

Milewood Healthcare Ltd







Harlington House

Inspection report

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Ratings

Overall rating for this service	Requires improvement	
Is the service safe?	Requires improvement	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires improvement	

Overall summary

Harlington House is registered to provide accommodation and personal care for up to 17 people with a learning disability. People either live in Harlington House, which is a three storey older detached building or Harlington Lodge on the same site, which is a more modern building and has two floors. It is located in a residential area south of York, close to local community facilities and on a public bus route. There are parking facilities.

The inspection took place on 30 April 2015. The inspection was unannounced.

At the last inspection on 6 and 11 November 2014, we asked the provider to take action to make improvements with regard to quality assurance, consent to care, staffing, supporting staff and record keeping, and this action has been completed.

After the comprehensive inspection on 6 and 11 November 2014 the registered provider wrote to us to say

Summary of findings

what they would do to meet the legal requirements in relation to the breaches of regulation. Their action plan stated that the service would be compliant by 27 February 2015.

We have made two recommendations within this report with regard to the monitoring of people's weight and improving the quality assurance processes.

The registered provider is required to have a registered manager in post and there has not been a registered manager at this service since July 2014. We followed this up with the registered provider and a new manager was appointed in February 2015, but they have yet to submit an application to register with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection on 30 April 2015 we were told by the manager and senior staff that there were eleven people living in the service, all of whom had been diagnosed with a learning disability. In addition to this, some of the people living in the home had either mental health or physical health needs.

We found that people were protected from the risks of harm or abuse because the provider had effective systems in place to manage issues of a safeguarding nature. Staff were trained in safeguarding adults from abuse and the staff understood their responsibilities.

We found the premises to be safe and well maintained; people had their own bedrooms and access to a garden area.

There were sufficient numbers of trained, skilled and competent staff on duty although the manager was relying on bank staff and staff from other homes to fill staff vacancies until new care staff were recruited. The registered provider did have robust staff recruitment procedures in place.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include people's preferences, likes and dislikes. People who used the service received additional care and treatment from health care professionals based in the community.

People spoken with said the staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided within the service.

The staff received a range of training opportunities and told us they were supported so they could deliver effective care; this included staff supervision, appraisals and staff meetings.

The manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. Improvements were needed to ensure the progress being made by the service was documented appropriately.

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 is safe, but some aspects require further improvement.

There were processes in place to help make sure the people who used the service were protected from the risk of abuse and the staff demonstrated a good understanding of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to the people who used the service and the staff. Written plans were in place to manage these risks. Medicines were being managed appropriately in the service.

There were sufficient numbers of trained, skilled and competent staff on duty although the manager was relying on bank staff and staff from other homes to fill staff vacancies until new staff were recruited.

Requires improvement



Is the service effective?

The service is effective, but some areas require further improvement.

Staff received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005. However, we made a recommendation about staff training on the subject of nutrition and weight management.

People said they had a good choice of quality food. We saw people were provided with appropriate assistance and support, and staff understood people's nutritional needs. People reported that care was effective and they received appropriate healthcare support.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Requires improvement



Is the service caring?

The service was caring.

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people who we spoke with.

Good



Is the service responsive?

The service was responsive to people's needs.

Good



Summary of findings

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and their preferences in order to provide a personalised service.

People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

The service is well led, but some aspects require further improvement.

The manager made themselves available to people and staff. People who used the service said they could chat to the manager and staff said the manager was approachable.

Staff were supported by the manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with the manager.

The manager regularly checked the quality of the service provided, but written documentation to show that the information gathered had been analysed and appropriate action had been taken required improvement. We have made a recommendation about this in the report.

Requires improvement



Harlington 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.

The inspection took place on 30 April 2015 and was unannounced. The inspection team consisted of one adult social care (ASC) inspector and a bank inspector from the Care Quality Commission.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the City of York (CYC) commissioners and safeguarding team. We did not ask the registered provider

to submit a provider information return (PIR) prior to the inspection. The PIR is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who receive a service.

During the inspection we spoke with the registered provider, manager, commercial director and the 'acting deputy manager' and we spoke with five staff including three support workers. We spoke with six people who lived in the service, three of whom we spoke with in private in their flats. We spent time in the office looking at records, which included the care and medicine records for three people who used the service, the recruitment, induction, training and supervision records for three members of staff and records relating to the management of the service. We spent time in the communal lounge on Harlington Lodge and observed staff interacting with people who lived in the service throughout the day.

Is the service safe?

Our findings

At our last inspection on 6 and 11 November 2014 we found that there were not always sufficient staff available particularly to support people away from the home with their interests and hobbies.

This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 30 April 2015 we found that the registered provider had followed the action plan they had written following the 6 and 11 November 2014 inspection. Sufficient improvement had taken place to meet the requirements of Regulation 18: Staffing.

We found that there were some on-going issues with recruitment that were affecting staff levels, but not necessarily impacting on people who used the service. Our observations of the service during the day showed that people were able to take part in a number of external activities, attend health appointments and meet up with family members as arranged. Staff were given specific instructions at the handover at the start of their shifts so they knew who they were supporting and what events were taking place.

Observation of the service showed the manager had made a lot of changes to make the service more person led and not staff led. The changes included altering working practices. The manager was working with and mentoring staff as the service had a number of very inexperienced staff who came from different care backgrounds. The manager spoke about how difficult they were finding it to run the service, make necessary improvements to practice and support the staff and people who used the service.

We were told by the manager and commercial director that there were staff vacancies for 84 care hours. Adverts and a recruitment drive were in place for all roles and we saw that the registered provider was bringing in staff from other homes to cover vacant shifts; these staff worked in the service on a regular basis so they did know the people who used the service. On the day of our inspection there were two staff from other homes on duty, and one senior member of staff who was just learning the senior role. It was acknowledged by the registered provider that a lack of

permanent staff was holding back the progress of the home, but they were working towards achieving a more stable workforce with the right skills to meet the needs of people who used the service.

We spoke with one staff member and we asked them whether they felt that the care and support of people who lived in the service had been adversely impacted by staffing issues and they said that they did not think so. They said that their experience of this week was that people were all supported to take part in planned activities and there were enough staff to provide the support required.

We asked people who used the service if there were enough staff to give them the opportunity to go out and support them in the service. People told us, "Yes. It can be a bit up and down" and "It is getting better." As we were aware that there had been some staffing shortages, we looked carefully to see whether people's individual care and options for activities had been compromised. Throughout the inspection we did not see evidence of this. There were some examples where people had to wait for specific support. One person who preferred not to go out themselves asked staff if they would go to the local shop for them. Staff explained that they needed to support another person to go to the doctors and that two other staff were supporting one individual to visit their family, but that as soon as they could they would go to the shop. This was explained clearly and the person said that they understood.

People told us they felt safe living in the home. One person said "I feel safe here and no one is nasty or horrible to us."

The service had safeguarding of vulnerable adults from abuse policies and procedures in place, which were accessible to staff day and night. The registered provider's policy and procedure was last reviewed in January 2014. It covered the different types of abuse, but did not have a flow chart for making alerts which would have helped staff whose role was to make the alerts when the manager was not around. The registered provider's whistle blowing policy and procedure had been discussed with staff during a recent supervision session.

The service had a safeguarding alert file which contained the multi-agency policies and procedures for the City of York Council and for North Yorkshire County Council. The manager described the local authority safeguarding procedures. They said this consisted of phone calls to the local safeguarding teams for advice and alert forms to use

Is the service safe?

when making referrals to the safeguarding teams for a decision about investigation. There had been instances when alert forms had been completed and when the CQC had been notified. These were completed appropriately and in a timely way. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

We spoke with staff who were all able to describe what safeguarding meant and what concerns they might have and what they would look out for. They were clear about who their concerns should be reported to, had read the safeguarding policy and were aware that safeguarding alerts needed to be raised and the local authority and CQC notified. Staff we spoke with said that they would have no hesitation in raising their concerns either about incidents involving people who lived in the service or staff members. Evidence in the staff training files we looked at indicated that staff had completed safeguarding of adults training in the last 12 months.

Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included self harm; slips and trips; personal allowance; throwing objects; road safety; seizures; verbal aggression; sharps; mental health; absconding; choking; infection; destruction of property; anxiety; use of stairs and electrics. The risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

We saw that a number of incidents around behaviour that challenged the staff and others who used the service were documented in people's care files as part of their behaviour monitoring records, or in the incident report book. The manager said the number of incidents taking place had reduced and this improvement was as a result of work being carried out to ensure people were supported to have more say about their daily lives. The reduction of numbers of incidents was visible in the records we looked at. People who we spoke with confirmed that their opinions and wishes were listened to. One person told us "Since the new managers started the staff are talking and listening to us more. They ask us what we want to do and they are being more helpful."

The manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. We were given access to the records for accidents and incidents which showed what action had been taken and any investigations completed by the manager.

We looked at documents relating to premises safety. These records showed us that service contract agreements were in place which meant the premises and any equipment was regularly checked, serviced at appropriate intervals and repaired when required. The checks included the fire alarm system and fire fighting equipment such as extinguishers, portable electrical items, electric and gas systems. Checks were also carried out for the risk of legionella in the water supply.

A fire risk assessment was in place and was last reviewed in May 2014. Weekly checks were carried out on the hot water temperatures, showerhead disinfection, first aid boxes, window restrictors, pathway and grounds, washer and drier, sockets and wires. On 7 April 2015 we saw that the records said the sockets in the kitchen and in one person's bedroom needed attention and that this was subsequently dealt with by the maintenance person. We saw that weekly fire alarm and fire door checks were carried out along with the emergency lights test. These environmental checks and maintenance work helped to ensure the safety of people who used the service.

The manager spoke with us about the registered provider's business continuity plan for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met. This was last reviewed in January 2015. Personal emergency evacuation plans (PEEP's) were in place for four people who required assistance leaving the premises in the event of an emergency. These were kept in their care files and were up to date.

We looked at three staff recruitment files for the newest members of staff. None of them had previous care experience. We found that the recruitment process was robust and all employment checks had been completed before they started work. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). These measures

Is the service safe?

ensured that people who used the service were not exposed to staff who were barred from working with vulnerable adults. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them.

We looked at the medicine records for people who used the service. Only one of the people living at Harlington House administered their own medicines, but we saw that each person using the service had a risk assessment to check if they were able to do so. People told us that they were happy for the staff to give them their medicines. One person said “I get my medicines when I need them and I do not have to wait for them.”

We saw that the medicine cupboard had been moved upstairs from downstairs on the Lodge to give staff more privacy when administering medicines. The new facility was sited in a small cupboard and the space would be made even smaller when the new controlled medicine cabinet was fitted into the space available. The controlled drug cabinet was on top of the fridge and the acting deputy manager confirmed that it was not fixed to the wall. This had been raised as an issue on the last two inspections. Currently no one had been prescribed controlled drugs. We discussed this with the director of the service during the feedback session and they confirmed that this would be completed within one week. We received an email following the inspection to confirm this work had been carried out.

One person managed their own medicines and had a list of 17 different medicines. The acting deputy manager explained that this person visited the GP themselves when they need to do so. They also spent half of the week at their parent's house. This person's MAR sheet reflected that an accurate record of the medicines required during these visits, was kept.

We looked at how medicines were managed within the service and checked a selection of medication

administration records (MARs). We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. The senior care staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files.

The acting deputy manager explained that staff undertook their medication training with the dispensing pharmacy and all but one member of staff who administered medication were up to date with this. The acting deputy manager said that the in-service trainer was in the process of becoming an accredited trainer for medication and so this would be provided on a face to face basis in due course. The acting deputy manager was in the process of undertaking observations of staff administering medication.

The acting deputy manager explained that one member of staff who was due to work overnight had not had medication training and was required to be trained to administer ‘as and when required’ (PRN) medication. They had put in place a short training programme, undertaken an observation and both had signed this. This meant that the person had received appropriate training to enable them to administer PRN medication, had been observed and also had managers on call should they require further support.

We did not look at infection control in great detail during this inspection; it will be reviewed in full at our next visit to the service. Our observation of the service found it to be clean and tidy overall, but that some areas could be improved. For example, the laundry facility on the Lodge had torn flooring that needed replacing to ensure the floor could be cleaned effectively, and the walls and ceiling required redecoration so the surface was impermeable and easy to clean. The manager said they would complete a risk assessment of the laundry looking at infection prevention and control in this area.

Is the service effective?

Our findings

At our last inspection on 6 and 11 November 2014 we found that none of the care staff had completed any training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff we spoke with were unaware of legal processes to be followed in order to protect people's rights. Staff also did not have appropriate skills and knowledge to support people safely and appropriately.

This was a breach of Regulations 11 and 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 30 April 2015 we found that the registered provider had followed the action plan they had written following the 6 and 11 November 2014 inspection. Sufficient improvement had taken place to meet the requirements of Regulation 11: Need for consent and Regulation 18: Staffing

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 the human rights of people who may lack capacity to make decisions are protected. Staff we spoke with had undertaken training in DoLS and MCA. Staff understood who and why some people were subject to DoLS and the requirements around this for support and supervision. The manager explained that they were planning to introduce some more in depth training using scenario based exercises to ensure that the theory was related to actual practice.

Records showed that three people had a DoLS authorisation in place either to prevent them going outside of the service unescorted or because they were under constant supervision to ensure they were safe. Another DoLS application had been refused by the authorising body as the person was deemed by the assessor to have capacity and a fourth one was in the process of being authorised. We saw that people with communication difficulties were assigned an advocate to support them during the DoLS process. We noted that the in care records the home had taken appropriate steps to ensure people's capacity was assessed to record their ability to make complex decisions.

The manager had some information on file for people and staff to read about current best practice with regard to

capacity and learning disabilities. The MCA / DoLS file contained a document called No Secrets Valuing People – A new strategy for Learning Disabilities for the Twenty-First Century. It looked at a person centred approach to care. The file also contained guidance from the Department of Health about how to implement person centred planning and a resource guide for best practice within Learning Disabilities. We saw that the documentation about MCA was available to people in an easy read format. The service had a MCA / DoLS policy and procedure in place and this was last reviewed in March 2014.

People who used the service received effective care and support because staff had a good knowledge about the people they cared for and how to meet their individual needs. Staff were able to give us information about people's needs and preferences which showed they knew people well. Most people who spoke with us felt their health needs were being met. One person told us "I can go out and see my GP when I need to, this is usually private but staff would support me if I wanted them to."

The registered provider had arrangements in place to ensure people who used the service were able to access appropriate health care professionals and receive effective treatment and support for their medical conditions. People were able to talk to health care professionals about their care and treatment such as their GP, dentists and opticians and also specialists such as diabetic nurses, dermatology clinics, community psychiatric nurses and psychiatrists.

We saw that care files contained 'hospital passports' which were detailed communication aids that went with people to hospital and helped hospital staff understand what people's care needs were and how to communicate effectively with individuals. These were written in a pictorial format to make them easier for people who used the service to understand.

However, we found that improvements were needed to staff practices around weight monitoring and recording. We looked at three care files and found that staff did not seem proactive about monitoring people's weight gain or loss. For example, we found that according to one care file the person had put on one and a half stone in weight between January 2015 and April 2015. There was no recorded evidence of any action being taken by staff to get input from a dietician for this individual or any discussion with the person about their nutritional intake. We also found this person's nutritional risk assessment was not

Is the service effective?

completed. This meant the service could not evidence that people's nutritional needs were being monitored and managed in a robust way. These concerns were fed back to the manager at the end of our inspection and they told us they would look at this immediately.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to nutrition and weight loss or gain.

We looked at induction and training records for three new members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who lived at the home. None of the three members of staff had previous experience of caring. We found that the induction paperwork contained information about the philosophy of care and values for the service. The manager told us that the induction programme was carried out over the 12 weeks probationary period for new staff. In the first two weeks of employment staff were expected to cover corporate issues in respect of employment and complete the training that the registered provider deemed as essential such as moving and handling, fire safety, infection control, food hygiene, health and safety and first aid. This was confirmed on the training plan given to us and in the staff personnel files we looked at.

We looked at a selection of staff training files which showed that subjects deemed essential by the registered provider had been completed in the last year and more specialist subjects such as Crisis prevention and intervention, Autism, MAPA – Management of Actual and Potential Aggression, epilepsy, medicines, confidentiality and diabetes had also taken place.

Discussion with staff indicated that they had taken part in MAPA training and that they were confident of using crisis prevention and intervention techniques when necessary. They gave us an example of having to use this with one person the day before the inspection. We saw another incident on the day of the inspection that was well managed by staff so that the situation did not escalate into something more serious.

We observed support and mentoring being given to the staff by the manager on the day of our inspection. We saw in the staff files that supervision sessions were taking place. The records showed that staff were given the opportunity

to voice their opinions and input to the supervision process. We saw that topics covered during supervision included staff knowledge of care files and documentation, staffing levels and competency.

The manager told us that effective communication within the service was a vital tool in ensuring the service ran smoothly. We saw that staff working in the service were given a radio to keep in contact with each other around the service. These were used by staff to ask for assistance if needed, but their use was kept to a minimum to ensure people's privacy and dignity was maintained. People's care files that we looked at contained a daily handover sheet that summarised people's health and wellbeing and included any daily appointments and activities. This helped staff keep up to date with people's needs and ensured that a continuity of care was maintained. One person whose care we looked at had communication difficulties and were unable to verbalise their needs. This person used Makaton signs, gestures and adopted signs to communicate with others. Their care file documented that they sometimes presented with anxious or distressed behaviours due to frustration around communication. We spoke with their key worker and they told us they had learnt sign language "On the job" to help them communicate more easily with this individual.

We observed that people were fully involved in decisions about their care and activities of daily living. Throughout the day we observed staff asking people what they wanted to do, where they wanted to go and what they wanted to eat. People gave their consent about all aspects of daily activities including talking with us. One person with communication difficulties was able to make their immediate needs known to staff and they were able to make day to day decisions about their own care and support. We found a number of individuals had family who helped them make life changing decisions and where appropriate people had appointees for finances from the Court of Protection. We spoke with one person who lived in their own flat within the service and they told us, "It's the best place I've ever been to. I really like it, I love being in the flat."

The design and adaptation of the premises met the needs of the people who currently used the service. Harlington House was made up of two separate units (the Lodge and the House) with key pad locks on external doors as a security measure to keep people safe. Recent building work

Is the service effective?

had taken place. The registered provider had changed the location of the manager's office to the Lodge where it was much quieter. Three bedrooms had been altered to create two new flats with kitchens. The building work did not affect people living in the home as the bedrooms were empty. Each person who used the service had their own en-suite room with access to kitchen facilities. Two / three people had their own entrances to their flats and some people had their own laundry facilities.

The buildings were designed for people who could use stairs although there were flats on the ground floor for people who were unable to manage stairs. One person had a separate private entrance and they explained to us that they had been concerned about people coming into their flat whilst they were away and so the code on the door had been changed. In one flat we saw that the person had a bath seat over the bath and when we discussed this with them they explained that this meant they were able to bathe independently.

People were given support and advice to enable them to make healthy choices about diet and nutrition, but they were also enabled to develop daily living skills such as budgeting their money, shopping, cooking and washing up. The manager told us that most people did their own

cooking in their flats either independently or with some support from staff. Menus were planned with each person every week and they had a choice of doing their own shopping or having staff do this for them. We saw one person being supported in their flat to do washing up. We saw in the food safety records that there were cleaning schedules in place for the kitchens and food temperatures were recorded. People's food likes and dislikes were recorded in their care files.

We observed that there was fresh fruit in the communal lounge and in individual flats. One person who used the service was diabetic; they were supported and encouraged to drink skimmed milk and staff explained that they had tried to have discussions with them about healthy options.

We spoke with people who used the service about their diets and food choices. One person told us, "Sometimes we do a communal shop, but we're encouraged to do our own shopping." When asked what they liked to eat and cook they said, "Shepherd's pie with some help" and also, "Sometimes I do baking, I like flapjacks." Another person said, "I don't eat that much, I like shepherd's pie, fish cakes, mushy peas. I like my puddings. We get them out of our own money. I like Angel Delight, I do like milk shakes."

Is the service caring?

Our findings

People who used the service received effective care and support. We observed the handover meeting at the start of the day and the careful planning of which staff would accompany people to activities, the GP and out shopping. Staff also discussed who would spend one to one time with people who had an identified need for support. Consideration was given to which staff worked best with each person using the service before assigning duties at handover shift in the morning. During the day we saw that people were supported well by staff to carry out these activities.

We asked one person if the staff supported them. They told us, "They're sometimes alright, sometimes they're a pain, I can't go out, sometimes there aren't enough staff" (This person went out with two staff to visit their family in the morning and was involved in discussing a trip to Blackpool).

We asked people who used the service about any changes since the new managers had started. One person told us, "It's slowly changed, we're getting there, they speak to me a bit and they ignore me. The staff here are alright, they're trying to help everyone." When we asked what they meant by this they said, "There's a lot of people living here that need help, they're busy with paperwork and files." We asked if they took part in discussions about their plan of care. They said, "Yes, there's a shopping plan and a list of what days I go out. Sometimes it doesn't happen. When the day comes sometimes staff are poorly. It's alright apart from that."

Discussion with the manager indicated that they felt progress was being made. They told us, "People are being listened to now." The manager told us how they had held a meeting to find out how people living in the home felt about the service; no staff were present so people could talk openly. The main issue raised was that people wanted a better quality of life. We were told by the registered provider that money and resources were available, but the struggle to recruit appropriately qualified staff was making it difficult to implement any changes quickly.

We observed that staff treated people with dignity, did not patronise people but provided clear explanations about their options. Three people we spoke with said that they noted that things had improved since the new managers had taken over the service.

We asked whether people who lived in the service got on with each other and one person told us that another person who lived in the service, "...doesn't like me, they say 'drop down dead', it hurts my feelings, I get on best with [another resident] we help each other if I need any help."

When we asked the managers about this, they told us that they were in the process of supporting one person to leave the service as it was not suitable for them and they were aware of the comments made by this person towards other people who used the service.

We saw that staff observed people's confidentiality. They did have radio intercoms which meant that staff could communicate within the service and we noted that only initials of people were used to ensure confidentiality. We spoke with three people in confidence in their own flats (one person requested that the manager remain in the room during our conversation) and people said that they could talk with staff if they had any problems.

We saw that staff supported people to be as independent as possible, whilst maintaining their safety and wellbeing. For example, one person who we spoke with had two-to-one staff support when out and about in the community. They required staff support with reading, road safety and prompts with domestic tasks. However, they were able to cook simple meals and were independent with personal care. Their care plan documentation highlighted to staff what they could do independently and what support they needed. We observed throughout the day that people were supported to be as independent as possible. When we spoke with one staff member they told us that they supported one person to go to a dance class each week. They told us that this person also enjoyed going on train rides and that they aimed to go out with this individual every other day.

Throughout the inspection we observed that staff were caring, treated people with respect and asked for their views about what they wished to do. There was a positive relationship between staff and people who lived in the service. The atmosphere was calm and staff explained to people what they were doing and, if they were unable to

Is the service caring?

respond to requests immediately they provided a clear explanation. There was appropriate joking and banter with some people and staff appeared to be encouraging of people's wish to do certain things. We saw that some people had complex communication needs, but the staff who were supporting them were able to communicate with them and reassure them about who we were and why we were there.

One staff member had one-to-one time with two people both of whom appeared to get on well with them. When the member of staff moved to spend planned time with another person, the first person was upset. The manager said that both people got on well with the staff member and felt a bit jealous when the member of staff had one-to-one time with someone else. Another member of staff came into the service on their day off to discuss and

plan a trip to Blackpool with one person who used the service. A third staff member supported a person to go shopping with birthday money and on their return the person said, "I've had a brilliant day".

People were supported to take part in social events that captured their interest. One person who lived in the service was in their late teens and the managers had supported them to go to a club in York which is what they wanted to do. They had accompanied them and the person said "I had a great time."

We talked with one person and asked them what it was like to live in the service. They told us, "It's my home, sometimes I like to go across the road to a coffee morning." When asked if they had noticed any improvements they told us, "It is getting better. Things get done, shopping gets done"

Is the service responsive?

Our findings

People we spoke with who lived at Harlington House told us “The staff are okay, they listen to you” and “Things are more organised since the new managers came. It is lots better.”

At the last inspection in November 2014 we found that care records were disorganised, not always up to date or easily accessible for staff to read. During this inspection we saw that the manager had introduced a new care file format, which had been put into place for all the people who used the service. The manager was updating these with personal input from individuals as time allowed. We were told by the manager that the next staff meeting would be used as the forum to discuss key working, risk and care plans.

We looked at two of the care files for people who used the service. We found that they were written in a person centred way and were specific about what each person wanted to do on a daily basis and what they liked and disliked. We saw that the staff reviewed the care plans with each person who used the service and their input and views were at the centre of any decision making. This was confirmed when we spoke with the people who used the service. They told us about their daily routines and what they liked to do each day and the places they liked to visit. For example, one person said they enjoyed reading and listening to CD’s and DVD’s. Their care file showed they attended college three days a week and liked swimming and going out to the shops or to the park each day.

Some people who used the service had medical conditions that required close supervision and support to maintain their health and wellbeing. Individuals could present with anxieties and behaviours that challenged the staff and others living in the service. Each of the care files we looked at had detailed care plans which gave staff clear guidance on how to recognise trigger points and manage these behaviours whilst trying not to restrict the person’s freedom and liberty. The care files we looked at had been signed by the person using the service to say it has been discussed with them. The care plans and risk assessments we looked at had been reviewed regularly and updated as needed.

When we spoke with staff they said that they spent time with people finding out what they wanted to achieve. When we talked with one person who lived at Harlington House

they explained that a member of staff had created a behaviour chart for them to support them to identify things that they wanted to do and places to go as a reward for managing their behaviour. We were told that they had had a difficult time on the day before the inspection and had tried to leave the service unaccompanied, although they had a DoLS in place. They said that staff were working with them to have an improved day and work towards specific goals. We saw that they had been supported to clean their flat and went out with a member of staff shopping during the afternoon. One of their goals was to have a hamster which they would look after in their flat.

A second person, who staff told us had been not having a positive time in the days before the inspection, was supported to visit their parent the previous day on their birthday and to go shopping for new clothes and out for lunch. They appeared happy and cheerful and said that they had had an enjoyable day. A third person we spoke with told us that they had discussed with staff a holiday to London, but it was agreed with them that due to mobility issues it might not be the easiest place to visit and so was now planning a three day break to Blackpool. They said that they were looking forward to this and enjoyed the fairground rides. We spoke with the staff member who was arranging the trip. They told us, “I absolutely love my job.”

People who used the service were supported to take part in a number of hobbies and interests or just enjoy time outside the service. We observed people who used the service going out to the shops with staff and saw other people sitting out in the garden area between the two units; the manager told us that this area had been renovated since the last inspection. One person was sweeping up in the garden during the day. Staff explained that this person enjoyed working outside and spent time doing small jobs. We saw that the small garden at the back of the House had a planted area, a seating area and grass. One person told us that they had helped to create this and enjoyed sitting outside when the weather was good.

All the people we spoke with said that they would talk with the manager if they had any complaints. They said that they felt listened to and they believed that the managers would try to help them. One person had complained that they thought people were coming into their flat whilst they were out. They said that when they talked with the managers they immediately changed the code on their flat door and made a rule that only the managers and night

Is the service responsive?

staff could go into the flat if the person wasn't there. Another person told us, "Someone would help me to make a complaint, if I had a problem." They were clear about who they could complain to saying, "The managers, a lady and a man, or my social worker or a nurse or an advocate. Their private number is in my diary in case anything goes wrong."

The registered provider had a complaints policy and procedure on display in the entrance hall of the Lodge. This was available in a pictorial format to make it accessible for

people who used the service. There was also a copy of the service statement of purpose and service user charter available which meant people knew what they could expect from the service in terms of facilities and support. Checks of the complaints log showed that three complaints had been received and dealt with by the manager in 2015. The issues were well documented and good records were kept of all the actions taken to resolve the complaints.

Is the service well-led?

Our findings

At our last inspection on 6 and 11 November 2014 we found that care records were not accurate or well maintained and that the service did not have robust monitoring arrangements to ensure the service was well run and risks to people who used the service were identified and dealt with appropriately. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 30 April 2015 we found that the registered provider had followed the action plan they had written following the 6 and 11 November 2014 inspection. Sufficient improvement had taken place to meet the requirements of Regulation 17: Good Governance.

At the time of this inspection on 30 April 2015 there was a manager working in the service who had been in post since February 2015 and who was still getting to know the staff and people who used the service. The service had not had a registered manager in post since July 2014 and failure to have a registered manager could lead to CQC taking enforcement action against the registered provider. We spoke with the registered provider at this inspection, informing them that continuing without a registered manager would be a breach of a condition of their registration. We continue to monitor this situation.

The manager was aware of the need to involve staff and people living at Harlington House in the development of the service. This included meeting and talking with staff and people who used the service and supervising staff on a day to day basis. We found from talking to staff and people who used the service that they were able to voice their opinions of the service. However, the meeting minutes had not been typed up and were not available for inspection.

Staff and people who lived in the service told us that they felt that the new manager was making a difference to the service. People said that they felt listened to and that they believed the manager would take action about issues if brought to their attention. One staff member said, "It's a lot better, we get more support from the new management, everyone's getting together, everything's being explained to us." Another staff member told us, "The manager is turning

this place around. I can't fault their dedication, they're really easy to talk to, they speak with people using the service and they can talk to people exactly how they need to be spoken to."

There was evidence that the manager had developed a more open and listening culture within the service, to ensure the service provided was person centred and not run for the benefit of the staff but for people who lived in the service. Where issues had been identified around poor practice, or where staff had expressed a lack of knowledge or confidence in their role, we found the manager had given the person supervision and created an action plan setting out what the individual member of staff needed to do and what support they required to be able to improve. More frequent supervision sessions were then held to offer support and follow up the action points. This demonstrated the manager's commitment to improving staff skills and raising standards of care. Staff told us they were well supported by the manager and took part in supervision meetings.

We asked the manager how staff were supported on a day to day basis to do their job and the manager told us "There is a handover meeting every morning and we have daily allocation sheets and generally keep an eye on things." The manager said that they were improving standards in terms of running the shifts and walked round daily to check that the House and Lodge were clean, that daily task sheets had been completed and that standards were being maintained. We saw that records and documentation within the service had been reviewed and updated where needed. The manager had introduced a new care plan format that was person centred and more user friendly. Improvements had been made to medicine records, staff files, staff training plans and the quality assurance system.

We observed that people were supported to develop links with the local community. One person told me that they enjoyed visiting the local church hall opposite the service and attending the coffee morning there. Other people said that they enjoyed visiting York and also using the local shops to buy food.

The manager spoke to us about their progress in ensuring all staff were aware of potential risks that may compromise quality. The manager explained that some training had been planned for May 2015. The manager said that they would take staff back to basics and make sure that all the training was well understood by staff. The manager

Is the service well-led?

explained that they had not fully documented individual practice (competency records) but were planning to do so in the future. The manager explained that a staff meeting was planned for the week following the inspection where they would be explaining the role of the key worker and how they wanted this to work for people who lived in the service.

The manager was aware that the audit process could be more robust and had to cover all aspects of the service. We saw during this inspection the positive progress being made with regard to staff training, supervisions, care plans, infection control and person centred care. We saw completed audits for the medication system which showed the manager was in the process of auditing all of the medication records and reviewing these with the GP practice. Medication which was no longer being taken by people but still listed on the MAR sheet had been noted by the manager in preparation for discussion and review.

We saw that a health and safety audit was completed in January 2015 by the operations manager. The main issues highlighted were a lack of staff training (now completed), a fly screen was to be fitted to kitchen window (later found not to be needed) and a control of substances hazardous to health (COSHH) list of products used in the service was required. There was no evidence that this had been done such as a signature and date for completion. The manager told us this was still outstanding.

Satisfaction questionnaires were sent out by the service in January 2015 and the registered provider received two staff responses and 10 from people who used the service. Three health care professionals and two relatives also responded. Their responses to the questions rated the service as adequate or poor at that time. However, we saw that a lot of work had been done by the manager since January 2015 to improve and develop the service. We saw no evidence that the results of the satisfaction questionnaires had been analysed or that an action plan had been created. This meant the manager could not easily show how the changes they were making were in response to this feedback and demonstrate how the issues raised were being resolved.

We spoke with the manager and the registered provider at the end of this inspection and discussed the need for their quality assurance system to demonstrate how the service was using the information being gathered to improve practices and the quality of life for people living at Harlington House.

We recommend that the service considers current best practice on quality assurance systems and takes action to update their practice accordingly.