

North Yorkshire County Council

North Yorkshire County Council - 5 Whitby Road

Inspection report

5 Whitby Road
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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

North Yorkshire County Council 5 Whitby Road is a care home providing personal care for up to 40 older people, some of whom are living with dementia. At the time of the inspection, 35 people lived at the service. There are two separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia.

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

People told us they enjoyed living at the service and felt safe. Support was provided by a consistent team of staff who had a good understanding of people's care and support needs. Staff were visible around the service and it was clear positive, caring relationships had been developed.

Systems were in place to monitor and improve the service, but they had not always been effective. Some systems and records could have been developed to further drive improvement.

Improvements had been made to the recording and administration of medicines. Medicine support was now delivered in a safe way. Safeguarding concerns had been referred to the local authority when required. Risks to people were considered and any accidents and incidents were closely monitored and recorded.

People were looked after by staff who had the skills and knowledge to carry out their roles. Staff communicated effectively with relevant professionals to ensure people received healthcare support they required. People were provided with a variety of meals which they told us they enjoyed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in decisions and their choices were respected. Information was presented in a way people could understand.

People had opportunities to take part in stimulating and enjoyable activities. Consideration was given to people's specific interests and how participation within the local community could be encouraged. Care plans were person-centred which ensured support was provided in a consistent way that was led by people.

People and staff spoke positively of the management team. The service was well-run by a registered manager who was passionate about ensuring people received the support they required and engaged with the community. Regular feedback on the service provided was requested from people and relatives.

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

Rating at last inspection

The last rating for this service was good (report published 12 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

North Yorkshire County Council 5 Whitby Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work within the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with seven people who used the service and one relative. We spoke with six members of staff, which included care staff, an independent living facilitator, deputy manager and the registered manager.

We viewed a range of documents and records. This included four people's care records and multiple medication records. We looked at two staff recruitment and induction files, four staff training, and supervision files and a selection of records used to monitor the quality and safety of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also received updates from the registered manager with regards to action taken to address any shortfalls following the inspection site visit.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on 'as and when required' medicines and prescriber instructions and act to update their practice. The provider had made improvements.

- Medicines were stored, administered and recorded appropriately.
- Improvements had been made to ensure all 'as and when required' and topical medicines, such as creams, had clear administration guidance in place.
- People told us they received their medicines on time. Staff had received appropriate medicines training and their competencies were assessed.

Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce risks to people.
- Regular reviews of risk assessments, to ensure they remained up to date, were completed but not always recorded. The registered manager took action to address this.
- All equipment had been serviced at required intervals. Timely action had not always been taken when shortfalls were found. For example, water temperatures were recorded as being above the recommended limit in June 2019, but no action had been taken to address this. The registered manager addressed this during the inspection process.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to ensure any safeguarding concerns were appropriately recorded and responded to.
- Staff understood how to respond and report any safeguarding concerns. They had received regular training and demonstrated a thorough awareness of their responsibilities.
- People told us they felt safe. One person said, "I love it here. I feel 100% safe and content in these surroundings."

Learning lessons when things go wrong

- Accidents and incidents had been recorded. A system was in place to monitor accidents and incidents and identify any patterns or trends.
- Any 'near miss' incidents were also recorded, reviewed and evaluated to help prevent further occurrences.
- The provider has a number of registered services. They shared any lessons learnt with the wider staff team to promote continuous improvements.

Staffing and recruitment

- A safe recruitment procedure was in place and followed. This ensured suitable staff were employed.
- There was enough staff on duty to provide the support people needed. Staffing levels were reviewed on a regular basis.
- People told us there was enough staff. One person said, "There is always staff around. They are busy but whenever I need anything they are on to it."

Preventing and controlling infection

- Good infection control practices were in place and followed.
- The service was clean and tidy throughout. Domestic staff were visible throughout the inspection.
- Infection control audits were completed regularly to ensure standards were maintained.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service ensured they could meet people's needs. Pre-admission assessments were completed by a competent member of staff before a person was admitted to the service.
- People were involved in making every day decisions and choices about how they wanted to live their lives.
- Staff continuously assessed people's needs and choices. Good communication between staff and people ensured these needs and choices were met; records had not always been updated to reflect this.

Staff support: induction, training, skills and experience

- Care and support was provided by staff who had the appropriate training, knowledge and support from management to ensure they had the required skills and followed best practice guidance.
- New staff received a thorough induction. This ensured they were familiar with the provider's policies and procedures, the environment and people they would be supporting.
- Staff spoke highly of the registered manager and the support they received. Comments included, "I get lots of support. We have regular one to one meetings but I can go to them whenever I have any questions or queries."

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

- People were supported to ensure they ate and drank enough. Relevant professionals had been contacted when concerns were found, and professional guidance was followed.
- People were provided with a variety of meals and refreshments throughout the day which were adapted to meet people's preferences and dietary requirements.
- People enjoyed the meals on offer. Comments included, "The food here is lovely. Plenty of choice and we get asked if we fancy something different."

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

- The service had links with the local GP practice who visited the service. Regular visits from other professionals ensured people received the support they required, and their health needs were met.
- Care plans showed advice from professionals was acted upon.

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

- Consideration had been given to people's mobility needs and cognitive impairments to ensure the design and décor were suitable. For example, flooring was non-patterned and appropriate lighting and signage was

in place.

- People's bedrooms were personalised to their own tastes. People had been consulted when communal areas required refurbishment.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had made appropriate applications to deprive people of their liberty lawfully.
- Where people lacked capacity to make decisions, appropriate processes had been followed to ensure any decisions were made in the persons best interests.
- Where appropriate, people signed their care records to document that they consented to the support staff provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were attentive to people's needs. There was a relaxed atmosphere; positive, caring relationships existed between people and staff.
- People told us they were all treated equally and felt there was no discrimination from staff.
- People told us they were supported by a consistent team of staff. One person said, "There has been a few new staff recently, but I know them all well now. I think of it as my little family."
- Staff demonstrated a friendly approach which showed consideration for their individual needs. They communicated with people in a caring and compassionate way. They gave time for people to respond and responded to people's requests in a timely manner.
- People were supported in a homely environment where visitors were welcomed. We observed staff welcoming relatives and taking time to speak with them. One relative said, "Staff are wonderful here. They know me well and even take the time to speak to me when we pass in the street."

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

- Staff respected people's wishes and choices they made and provided guidance to ensure they remained safe. One person said, "I choose what I want to do and when I want to do it."
- People were supported to live according to their wishes and values and had access to advocacy support if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known.
- Staff understood the importance of ensuring effective communication was promoted. Private spaces were available, so people could speak openly with staff in a confidential environment.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with kindness and respect.
- Staff respected people's privacy and dignity and understood people's abilities which were promoted.
- Staff ensured any obstacles due to mobility or health needs were addressed to allow people to remain as independent as possible. For example, sourcing adapted cutlery so people could manage meals without support from staff.
- The registered manager and staff showed genuine concern for people who used the service. Positive, meaningful relationships had been developed.
- People were encouraged to maintain relationships and build new friendships. Staff ensured people and any visitors were included in activities and general discussions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place in relation to their assessed needs which contained person-centred information. Care plans in relation to behaviours did not provide staff with enough information; for example, what action to take if a person became distressed. We discussed this with the registered manager who took immediate action to address this.
- People were encouraged to discuss their care to ensure person-centred support was provided. Discussions with staff evidenced they were aware of people's preferences.
- People's life histories were recorded. Staff told us this helped them stimulate conversations with people.
- Staff were responsive to people's needs. One person said, "I just love it here. I know I can't be in my own home and this is the next best thing. Staff know me as well as my own family. Nothing is ever too much trouble."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in a way that people could understand.
- Staff were familiar with people's communication needs. Information recorded in people's care plans did not always reflect this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a wide variety of activities on offer to suit people's preferences and abilities.
- An 'independent living facilitator' who was responsible for the planning of activities was passionate about ensuring people were able to integrate in community events.
- People were in control of the activities timetable. Future activities were planned to increase social interaction with people from other services, to encourage people to build their friendship circles.

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns or complaints.
- A complaints policy and procedure was in place and on display in the service.
- There had been no formal complaints made; the registered manager was familiar with the process to

follow should a complaint be raised.

End of life care and support

- Staff had completed end of life training and spoke passionately about ensuring people's last days were spent according to their wishes.
- The service had good links with a local hospice; further staff training in end of life care was planned.
- Care plans in relation to end of life care and support were basic. Discussions with people and relatives were ongoing to ensure people's preferences were fully recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant governance systems and processes in place were not always effective.

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

- The quality assurance process in place had not always been effective in highlighting shortfalls. For example, care plans did not always contain enough information and risk assessment reviews were not always recorded.
- Governance systems required further development. Checks were not in place for areas such as food and fluid charts and water temperature checks to ensure they had been completed appropriately. The registered manager took action to implement these following the inspection
- The registered manager had implemented a number of improvements since joining the service.
- The registered manager was aware of their role and responsibilities and kept up to date with best practice. They had submitted notifications to CQC as required.
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Regular meetings took place to ensure all staff understood their job description and what was expected of them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and staff spoke positively about the registered managers approach and commitment to the service. One person said, "[Registered manager] is a lovely person. They will do anything for you – they have a heart of gold."
- People and relatives were actively involved in the service. Resident and relatives' meetings took place where they could share their views, provide feedback and any ideas to improve the service. Relative were encouraged to attend events and activities held within the service and in the community.
- The registered manager engaged with everyone using the service and those relatives and professionals involved to ensure the service provided person-centred, high-quality care. People felt listened to and their views were acted on.

Working in partnership with others

- The registered manager continued to build their leadership skills by working with other managers responsible for the provider's other locations, driving forward improvements and sharing best practice.
- Staff had developed good partnership working with other professionals and services.

- The registered manager recognised the importance of community involvement and the positive impact this has on people.