

# Saint John of God Hospitaller Services







## Terry Yorath House

### 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	

### Overall summary

This was an unannounced inspection carried out on the 8 December 2015. At the last inspection in August 2013 we found the provider met the regulations we looked at.

Terry Yorath House is a residential centre offering ten permanent and two short stay places for adults with profound physical disabilities. The centre is located in a small housing estate that is in Leeds, near Roundhay Park and local shops, pubs and a health centre.

There was 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 and associated Regulations about how the service is run. The registered manager was on planned absence from the service at the time of the inspection and the provider had appointed an acting manager.

People told us they felt safe at the home. Staff showed a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. They said they would report all concerns. However, we found not all

# Summary of findings

safeguarding incidents had been reported to the Care Quality Commission as required. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines safely. People told us they got the support they needed with meals and healthcare.

There were enough staff to support people and keep people safe. Staff training and support provided staff with the knowledge and skills to support people and meet their needs well.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. Staff were trained in the principles of the MCA and could describe how people were supported to make decisions; and where people did not have the capacity; decisions were made in their best interests.

People were happy living at the home and felt well cared for. People's support plans contained sufficient and relevant information to provide consistent, care and support. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

People participated in a range of activities both in the home and community. People said they enjoyed their lifestyle.

Staff were aware of how to support people to raise concerns and complaints and there were effective systems in place to assess and monitor the quality of the service and address any improvements that were identified.

# 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?

The service was safe.

People told us they felt safe. Staff knew what to do to make sure people were safeguarded from abuse. However, we found not all safeguarding incidents had been reported to the Care Quality Commission.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough.

There were appropriate arrangements for the safe handling and management of medicines.

Good



### Is the service effective?

The service was effective.

People's needs were met by staff who had the right skills, competencies and knowledge.

People had plenty to eat and enjoyed the food in the home. People received good support that made sure their healthcare needs were met.

Staff could describe how they supported people to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Good



### Is the service caring?

The service was caring

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were well cared for.

People were involved in planning their care and support.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Good



### Is the service responsive?

The service was responsive to people needs.

People's needs were assessed and care and support was planned.

People enjoyed a range of activities within the home and the community.

Systems were in place to respond to any concerns and complaints raised.

Good



### Is the service well-led?

The service was well led.

People who used the service and staff spoke positively about the management team. They told us the home was well led.

Good



# Summary of findings

Everyone was encouraged to put forward suggestions to help improve the service.

The provider had systems in place to monitor the quality of the service. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

# Terry Yorath House

## 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 8 December 2015 and was unannounced.

At the time of our inspection there were ten people living at the service. There was no-one using the service for a short stay. During our visit we spoke with eight people who used the service, six members of staff which included the acting manager and the service improvement manager. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at three people's support plans.

The inspection was carried out by one adult social care inspector and an expert-by-experience who had experience of physical disability care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a document 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 reviewed all the information we held about the home, including previous inspection reports and statutory notifications. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

People who used the service said they felt safe and well looked after. One person told us, "I feel extremely safe, I am confident in the staff and their response to issues." Another person said, "I feel safe, equipment is provided and used as and when needed." A third person said, "I always feel safe and secure." People told us they liked living at the home; comments we received included; "Feels like home", "Feels comfortable; I am extremely happy and want to stay here as long as I can" and "I like this home, everything about it is good."

We saw positive interaction throughout our visit and people who used the service were happy and comfortable with the staff. They had a good relationship. Through our observations and discussions with people who used the service and staff members, we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. Most people who used the service said there were enough staff to meet their needs. However, one person said, "There are enough staff usually, maybe they are a bit short handed if staff have to accompany people to appointments, one person may need two carers to look after them." And another person told us that at night they may have to wait from half an hour to an hour for staff to attend to them; adding this only happened if another person was poorly. They said, "They respond promptly to the buzzer but they may say do you mind waiting and telling what this is, somebody being sick or something so you don't mind waiting." People who used the service also spoke of the vacancy for a second driver in the home and how this could impact on the staffing in the home.

Staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels. Rotas we looked at showed that staffing levels were provided as planned. Any gaps such as sickness or vacancies were covered by the use of agency or bank staff.

Staff said they were aware of their roles and responsibilities regarding the safeguarding of vulnerable adults and the need to accurately record and report potential incidents of abuse. They were able to describe different types of abuse and were clear on how to report concerns outside of the home if they needed to. Staff had received training in the safeguarding of vulnerable adults. Staff we spoke with said

the training had provided them with information they needed that helped them understand the safeguarding processes, including reporting systems. Staff said they would have no hesitation in reporting any concerns of abuse or bad practice and felt the management team would deal with any concerns raised.

The registered manager maintained a log of safeguarding incidents and investigations that had taken place. We saw safeguarding incidents were reported to the local authority and appropriate investigations had taken place. However, we saw two incidents of alleged abuse had not been reported to the CQC as required to ensure any follow up action could be taken if necessary. The acting manager said this had been an oversight and they would send in backdated notifications.

We looked at three support plans and saw risk assessments had been carried out to minimise the risk of harm to people who used the service. The risk assessments gave detailed guidance and were linked to care plans and the activity involved in care or support delivery such as moving and handling or eating and drinking. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise the risk of harm. In the PIR, the registered manager said, 'Various risk assessments are completed for people identifying risks and putting measures in place to support the activity, to get the balance between risk taking and safety right for the individual.'

Staff were able to describe the risk management plans of people who used the service and how they maintained people's safety while encouraging independence. Staff spoke of the risk management around road safety and people who used the service going out alone.

We saw there were systems in place to make sure equipment was maintained and serviced as required. We carried out an inspection of the premises and equipment used in the home. We saw that the home was clean, tidy and homely. We also looked at the maintenance records in the home and could see that regular checks took place and any maintenance requests were acted upon promptly. On the day of our inspection, decorating was underway of bathrooms and bedrooms recently identified as in need of updated décor.

Appropriate recruitment checks were undertaken before staff began work. This helped reduce the risk of the

## Is the service safe?

provider employing a person who may be a risk to vulnerable adults. We looked at the recruitment process for three recently recruited members of staff. We saw there was all the relevant information to confirm these recruitment processes were properly managed, including records of Disclosure and Barring Service checks. We saw enhanced checks had been carried out to make sure prospective staff members were not barred from working with vulnerable people.

We looked at the systems in place for managing medicines in the home and found there were overall, appropriate arrangements for the safe handling of medicines. We saw medication administration records were completed correctly and medicines were audited on a regular basis. We saw where shortfalls were identified; audits were completed again to ensure action was taken to improve the management of medicines. Each person who used the service had their own individual, locked medicine cabinet. There was a larger communal cupboard for the storage of some medicines.

People's care records provided information about how to support people with their medicines, this included self-administration. However, we noted one person's PRN (as and when necessary) medication profile was not up to date with current medications and another person's did not have a date on so was difficult to establish if this was the current protocol for their PRN medication. The acting manager made arrangements to immediately rectify this. There were no temperature checks of this cupboard.

Medicines should not be stored at temperatures above 25 degrees centigrade to ensure their effectiveness. The acting manager agreed to rectify this on the day of our visit and to introduce daily temperature checks.

Staff who administered medicines told us they had completed medicines training and competency checks to ensure were administering medicines safely, and the records we looked at confirmed this. The provider had guidance for administering medicines which was reviewed in May 2015. In the PIR the registered manager said, 'Individual medication files are kept for each person and there is a robust system in place for all aspects of administration in line with NICE guidance and local protocols.' NICE guidance provides recommendations for good practice on the systems and processes for managing medicines in care homes.

People who used the service said they received the support they needed with the medication. One person told us, "I self-medicate but they always check that I have taken it." Another person said they always got their medication on time.

Staff said they felt confident and trained to deal with emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed. We saw there were systems in place to analyse and monitor accidents and incidents. Information showed incidents were reviewed for any patterns or trends and ways of preventing re-occurrence.

# Is the service effective?

## Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. People who used the service said staff were well trained and knew about their needs.

We looked at training records which showed staff had completed a range of training courses which included; moving and handling, first aid, safeguarding adults, mental capacity act, and infection control. The training record showed most staff were up to date with their required training. If updates were needed they had been identified and the acting manager said they were booked to ensure staff's practice remained up to date. In the PIR, the registered manager said, 'Staff are sent out to training that suits the home, training in addition to the mandatory units. This, for example, would include training upon Coeliac disease, diabetes and upon cerebral palsy.' Records we looked at showed this training had been completed.

Staff we spoke with told us they received good support from the registered manager and management team. Everyone said they had training opportunities and had received appropriate training to help them understand how to do their job well. They said they received regular supervisions and appraisals and we saw evidence of this in the staff records we looked at. Staff told us they received good training and were kept up to date. Comments we received included; "They are 100% with training here" and "Always kept up to date, they keep very much on top of training." Staff said they felt confident to identify any training needs they may have and spoke of the training they had completed specific to the needs of the people who lived at the home.

People had access to healthcare services when they needed them. We saw records in the support plans of people who used the service which showed they had regular contact with healthcare professionals such as GP's, district nurses, chiropodists, hospital consultants and opticians.

Regular health checks were documented to show the outcome of any appointments and any changes to treatment. People who used the service said the staff were prompt in gaining medical attention when it was needed and that staff accompanied them to the doctors when

necessary. Everyone had an annual health check document in place which identified their health needs and medical history. This was updated each year with the involvement of the person's GP.

Throughout our inspection we saw that people who used the service were supported to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. Staff showed a good understanding of the individual ways people communicated their choices and we saw staff respected these. We saw people were asked for their consent before any care interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent to any support offered.

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. Our review of people's care records demonstrated that all relevant documentation was completed clearly to ensure it was lawful. The acting manager showed a good understanding of DoLS and the application process, however, they were reminded of the need to inform the CQC of any authorisations granted.

Staff told us effective systems were in place which ensured people could make decisions about their care and support. They provided examples where people had been encouraged to make decisions. Staff told us they had received MCA training and were able to give us an overview of the key requirements of the MCA. Staff we spoke with showed a good understanding of protecting people's rights



## Is the service effective?

to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

People who used the service were complimentary about the meals and menus in the home. Comments we received included; “The food is good enough with enough variety”, “My dietary requirements are catered for” and “It is a healthy diet. You are catered for individually, they would get you something else if you didn’t like the options.”

We looked at weekly menus which showed people ate a varied and balanced diet. Staff said they could be flexible with the menu and there were always alternatives available if people changed their mind and didn’t want what was on the menu. One person told us, “You can always get your own snacks and drinks whenever you want, or you can ask a carer to get them for you.”

Plans were in place to support people who were nutritionally at risk. Staff spoke of how they increased the nutritional value of foods by using extra powdered milk and

adding extra calories to enrich foods to help people maintain their weight. Weights of people who were nutritionally at risk were monitored regularly. However, we noted one person who should have been weighed monthly, had not been weighed for over two months. The acting manager said this had occurred due to the weighing scales being broken. They said they would make arrangements for this to be rectified.

We observed the tea time meal in the home. The atmosphere was relaxed and people got the support they needed. There were enough staff to give people the individual support they needed. Aids and adaptations were available to give people as much independence as possible in eating their meals. People were given the time they needed and no-one was rushed in any way. People told us they got the right support with their meals and drinks. Comments included; “I get my meals cut up for me, and there are always plenty of snacks and drinks and they will always make a sandwich if you want one”, “I am supported to eat” and “You can get support at meal times if you want it.”

# Is the service caring?

## Our findings

People who used the service all reported that the staff were kind, caring and compassionate. They felt that they were listened to and made to feel that they mattered with their individual needs being known and catered for. People's comments included: "Staff are very kind and caring, very compassionate", "They treat you like an individual not like you are a patient" and "They are like family to me." People told us they enjoyed their life at the home. One person said, "I like the company and the atmosphere, very friendly." Another person said, "We all get along extremely well." People told us that they were encouraged to be independent and make their own decisions.

We observed staff spoke with people in a caring and encouraging way and supported their needs well. There was friendly banter between people who used the service and staff. We saw no evidence of any disrespect to people who used the service. We saw staff offered reassurance and comfort when anyone showed any distress or anxiety.

People looked well cared for, which is achieved through good standards of care. People appeared comfortable in the presence of staff. We saw staff treated people kindly, with patience; having regard for their individuality. Staff were encouraging and supportive in their communication and interactions with people. They provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs. One person told us, "The staff are caring and very respectful." Another person said, "The care is excellent, this is the best care home I have been in." In the PIR, the registered manager stated, 'We work hard to make sure that we meet people's every day needs, not just in terms of them being fed and feeling warm enough but all the other one hundred and one things that a person may need to ensure that their day goes well. This could be taking the time to compliment someone on a new outfit, showing an

interest in a picture of a new arrival within their family or ensuring that they can get to the appointment they need to be at five minutes early because we know from experience that they will worry about being late.'

People told us they felt that their privacy and dignity were respected. Their comments included; "They always respect my dignity" and "Everybody always knocks before they come into my room." Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. We saw staff responded to people promptly and discreetly when care or support interventions were required. Staff demonstrated they knew people very well and had a good understanding of their individual needs. Staff said were trained in privacy, dignity and said the registered manager and acting manager worked alongside them to ensure this was always put in to practice.

People who used the service and their relatives said they had been involved in developing and reviewing their care plans. We saw evidence that people who used the service were included in their support plan development. One person told us, "I am involved in all decisions about my care and I have my own personal support worker who writes monthly reports and my personal care plan with me." In the PIR, the registered manager said, 'Care plans are reviewed with the people we support so we can capture their change needs, choices and opinions.'

The acting manager was aware of how to assist people who used the service to access advocacy support and spoke of how they had done this in the past. We saw information was on display in the home on a local advocacy service people could access if they wished.

In the PIR, the registered manager said, 'We support people to welcome their friends and families into the service-they are free to have visitors at any time across the day. We can facilitate visits by offering people the use of a private lounge but this is nearly always refused as people enjoy being in the communal area of the home.' People who used the service confirmed this when we spoke with them.

# Is the service responsive?

## Our findings

People told us they received consistent care that was person centred and that they were involved in making decisions about their care. One person said, “I decide what I want to do and when.” Another person told us, “We can have a bath or a shower whenever we want.” A third person said, “I lead life like I am in my own home.”

Records showed that people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to support. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care.

We looked at the care records for three people who used the service. Care and support plans contained details of people’s preferences, routines and information about people’s health and support needs. Information was person centred and individualised. They included a one page profile of people. A one page profile is a summary of what is important to someone and how they want to be supported.

Staff were provided with clear guidance on how to support people as they wished. Staff showed an in-depth knowledge and understanding of people’s care, support needs and routines and could describe care needs provided for each person. This included individual ways of communicating with people, people’s preferences and routines. Staff said they found the care plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well and the individual ways in which they communicated. Records we looked at showed people who used the service received the support they needed.

People who used the service were involved in a wide range of activities within the home and the community and told us they enjoyed these. People said they were happy with the amount of support they received in order to lead as active a life as possible. One person said, “They always try to get staff to accompany us to the cinema or appointments etc.” People told us they could do what they wanted to at times of their own choosing. One person said, “I’m not bored there are plenty of activities. I can do what I

want.” People said they felt supported to have the life that they wanted rather than one imposed on them and were able to pursue their own interests with family and friends visiting at any time. One person said, “I have a season ticket for Leeds United and go to the home games with my dad.”

From our observations and through looking at some activity plans it was clear that people who used the service planned their own days. They could lead an activity filled day but could also choose to stay in their rooms when they wanted. On the day of our visit a number of people who used the service were out visiting friends or carrying out other activities, such as shopping for Christmas cards or attending a day centre. Others chose to spend the day at the home and were socialising with staff or others who used the service, attending to their washing or watching television. One person who used the service said, “Some days the chores have to be done.” It was clear they enjoyed the independence this gave them. In the PIR, the registered manager said, ‘The people we support are supported to design a timetable each week which then allows us to work our staffing rota around their support needs-this ensures people can get out and about as they wish to.’

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. The people we were able to communicate with told us they had no complaints about the service but knew who they should complain to if necessary. They said they would not hesitate to raise concerns and complaints. Most said that they would speak to the registered manager or deputy manager. We saw the complaints procedure was on display in the main entrance. No-one we spoke with had any concerns. One person who used the service said, “I know how to complain but I have never wanted to.” They also said, “We have resident meetings where we can bring up any grievances which are resolved then and there.”

We saw the provider had conducted a survey in July 2015; ‘How good are we at helping you to make a complaint.’ The analysis of this showed people who used the service were confident to complain, knew how to do so and were aware of how to raise any concerns outside of the home if they needed to.

We looked at records of complaints and concerns received in the last 12 months. It was clear from the records that people had their comments listened to and acted upon. The acting manager said any learning from complaints

## Is the service responsive?

would be discussed with the staff team once any investigations had concluded. In the PIR, the registered manager gave us examples of how the service had improved in response to complaints received.

We saw from staff meeting minutes that any feedback on concerns and complaints was discussed with staff in order

to prevent re-occurrence of issues. Staff confirmed they were kept well informed on issues that affected the service. They said they were given feedback on the outcome of any investigations such as accidents/incidents, safeguarding concerns and senior manager's visits to prevent re-occurrence and improve the service.

# Is the service well-led?

## Our findings

There was a registered manager in post; however they were on a period of planned absence at the time of our visit. The deputy manager was currently the acting manager and supported by a team of care and support staff. People who used the service said they felt comfortable and at ease discussing issues and care needs with the registered manager. They said the registered manager and management team were approachable and that the home was well led. One person said, "I see the manager and head of care a lot during the day." Another person told us, "The manager comes to visit and chat every day." We saw the acting manager was visible within the service throughout the day of our inspection. They spent time talking with people who used the service, getting drinks and snacks for people and generally interacting with people who used the service and staff.

People who used the service said they felt fully involved in the running of the home. One person said, "We are involved, as this is our home we interview new members of staff to make sure we like them." Another person said, "This place is well managed and we are always asked for our views." Other comments we received included; "We run the home not the staff and "We are kept well informed about what is going on." In the PIR, the registered manager said, 'The most important thing I can do is ASK. I speak to the people who live here; I make time to see the people who have used our respite services. I try to find out how they are feeling and if there is anything that we can do better.

The service held two types of meetings to address issues. There were meetings for parents/carers which gave information regarding planned events such as coffee mornings, discos and bingo nights. We saw there was also opportunity for people to raise any concerns or to receive feedback on how fund raising monies were spent. People who used the service had regular meetings which we saw gave opportunity to bring up complaints, concerns or compliments or to have general discussions about issues that affected the service. One person who used the service told us, "We have resident meetings regularly so we can say what we want."

Staff spoke highly of the management team and spoke of how much they enjoyed their job. They said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were

maintained and the registered manager was aware of issues that affected the service. Staff said the registered manager and acting manager were very approachable and always had time for them. They said they felt listened to and could contribute ideas and make suggestions that were well received. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home.

People who used the service and their relatives were asked for their views about the care and support the service offered and these were acted upon. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in October 2015 and these showed a high degree of satisfaction with the service. Any suggestions made showed the action taken to address them. For example, a suggestion for a change to the menu; this information was passed on to the home's chef for action and a person had expressed a wish to increase their independence at meal times; records showed this person had been referred for assessment of a new piece of equipment to assist them.

The acting manager told us there was a system of a continuous audit in place. This included audits on support plans, medication, health and safety, and the premises. We saw documentary evidence that these took place at regular intervals and any actions identified were addressed. When we looked at the health and safety checks, we saw these included regular fire checks; alarm system, firefighting equipment and fire drills. The fire drill documentation did not always list the names of the people involved in the drill. There was therefore a risk that some people may not get the opportunity to participate in a drill. The acting manager said they would make sure people's names were included in future.

We were told that a senior manager visited the home regularly to check standards and the quality of care being provided. The acting manager and staff said they spoke with people who used the service, staff and the management team during these visits. We looked at the records of recent audits, some of which had taken place out of hours, and saw that any actions identified were acted upon to ensure continued improvement in the service.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.