

North Yorkshire County Council

North Yorkshire County Council - 80 High Street

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection was announced and took place on 5 August 2016. At the last inspection in April 2014 we found the service was meeting three out of five regulations we assessed. The service was not meeting the following regulations; consent to care and treatment and assessing and monitoring the quality of service provision. We followed this up with an inspection in August 2014 and found the service had taken action to make improvements and was meeting the regulations.

The service offers short breaks to people with learning disabilities and autism. It provides personal care and accommodation for up to seven people. In total 15 people accessed short breaks at the service on a regular basis.

At the time of our inspection there were four people staying at the service. Three people were on a planned short break and one person had come to stay due to a family emergency.

The service had 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 2008 and associated Regulations about how the service is run.

The service had completed some detailed best interest decisions to ensure people received effective care. However, we did not see evidence of mental capacity assessments to show why people lacked the ability to make their own decisions. This meant the service was assuming people lacked the capacity to make a decision without following the principles of the Mental Capacity Act 2005 (MCA). DoLS were appropriately referred for. We have made a recommendation about following the principles of the MCA.

The registered manager and staff team knew how to protect people from avoidable harm. Staff were aware of the different types of abuse and how to report concerns to ensure these were investigated effectively. Staff were aware of individual risks to people and what they needed to do to keep people safe.

There were sufficient staff to keep people safe when the service was open. However, due to challenges of staff recruitment and retention the availability of the service had reduced and this had caused some concern for families and the staff team.

Medicines were safely managed. The staff team had received regular training to ensure they were competent to administer people's medicines.

Staff were provided with a detailed induction and had access to a range of training. This training covered standard training topics and more specialised training was provided, based on the needs of people who stayed at the service.

People's food preferences were taken into account and adapted crockery and cutlery was available to support people to be as independent as possible.

Although the environment was not purpose built it was evident the needs of people who stayed at the service were taken into account. For example specialist equipment and adaptations had been made to support people.

Staff knew people and their families well. This meant they were able to deliver care which ensured people's preferences were met. Staff respected people's dignity and privacy. All of the staff we spoke with said they would be happy for their relative to stay at the service.

People were supported to be as independent as possible. The service had a separate living area which could be used to support people to develop daily living skills such as cooking, cleaning and laundry.

Care plans provided staff with detailed information about each individual, what was important to them and how they would like to be supported. The service responded to people's changing needs and sought advice and support from relevant health and social care professionals.

People were supported to access a range of activities. Staff arranged events at the service and invited a variety of community resources to raise the profile of the service. The provider sought the views of people who used the service and their relatives and took action in relation to suggested improvements

The registered provider had a complaints policy in place and people we spoke with knew how to raise concerns and were confident these would be investigated and resolved. The service had systems in place to evaluate the service and to ensure quality care was provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People and their relatives told us they felt safe. The registered manager and staff team understood how to safeguard people from avoidable harm.

There was sufficient staff available to ensure people were provided with safe care. Adjustments had been made to opening hours to make sure the service remained safe during a period of staff shortage.

Medicines were safely managed. The service had robust plans in place to ensure people would be safe in an emergency.

Staff were able to provide detailed information about identified risks to people who used the service and what action they needed to take to manage these risks.

Is the service effective?

Requires Improvement ●

Some improvement was required to ensure effective care was provided.

Although the service was considering what was in a person's best interests they had not completed assessments of people's ability to make their own decisions.

Staff were provided with a thorough induction before they started to support people. Ongoing training was available and staff told us they were supported by seniors and the registered manager.

The service had strong links with health and social care professionals which meant people's health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff knew people and their families well. This meant they were able to provide care which was based on people's individual preferences.

People's confidentiality was respected and staff delivered care which ensured people were treated with dignity and respect.

The service supported people to be as independent as possible by developing life skills.

Is the service responsive?

Good ●

The service was responsive.

The service was responsive and flexible to people's individual needs. Detailed assessments were completed before people used the service. New people were supported to spend time at the service getting to know staff and the environment.

People's care plans were detailed and provided staff with the guidance they needed to deliver responsive care. People's likes and dislikes were recorded within their care plan.

Complaints were responded in line with the provider's procedures.

People and their relatives were asked to give feedback on the service and suggested improvements were implemented.

Is the service well-led?

Good ●

The service was well-led.

Staff felt supported by the registered manager. Staff meetings took place on a regular basis which enabled the staff team to contribute to the running and development of the service.

The registered provider completed regular audits of the service to assess that high quality support was being provided.

The service had effective systems in place to monitor the quality of care being provided. There was an open culture and a desire to continually improve the service.

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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 5 August 2016 and was announced. The provider was given 72 hours' notice because the location provides a short stay service to give people and their carers a break and we needed to be sure that the service would be open.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service, this included reviewing notifications we had received. A notification is information about important events which the service is required to send to the Commission by law.

We contacted the commissioning and contracts officer for the service. They had not visited for some time but shared their last assessment visit record with us. We used this to inform our inspection planning.

During the inspection we spoke with the registered manager, a team leader, member of domestic staff and a support worker. Following the inspection we spoke on the telephone with a further three support staff and two team leaders.

We spoke with two people who used the service and because not everyone could tell us their views we spent time observing interaction between people and care staff. We spoke with three visiting relatives. Following the inspection we spoke on the telephone with one relative.

We carried out a tour of the premises which included communal areas and bedrooms. We reviewed four people's care plans and associated records. We looked at medicine administration records.

We reviewed records associated with the running of the service such as staff files, audits, rota's and staff meeting minutes.

Is the service safe?

Our findings

We saw people looked relaxed and at ease in the company of staff. A relative told us, "[Name] is safe and well looked after here." Another relative said, "[Name] is safe and we completely trust the staff team."

Staff demonstrated a good understanding of how to safeguard people who used the service. They were aware of the types of abuse and how to report concerns. Staff had received up to date safeguarding training. They told us they would always share any concerns with the registered manager and they were confident the registered manager would take their concerns seriously and take the action required to keep people safe.

Since our last inspection the service had notified the CQC of one safeguarding incident. This had been investigated and lessons learnt had been shared with the staff team. The registered manager told us one outcome of the investigation had been recognition that there was a need for training for staff in a specific area of care. The registered manager advised they were awaiting approval for this training to be delivered. This demonstrated an open approach to responding to and learning from concerns. It meant people and their relatives could be assured the service would take forward any improvements required to ensure people received safe care.

All of the staff we spoke with had a good understanding of people's individual needs and how risks should be managed. We saw evidence of detailed risk assessments and risk management plans in place in people's care files. For example one person was at risk of harming themselves whilst shaving and there was a clear plan for staff to follow to keep the person safe.

Some people who stayed at the service had epilepsy and we saw clear protocols in place for staff to follow should individuals have a seizure. The protocols included potential triggers for seizures, along with pre seizure signs to ensure staff were alert to the potential risks to people. There was step by step guidance for staff to follow during a seizure and this had been developed and signed by the person's parents, doctor, support staff and the registered manager. This meant staff were provided with detailed guidance to keep people safe.

Although risks were managed well, we saw one person who had recently started to stay at the service did not have a formal risk assessment in place. Throughout the person's care file there was reference to behaviours the person had which placed them at risk of harm. All of the staff we spoke with were able to describe the risks for this person and the support they needed to provide to keep them safe when the person was staying at the service. We spoke with the registered manager who agreed to ensure there was a formal risk assessment and risk management plan in place prior to their next stay.

The registered manager advised the service had sufficient staff to ensure safe care. However, the service had encountered significant challenges in recruiting and retaining staff over the last 12 months which had resulted in a reduction in the opening times of the service. This had an impact on people and their families as the service could not guarantee they would be open on the specific dates people required. The registered

manager told us people had been offered short stays at other NYCC run services.

Staff we spoke with confirmed there was always a safe number of staff on duty to meet people's needs. However, they described the frustration they felt at the service not being able to operate seven days a week. We were told this had affected staff morale. The registered manager discussed the work they and NYCC had done to recruit new staff and they felt the situation was improving.

Although the situation with staffing levels had meant the availability of the service had reduced, this had been necessary to ensure a safe service.

The service had effective systems in place to ensure people were recruited safely. We looked at staff files and saw completed application forms and interview records. Appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

Accidents and incidents were recorded and analysed by the registered manager and their line manager. There were two accidents recorded since our last inspection and no serious injuries had been sustained. There had been two incidents of missed medicines. There was a record of action taken to avoid future incidents. This demonstrated a commitment to learning from incidents and improving practice.

Medicines were safely managed. People's medicine was booked in when they arrived and there was a record of what they returned home with. This meant that any medicine errors could be identified and resolved in a timely manner. Medicines were stored in a secure cupboard in a locked medication room. The system was clear and easy to follow. We saw the service had a separate locked cupboard for controlled drugs. The registered manager told us no one who was currently staying at the service required controlled drugs.

The team leader explained some people were able to manage their own medicines and in these instances the medicines were kept in a locked cupboard in the person's bedroom.

Personal Emergency Evacuation Plans (PEEPs) had been completed for each person and contained detailed information regarding the level of support people would need in an emergency situation. These were located centrally in an emergency file and this meant they were easily accessible. In addition to this, at each shift handover, there was a record of which member of staff was responsible for any emergency evacuation during each shift. This meant that people who used the service could be assured staff had a clear plan of what they needed to do in an emergency.

Essential safety checks such as gas and electrical safety had been completed. This meant people, staff and visitors could be assured the environment was safe. Fire drill practices took place four times a year to ensure staff knew what to do in an emergency and the fire alarm was tested weekly. However, some safety checks which had been identified as being required to be completed weekly and monthly were not up to date. We spoke with the registered manager who assured us they would rectify this.

Is the service effective?

Our findings

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 are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there was one person who had an approved DoLS and the service had applied for a further 11 authorisations. These applications were awaiting consideration by the authorising body, North Yorkshire County Council.

Although we saw some good evidence of best interest decision records the service had not completed the required mental capacity assessments to show why people lacked the capacity to make their own decision. A best interest decision is taken on behalf of someone who is unable to make their own decision, the person and those involved in their care should contribute to the decision. This meant that best interest decisions were being made on the assumption the person was unable to make the decision. In addition to this a number of people had protective measures in place which meant the service should have applied for DoLS. The registered manager told us they were aware this was an area of work which required improvement.

We recommend the service follows the MCA code of practice when assessing people's capacity to make specific decisions.

Despite this we saw staff talk with people about how they wanted to spend their time and staff routinely sought consent before they provided support to people. Records held information about obtaining consent. For example, in one person's care file we saw the following statement, 'Staff must ask [name] for permission before unpacking [name's] bag.'

All of the staff we spoke with said they felt well supported by the registered manager, team leaders and staff team as a whole. Comments included, "The manager will listen and is supportive. If it is possible they will try and resolve issues" and, "I have had a lot of support from the team. All of the team leaders have offered to support me and the manager is very approachable and accessible."

We received some mixed feedback about the induction process. One member of staff said, "The induction and support I have received has been excellent. I have been supported to provide safe support to people." However, another member of staff described feeling frustrated about the lack of structure involved in their ongoing development. They said, "I've been supported. There has been no pressure to complete tasks until we've been trained. But monitoring the completion of the Care Certificate has been a bit patchy."

Staff had access to a range of training offered by North Yorkshire County Council. Staff accessed on line

training accounts and an alert was sent to the registered manager when a refresher was due which helped ensure that training was kept up to date. In addition to mandatory training on topics such as moving and handling, fire safety, safeguarding and infection control, staff accessed training based on the needs of people who used the service. This included epilepsy training and specialist training to feed people via percutaneous endoscopic gastrostomy known as a PEG. This is a tube which goes directly into the person's stomach when it is unsafe for them to swallow food. This meant people who used the service could be assured staff had the skills and knowledge required to meet their needs.

Staff told us they had access to regular supervision with their manager. Team leaders and the registered manager carried out supervision. Supervision is an opportunity for staff to discuss any training and development needs and concerns they have about the people they support, and for their manager to give feedback on their practice. This demonstrated a commitment to ongoing monitoring to ensure people were provided with effective care.

The registered manager explained they were in the process of arranging annual appraisals for each individual member of staff.

The service worked effectively with health and social care professionals which ensured effective care was delivered. For example one person had fluctuating mental health needs. They had a detailed care plan which provided staff with guidance about the signs of deterioration in their mental health. This had been developed with the person, health care professionals and support staff. We saw staff had sought advice and support for the person as required. This meant the service supported the person to stay well.

Some people had complex support needs in relation to nutrition and hydration and staff had received the training required to support people. Protocols and risk management plans had been developed by the service in conjunction with relatives and health care professionals. These provided staff with detailed information about how to meet people's nutritional needs.

Each person had been asked about their likes and dislikes regarding food and drink and these were recorded in their care files. People had access to adapted cutlery and crockery to enable them to eat independently and individual needs were taken into account. For example in one person's care file it referred to noisy meal times being stressful for the person and suggested staff assisted the person to eat on their own or in the garden. This meant the service had taken into account people's individual needs in relation to eating and drinking.

The kitchen had received a five star rating for cleanliness and hygiene. This had been completed by NYCC environmental health team and this is the highest available rating.

Although the environment was not purpose built, it was clear that consideration had been given to the needs of people who used the service. Some of the bedrooms had ceiling track hoists and special beds. One of the bathrooms had a closimat toilet. This toilet washes and dries people who would otherwise require assistance of staff and promotes people's independence and dignity. There was a wet floor shower room and an accessible bath for people to enjoy.

The décor was neutral and people were encouraged to bring items to personalise their rooms during their stay. There were pictorial signs around the service to support people to understand their environment. The registered manager explained a multi-sensory room was being developed to support people with sensory needs.

Is the service caring?

Our findings

All of the people we spoke with described a caring service which was committed to providing a supportive environment for people who used the service and their families. People were supported by staff who were familiar to them and who they trusted.

Relatives we spoke with described the service as being an integral part of the community. They said their family members attended nearby day care services and children's services were also located nearby. Some support staff had previously worked at other NYCC learning disability services. This meant people were familiar with staff and the service was located within their community. This was important for people and their families as it meant there was a consistency of care.

Support staff knew people well and could support them to make their own choices based on their knowledge of their likes and dislikes. A member of staff said, "It's a very caring place, staff know people very well, they know people's personalities and quirks." They told us staff worked hard to ensure care was tailored to each individual's needs.

People were treated with dignity and respect. We saw one person became tearful in the communal area. Staff spoke to the person and they went to their room to find out why they were upset. This was carried out discreetly and the person later came back and joined in an activity.

A member of staff said, "We give a good service. Our philosophy is, 'Would this be good enough for our own family?'. We make sure it is." All of the staff we spoke with said they would be happy for a member of their family to use the service and would recommend it to others. One member of staff told us, "I wouldn't hesitate to have a family member stay here. I know they would be safe and they would be respected by all of the team." Another said, "We want people to enjoy their stays."

People's religious beliefs were taken into account when developing care plans. For example one person had a record to say they declined to have a specific medical treatment as a result of their religious needs. We saw this was clearly recorded within their care plan and they carried a card which recorded this for when they were out of the service with staff. This demonstrated the service recognised and respected diversity.

One member of staff we spoke with explained how they supported individuals and their families. They gave us an example of one to one emotional support they had provided to a parent whose family member's needs had changed. A member of staff said, "We want people to enjoy their stay with us. It's so important for families because it gives them that break." All of the relatives we spoke with said they would recommend the service.

The service had an area referred to as the 'bungalow'. This area had a kitchen which people could use to develop their independent living skills. Staff explained this provided a 'stepping stone' for people wanting to move towards independent living. The registered manager told us one person had been discharged from hospital and spent a significant time at the service developing skills such as cooking, cleaning and laundry.

This had enabled the person to build their confidence.

Care records focused on people's emotional well-being as well as their physical care needs. Records were stored confidentially. Staff had received up to date training on confidentiality and equality and diversity.

Is the service responsive?

Our findings

People received support which was personalised and responsive to their needs. A comprehensive assessment was carried out before people accessed the service for short breaks. The service supported young people in the transition stage from children's to adult's services. Families described this as a responsive process. One relative said, "Support staff from 80 High Street visited [name] at the children's respite service and spent time shadowing support staff. They spoke with us and came to [name's] reviews at school to get to know them."

Families told us they were involved in the development of care plans. One person said, "[Team leader] came to [Name's] reviews at school. They developed the care plan and then we all went through it together. I suggested some changes and these were made. It's been an easy transition." This demonstrated effective partnership working to ensure people's needs were fully assessed and care plans reflected their preferences.

We saw information about what was important to people in their care plans and this included a detailed account of people's likes and dislikes. Support staff told us they had time to read and update care plans. We saw there were detailed daily records to ensure staff who had not been on duty knew how people were. A number of people who used the service had a communication book which staff completed so that their relatives, or other support services, knew what they had been doing and how they had been. This was an essential communication aid for some people as they accessed a variety of different support services.

The registered manager explained that as the service offered short stays to give people and their carers a break they often had different people staying at the service. They told us consideration was given to each individual's needs when planning stays to ensure people were compatible. Staff told us they took time to review people's support plans before every stay as their needs may have changed since their last visit. A relative told us, "The service is responsive and flexible. They try their best to make sure our family is well supported."

Care plans provided staff with essential information about all aspects of people's lives and there was clear guidance for staff about the support individuals required. Reviews involved people and their families and took place on a regular basis.

Some people required specific communication aids. We saw a number of people used a picture exchange communication system (PECS) to communicate. This provided an alternative to verbal communication. PECS cards were readily available in people's care plans to ensure staff could access these each time they stayed. Clear guidance was provided for staff about how best to use these to support each person's communication.

We asked the registered manager how they sought feedback from people and their families about the service. They explained each time a person stayed at the service they completed a questionnaire about their experience. We saw copies of the questionnaires which were in an easy read format to enable people to share their views as fully as possible. The registered manager explained some people were supported to

complete these with their key workers. In addition to this the service sent an annual questionnaire to relatives to seek their feedback. Overall feedback was positive. However, a number of families had raised concerns about the lack of Wi-Fi (internet access) within the service. Following this feedback the service had arranged for Wi-Fi to be installed and had also purchased some hand held tablet computers for people to use. This demonstrated the service listened to and responded to people's feedback and sought to improve the service they provided.

People had access to a range of activities. We saw two people enjoying a game of pool during our visit. They told us they were enjoying this and were keeping score to see who would win the mini tournament. There was a secure garden which people could access and a sensory garden had recently been created. We heard that people enjoyed spending time in the garden and that they ate outside when the weather was pleasant. A relative said, "[Name] loves using the I-pad and listening to music, playing pool or socialising with staff."

A member of staff spoke with us about the work they had done to raise the profile of the service in the local community. They explained they had organised social events for people and their families and invited local community services such as colleges, schools, a hospice and voluntary services to attend. The aim of this was to ensure people knew about the services they offered and to work with other resources to support people's needs.

The service had an up to date complaints policy which was provided to people and their families. Since our last inspection the service had received two formal complaints. Both of these were related to concerns about the reduction of the service due to the staffing issues. The complaints had been responded to in line with the organisations policy. One relative we spoke with told us, "We are certainly listened to at a service level. I'd most definitely recommend this service to people."

Is the service well-led?

Our findings

The service had a mission statement which read, "We aim to provide an environment where individuals are free to express themselves, make choices and build upon skills for independence during their stay." We saw evidence of this throughout our time at the service.

The registered manager was open about the strengths of the service and areas for development. They explained they were currently meeting with each member of staff individually to explore how they were feeling about the staffing challenges the service had faced over the last 12 months. The registered manager was keen to support staff to improve morale. They told us, "I have a loyal staff team who go that extra mile; they're very committed and have been very flexible."

One member of staff we spoke with said, "There have been a lot of changes over the last few months. Staff are shattered because they have kept it running as much as they could with the staffing difficulties we have faced. It's getting better and once the team beds in it will improve how we run the service."

Staff meetings took place on a regular basis. We saw records of the meetings which provided an overview of the discussions which had taken place. Staff told us they felt able to contribute to the meetings and put forward ideas about the development of the service. The provider had suggested a new format to record the meetings which meant that there was a list of actions along with the name of each person responsible to deliver them. We saw this template had been used at the last meeting. This demonstrated the registered manager was open to suggestions to make improvements.

The registered manager told us they felt well supported by their manager, who they met with monthly to review all aspects of the running of the service. They followed up on actions identified at the previous meeting which showed the registered manager was supported to work towards service improvement. In addition to this the registered manager explained the provider facilitated registered manager meetings which they attended. Recently a sub meeting had been set up to focus on supporting managers running short stay services. This meant there were systems in place to support registered managers to share good practice and developments within the service.

The service has recently received National Autistic Society accreditation. The NAS accreditation provides autism specific quality assurance and aims to continuously improve service provision for people with autism. This project had taken three years to achieve and the registered manager explained the staff team had worked really hard to provide the evidence required to achieve this status. They told us this had helped with morale across the service. This demonstrated a commitment to ongoing service improvement.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Policies and procedures were up to date and provided staff with good practice guidance.

There were effective systems in place to monitor the quality of the service delivered. We saw clear evidence

of audits completed by the registered manager and delegated staff. These included audits of medicines, mattress, care plans and accidents and incidents. When audits had been completed by staff we saw evidence that the registered manager had reviewed these and signed them off. This meant the registered manager had oversight of the service.

The registered manager understood the responsibilities of their registration with the CQC. This included the reporting of significant events to us, such as safeguarding incidents, in accordance with the requirements of their registration.