the staff had a disability and had worked up from apprentice to permanent staff member.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. Staff we spoke with felt supported by the management team. The acting manager told us they were fully supported in their role and could go to their manager with any concerns or issues.

Staff were regularly consulted and kept up to date with information about the home and the registered provider. Staff meetings took place regularly. An annual staff satisfaction survey took place and we saw from the most recent survey in 2016 that all the staff who completed the survey would recommend the registered provider as a good organisation to work for.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it. The registered provider carried out a monthly visit to the home. The visits included discussions with people who used the service and staff, a check of the premises, a review of records including notable events, complaints, staff files, care records and incident reports. Where issues were identified, an improvement plan was put in place. No issues were identified in the records we looked at.

The registered manager completed monthly 'Monitoring checklists', which included a review of risk assessments and hazards, staff training, an inspection of the premises, and food hygiene, food preparation and cleaning practices. The registered manager also carried out spot checks of the service, which looked at medication, daily records, food safety, cleaning schedules and activities. We saw the monthly monitoring checklist had last been completed in September 2016 and the last spot check was in August 2016. We discussed this with the acting manager, who told us these checks had not been completed since the registered manager went on sick leave but would be starting them again as soon as possible.

An annual 'User satisfaction survey' took place. We looked at the results from the 2016 survey and saw an overall satisfaction rate of 82%. An action plan was put in place for issues raised in the survey. Regular meetings took place on each unit within the home where people who used the service could talk about issues important to them.

This demonstrated that the registered provider gathered information about the quality of their service from

a variety of sources.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.