

Homes Together Limited

66 Hookstone Chase

Harrogate

Inspection report

66 Hookstone Chase
Harrogate
North Yorkshire
HG2 7HS






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23 June 2022

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16 August 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Hookstone Chase Harrogate is a residential care home providing personal care for up to five people. At the time of the inspection they were supporting four people with sensory impairment/loss and/or people living with learning disabilities and/or autism. Hookstone Chase Harrogate is a detached accessible bungalow.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

The service supported people to have the maximum possible choice, control and independence over their own lives. The service gave people care and support in a safe and clean environment. The provider had a plan in place to refurbish the service and make it better suited for the people living there.

People were able to personalise their bedrooms and display pieces of art they had created. Staff supported people to take part in activities and pursue their interests in their local area. However, staffing levels at times limited the opportunities people had. Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that promoted their privacy and dignity and achieved the best possible health outcomes. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse, the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service didn't always have enough staff to meet people's needs and keep them safe. This meant that people could not always take part in activities and pursue interests. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating, using body language and sounds, could interact comfortably with staff because staff had the necessary skills to understand them.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, were involved in planning their care. People's views were valued and acted upon by staff. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

This service was registered with us on 01 December 2020 and this is the first inspection. The last rating for the service under the previous provider was good, (published on 15 April 2020).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture. We also inspected this service to provide the new provider with a rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staffing at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can see what action we have asked the provider to take at the end of this full 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

66 Hookstone Chase Harrogate

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 Health and Social Care Act 2008.

Inspection team

Two Inspectors and a member of the CQC medicines team carried out this inspection.

Service and service type

Hookstone Chase Harrogate is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hookstone Chase Harrogate is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

This inspection was unannounced.

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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually 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 three people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, a cleaner and support staff. We reviewed a range of records. This included three people's care records and four medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were not always enough staff to support people and meet their needs, including for one-to-one support for people.
- People were unable to go out at times due to a lack of staff. We observed people's activities in the community being cancelled and people were unable to go out at the weekend as there was not enough staff.
- Newley recruited staff did not always get the required opportunities when shadowing more experienced staff. They were expected to provide direct care due to the lack of staffing.
- Staff were unable to provide the care they felt people needed in a timely manner. One staff member told us, "We definitely need more staff, especially in a morning to help people get ready, they shouldn't have to wait to be supported with getting changed".
- Another staff member told us, "It would be good to have an extra staff member as I feel guilty when there isn't enough time to give people the social attention they need. I would like to see people out more, especially when the weather is nice staff just do not have the time."

The provider failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was going to review the staffing levels following feedback from the inspection.
- Staff were recruited safely and had a Disclosure and Barring Service (DBS) check in place. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified, however, it was not always clear what action had been taken to mitigate risk or monitor them. For example, people weren't always monitored after a fall. The provider was reviewing their policy and documentation to address this.
- People were involved in managing risks to themselves and in making decisions about how to keep safe. Staff helped support one person to get more information from a medical professional in order to make an informed decision.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.

- The provider took action to quickly address issues raised and share learning across their services and staff teams.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and explained how the provider had taken action when they had not felt safe.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Using medicines safely

- People were supported by staff who followed systems and processes to order, administer, record and store medicines safely.
- People's behaviour was not controlled by the use of medicines. Staff ensured that people's medicines were reviewed by prescribers in line with the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- Staff followed effective processes to provide the support people needed to take their medicines safely. This included obtaining advice from a pharmacist on how to administer one person's medicines in their food and drink.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service tested for infection in people using the service and staff.
- The service's infection prevention and control policy was up to date.

Visiting in care homes

Visiting arrangements followed current government guidance. People were supported to have visits both in the care home and away from the care home including overnight stays safely.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Information and detail included in care plans for people was variable.
- Some people had care and support plans that were personalised, holistic, strengths-based and reflected their needs. Other people's care and support plans needed more personalised information. This reflected the services on-going work to develop the format and structure of their documentation.
- There was evidence of some people, those important to them and staff reviewing plans, but this wasn't consistent for everybody. The provider had plans in place to address this.
- Care plans reflected people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by experienced staff who had received the relevant training, including refresher courses which helped staff continuously apply best practice.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff could describe how their training and personal development related to the people they supported. The registered manager sought further training following feedback from staff to ensure staff were confident and people were safe.

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

- People received support to eat and drink enough to maintain a balanced diet.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible whilst encouraging independence.

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

- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services.
- Multi- disciplinary team professionals were involved in people's support plans to improve people's care.
- The service ensured that people were provided with joined-up support so they could travel, access education, day services and social events. Relevant information to keep people safe was shared appropriately with these services.

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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

- Some parts of the home were dated and in need of modernising. The provider had an action plan in place to make areas of the service more accessible to people.
- People had personalised bedrooms and displayed pieces of art they had created. One person proudly told us about plans to make more pieces with their family member to display.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people lacking capacity to make decisions about their medicines, best practice was followed and there were safe processes around medicines being administered covertly.
- DoLS authorisations were in place for those people that needed them.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were patient and used appropriate styles of interaction with people, showing warmth and respect when interacting with people. One relative told us, "They have always been a strong character, but they appear more confident in themselves (since living in the service) and appear to be maturing. They make their decisions known through their actions. I often hear them laughing in the background."
- People felt valued by staff who showed genuine interest and passion in people's well-being and quality of life. One person told us, "I get on well with everyone. Staff are kind."

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

- Staff supported people to express their views using their preferred method of communication.
- People were empowered to make decisions about the service when appropriate and felt confident to feedback on their care and support.
- People were supported to maintain links with those that are important to them. One relative told us, "Staff are very good at including family. The registered manager acts on concerns when raised. As a family we couldn't ask for anymore and we have no concerns and are very happy with the support they receive."

Respecting and promoting people's privacy, dignity and independence

- Staff were keen to help people have the opportunity to try new experiences, develop new skills and gain independence.
- We observed staff encouraging people to be as independent as possible with daily living skills such as meal preparation.
- Staff knew when people needed their space and privacy and respected this.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 preferences were identified and the staff accommodated them where possible.
- Staff offered choices tailored to individual people using a communication method appropriate to that person.
- Staff spoke knowledgeably about the level of support to people required.

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.

- Staff ensured people had access to information in formats they could understand.
- There were visual structures, including photographs and other visual cues which helped people know what was likely to happen during the day and who would be supporting them. Work was on-going to further develop communication with appropriate objects and technology.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations and how to interpret and respond to non-verbal communication.

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 who were living away from their local area were able to stay in regular contact with friends and family via telephone, video calls and regular visits.
- Staff helped people to have freedom of choice and control over what they did.
- Staff were committed to encouraging people to explore new activities and hobbies in line with their wishes and to engage in leisure and recreational interests.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- Most people and relatives felt confident in how concerns and complaints were managed. However, one relative felt that issues were not proactively managed and felt a lot of responsibility to direct and improve the quality of care for their relative. We shared these concerns with leaders in the service and they are working to improve this.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits in place were not always robust or completed on a regular basis to highlight and address issues within the service.
- Audits for the provider to monitor the quality at the service were in place. However, actions identified within audits were not always acted upon. For example, issues with documentation and staff training highlighted on the inspection had been raised in previous provider audits and not resolved within timeframes specified.
- Where there was known risk to people as a result of the environment, it wasn't always clear how this was being monitored or managed. There was no evidence of learning from a previous incident of the same nature.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say.
- Management and staff put people's needs and wishes at the heart of everything they did, working directly with people and leading by example.
- One staff member told us, "The registered manager is the best boss I've ever had. They listen and act if there are concerns. Supervisions are always helpful. They know me well and what areas I need support with. We've worked together to make improvements when I've suggested them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, and those important to them, worked with management team and staff to develop and improve the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- The service worked well in partnership with other organisations such as day centres and other health and social care organisations which helped improve people's wellbeing and ensure people's needs are met.
- One relative told us, "We worked closely with the service and social worker to create the care plans. I

haven't felt pushed out and the communication has been good and have no concerns."

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

- The service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.