North Yorkshire County Council

Prospect Mount Road

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

This inspection took place on the 12 March 2015 and was unannounced.

The service provides personal care and accommodation for up to 39 people. It is divided into four units; the Homeward Bound unit providing rehabilitation for up to six weeks before people return home or move to another service, Willow, a dementia care unit, a respite unit that takes people who require a break and a day unit. The provider is North Yorkshire County Council. The service is located in Scarborough. All bedrooms are used as single accommodation. The dementia unit has its own secure garden area. There is a car park available for people to use.

There was no registered manager at the service but a new manager had recently been recruited although she had not yet taken up her post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

People told us that they felt safe but assessment of risks to peoples health were not always completed. We have made a recommendation that the service look at guidance around risk management.

Staff were recruited safely but there were periods of staff shortages. On the day of inspection there was a shortage of staff in the evening. To minimise the risks to people who used the service themselves closed the service for any further admissions.

There were procedures in place for staff to follow if they suspected abuse. They could tell us how they would make an alert.

Staff had followed the principles of the Mental Capacity Act 2005 to determine whether people were able to make their own decisions. When they were unable to do so the process for making decisions in a persons best interest had been followed.

We observed that staff were caring and kind and respected peoples privacy and dignity.

Peoples needs were assessed and they had a plan of care which had been reviewed. However people who were living with dementia had been moved to a different unit on the day of inspection to assist staff. We have made a recommendation that the service look at care of people living with dementia and their environment.

There was a complaints policy and procedure and people knew who to speak with if they had concerns.

The quality assurance systems for the service were not effective.This meant that the service was not always gathering feedback from people who used the service and their relatives or checking that the way the service was run was effective. When the service did gather feedback using different methods they did not always learn from that information or use it to develop the service.We have made a recommendation that the service look at good practice guidance around quality assurance in care homes.

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?

Requires improvement

This service was not consistently safe.

People told us that they felt safe but assessment of risks to peoples health were not always completed.

Staff were recruited safely but there were periods of staff shortages. On the day of inspection there was a shortage of staff in the evening.To minimise the risks to people who used the service the service had voluntarily closed to admissions.

There were procedures in place for staff to follow if they suspected abuse. They could tell us how they would make an alert.

Is the service effective?

Requires improvement

This service was not consistently effective.

Staff had followed the principles of the Mental Capacity Act 2005 to determine whether people were able to make their own decisions. When they were unable to do so the process for making decisions in a persons best interest had been followed.

People who were living with dementia had been moved from the unit they were familiar with to another area of the service which could have caused distress and some confusion.

Is the service caring?

Good

This service was caring.

We observed that staff were caring and kind

Staff respected peoples privacy and dignity and people were supported by staff to be as independent as possible

Is the service responsive?

Good

The service was responsive.

Peoples needs were assessed and they had a plan of care which had been reviewed.

There was a complaints policy and procedure and people knew who to speak with if they had concerns.

Is the service well-led?

Requires improvement

This service was not well led. There was no registered manager at the service.

The quality assurance systems for the service were not effective.

Summary of findings

Peoples feedback had not been sought in order for the service to learn and make improvements.

Prospect Mount Road

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 12 March 2015 and was unannounced. The team was made up of one inspector and one expert by experience with experience of care homes and dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

Prior to the inspection we gathered and reviewed information from statutory notifications we had received. We also spoke with the local authority contracting and quality assurance officer.

During the inspection we spoke with six people who used the service individually and a group of three people. We also spoke with two community professionals, five care workers, the cook, the manager and one visitor. We looked at the records of five people who used the service and four staff recruitment and training records. We also looked at records relating to the running of the service such as servicing and maintenance documents, audits and policies and procedures.

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 to us. As part of the inspection we looked at peoples rooms with their permission, communal areas and the kitchen and laundry.

Requires improvement

Is the service safe?

Our findings

One person told us, "The premises are secure and I feel very safe because they won't let strangers in" and another said, "I feel safe because there are staff around and they check on me at night." "The doors are all locked at night" and "I use a call button and they respond in a minute" are other comments we heard.

There were twenty people who used the service on the day of our inspection. The four people who lived in Willow unit which was for people living with dementia had been brought to the respite unit because staff training was ongoing. This meant that during the day there were ten people on the respite unit, seven in the Homeward unit which provided rehabilitation for people and three in the day unit. The service felt calm.

We saw that staff had been recruited safely. We looked at the records of four people who worked at the service and could see that all necessary checks had been carried out before they were employed including a check by the Disclosure and Barring Service (DBS) and two references. This meant that those staff that worked at the service were deemed suitable to work with this client group which in turn safeguarded the welfare of people who used the service.

Staff told us that staffing levels were improving and we observed there to be sufficient staff on duty to meet the needs of the people who used the service for most of the day but later there were some shortfalls. The service had been short staffed and so in order to prevent any risk to people they had not been admitting anyone to the service. We looked at the day's rota and although there was sufficient staff during the day to meet people's needs there were only two care workers working that evening. We were told that the manager was contacting staff from other areas of the organisation to try and cover the shortfall. This meant that some people may not have had their needs met in a timely manner. One person who used the service said when asked if they thought there were enough staff, "Yes and no. I know they are stretched at times. I have used the call bell for myself and once for a man down the hallway who was calling for staff and they came quickly." Another person said, "No, could do with more staff. I have to wait if I call them as they are sometimes dealing with others, can seem a long while when you want the toilet."

There were policies and procedures in place in relation to abuse and whistleblowing procedures. Records showed that staff had received training in safeguarding adults and staff could explain to us what they would do to alert people if they witnessed any abuse and were confident that the information would be acted upon immediately. This helped to ensure that staff were confident in the use of safeguarding procedures which protected people who used the service. There had been no safeguarding notifications relating to people who lived at this service received by CQC.

Risk assessments had been carried out as part of the care planning process including areas such as moving and handling, nutrition, pressure care and falls. However, in some people's records we saw that these outlined the risk but did not always have an associated management plan and in others there was no risk assessment. This meant that although the risk to people's health was sometimes identified staff may not always know how to manage the risk which may result in poor health outcomes for people who use the service. For example one person had a falls risk assessment which stated clearly what the risks were but gave no indication of how they should be managed. Another person was falling regularly on to the floor but had no moving and handling assessment or plan instructing staff how to manage moving him back to the chair.

We recommend that the provider look at good practice guidance around effective risk management

Health and safety risk assessments had been completed and staff had been trained in health and safety procedures. For instance one care worker told us that they had received fire safety training and we observed moving and handling training taking place during our visit. There was specialist equipment available for staff to use when evacuating people. There was a fire evacuation plan and the fire safety equipment had been serviced recently. This meant that people who used the service were protected from the risk of unsafe health and safety practices because staff had received up to date training. Accidents and incidents had been recorded in the service. On the day we inspected we saw a record completed for a person who had fallen.

Medication policies and procedures were comprehensive and covered all areas of medicine management. Staff had received training in administration of medicines and we saw people receiving their medicines from staff safely. We examined the records for medicines and saw a medicine

Requires improvement

Is the service safe?

reconciliation audit had been completed. We looked at records for specific types of medication such as warfarin and saw that they were completed appropriately. We looked at how medicines were stored and found them to be safe. Staff had all completed competencies in administering medication but some of these needed updating.

Requires improvement

Is the service effective?

Our findings

People told us that they were, "Happy with the care they receive" and that "Staff are so friendly." They told us that they liked the homely atmosphere and said there was a, "Contented positive atmosphere."

When we asked if they had an opportunity to be involved in decision making they told us, "I choose whether to go to the sitting room or stay in my room" and, "I choose to get up at 6.30am and to go to bed at 9.30pm, depends if football is on TV."

We saw that where people were unable to make their own choices the service had followed the principles of the Mental Capacity Act (MCA) 2005 to enable people to have as much control over their lives as possible. The MCA sets out the legal requirements and guidance around how staff should ascertain people's capacity to make decisions. The Deprivation of Liberty Safeguards protects people liberties and freedoms lawfully when they are unable to make their own decisions. Capacity assessments had been completed and decisions made in peoples best interests. One person had a decision to move into permanent care made in their best interests. We saw that one person had a relative with Lasting Power of Attorney. One person told us, "Both daughters are involved in decision making."

There were four people living with dementia at this service. They had been brought to the respite unit because a staff training event was taking place. Moving them from the place which was familiar to them may have been distressing and confusing. When we went to look at the dementia unit called Willow we saw that it was a series of rooms off a corridor. There was pictorial signage to orientate people and help them find their way around the unit. People's names were displayed on their bedroom doors with a picture of something that was familiar to them. The use of contrasting colours was used on areas such as toilet seats which helped people to recognise the toilet and help people with positioning.

We found that the lounge was small and cluttered. If the unit was at full capacity it would not have served the needs of everyone. The chairs were pushed tightly around the edge of the room and it was not a space that would contribute to the comfort of a person living with dementia. There was a dining room with a reminder board which showed a menu. This helped to signify that this was the dining room. The tables were round encouraging a family type dining experience to be adopted. The dining chairs had arms giving people something safe to push against when they wanted to stand up. There was a member of staff who was the dementia champion for the service. The service had made efforts to adopt a dementia friendly environment. However, that effort was negated by the fact that the people living with dementia had been taken to another part of the building which did not have these adaptations.

We recommend that the service look at best practice guidance about care of people living with dementia and their environment.

We visited the rehabilitation unit where seven people were receiving care. As we went to the unit we saw that an occupational therapist was supporting someone with walking up and down stairs in preparation for when they returned home. We spoke to the occupational therapist who told us that they and the physiotherapists visit the unit twice weekly. They told us that staff do not provide any physical rehabilitation and staff confirmed this. One care worker told us that they used to meet twice weekly with the physiotherapists and occupational therapists and provide support but their skills have not been kept up to date and so this no longer happens. This means that people who use the unit rely on healthcare professionals for their physical rehabilitation.

Staff had the skills and knowledge required to carry out their roles and when we interviewed them they were able to tell us that they had taken part in an induction when they started working at the service and had received initial training in subjects such as moving and handling, fire safety and infection control. We looked at staff training files which confirmed this. We also saw that some care workers had National Vocational Qualifications (NVQ) at level 2 and 3 in care. These are qualifications gained in the workplace which relate to the work staff were employed to do. Others told us that their skills were not always being updated which meant that staff may not always be aware of current best practice guidance which could affect the quality of the care given to people who use the service.

Staff files we looked at contained supervision records although one person told us they had not had supervision for five months because their supervisor had left the service. These meetings between staff and managers or senior staff encouraged discussions about their

Requires improvement

Is the service effective?

performance, training needs and achievements to date. Staff we spoke with confirmed that they had supervision but not as often as they used to. We also saw records of appraisals being carried out. This meant that staff were supported in their work.

We observed a lunch time period in the dining room and observed one person receiving support with eating and drinking. When asked what they thought of the food people who used the service told us, “Meals are very good, there's plenty to eat, good choice, good home cooked stuff.” One person told us, “Tea, squash and Horlicks is offered” and another said, “Food is fine. We get two or three choices, food is hot.”

We asked people if they had a choice of what to eat. They told us that people come round every day to ask what people wanted to eat. They said, “Very good, good choice, well cooked.” One person told us, “They come around 3 times a day with food choices.”

We saw that specialist diets were catered for. One person told us, “I am diabetic and staff know this.” We spoke to three people who needed special diets and they all confirmed that care workers and kitchen staff knew what diet they should have. When we spoke with the cook they told us that they were aware of any special diets that people needed and were aware of how to serve food if they required it to be served in a specific way such as pureed. They showed us the choices available for people but told us that if people wanted something different there was always something available. The recent visit by the local authority environmental health officer had awarded the service a 5 under their food hygiene rating scheme which means the service employed very good practices around food hygiene.

We observed a person being assisted with eating and drinking. The person assisting them was focused on the task and gave the person their full attention. The care worker encouraged the person to eat independently as far as possible and only assisted when it was necessary. They were encouraging which resulted in a more pleasant experience for the person being assisted. Overall the dining experience for people was positive.

Good

Is the service caring?

Our findings

We observed that care workers were caring and showed kindness to people who used this service. People who used the service told us, “I am happy here, staff are good to me and they care about me” and, “It's all homely and I don’t feel a nuisance. I think they are concerned about my welfare.”

We saw people’s needs being met in a considerate manner by staff. One person said, “I am happy. Staff always treat me with respect and they listen to me and always ask if I am alright.”

We saw care workers assisting people from one room to another; they asked a man in a wheelchair for his permission before they moved him.

Visitors told us that they believed that staff supported their relative to be as independent as possible, One visitor said, “I think so, she is encouraged to do what she can herself.” A person who used the service said, “They encourage me to make my own breakfast and to do as much as I can for myself, but I know I can ask for help.” We saw that although staff supported people to be as independent as possible they were encouraging and provided reassurance.

We carried out a SOFI whilst a person with a dementia was being assisted with eating and drinking. We saw that staff had a good rapport with the person and continually gave encouragement. They spoke to them by name and it was clear that they knew the person from the way they approached this activity. They chatted to the person and gently reminded them to eat and drink. They had a smile on their face when speaking with the person which was supportive and friendly.

All the comments we received from people about staff being respectful in respect of privacy and dignity were positive. One person told us, “This morning they were there to get me in the bath, then gave me the call cord and I pull that when I want help to get out, they know I like a good soak.” When we asked another person about their experiences they told us, “They give me time and let me have time to relax” and a third said, “They ask if they should leave the room.” These comments demonstrated that staff treat people respectfully and have regard for their dignity.

There were no restrictions on visiting and we saw one person waiting until their relative had finished their lunch so that they could take them out. They sat together in the dining room. At the same time a member of staff asked a group of people at lunchtime if they could join them to eat their own lunch. They were chatting throughout lunch which added to the positive atmosphere at lunch time.

We saw advocacy advertised on noticeboards within the service. This meant that people had information available telling them where they could access support.

Good

Is the service responsive?

Our findings

People told us they had been involved in planning and making decisions about their care. One person said, “Staff always explain everything” and “I think I am, staff do have a chat with me.” Another said “I think so; they do explain things to me.” We observed that staff explained what they were doing when they were interacting with people during the inspection.

When we looked at peoples care records we saw that their needs had been assessed and information had been incorporated into their care plan from a number of sources such as the person or health care professionals. The care plans were person centred because they were clearly individual to that person but were basic in their content. They did not always focus on people’s goals, needs, choices and preferences. We saw that reviews of care plans had been completed.

We saw that appropriate equipment was in place to support communication. There was a portable loop system available for people with hearing difficulties.

We did not see any activities taking place during the inspection although people told us they had recently being on a trip out. We saw evidence of this in the hallway where photographs were displayed. Most people we spoke with said they liked to watch TV and sit chatting but one person said they would like to do some gardening as they were used to being outdoors. We saw meaningful activities take place in the rehabilitation unit as part of peoples care plan such as making a cup of tea. This meant that people were practicing the skills they would need to return home. We also saw evidence that activities had taken place in Willow as there were photographs on the wall and one person’s records told us that they had been taken weekly to ‘Singing for the Brain’ which is a singing group organised by the Alzheimer’s Society. People’s lives would be further enhanced at this service with the addition of more meaningful activity

When asked if their hobbies and interests were supported and maintained one person told us, “I like knitting and crocheting and they know I like watching football.” Another said, “No, I'd like to do some gardening as I used to farm.” “Not so much here, I like watching cricket” and “No, I like to sit and chat” or, “No, I like to watch TV” were other comments made by people who used the service. This meant that although some activities took place they did not always meet everyone's social and cultural needs.

A healthcare professional told us, “Staff are forward thinking. They let us know of any changes and when we visit there is always a member of staff to accompany me.” We observed a member of staff dealing with a health related issue during the inspection and saw that they were persistent to ensure the best outcome for the person. This meant that staff are responsive to any changes to people’s needs.

The service had a complaints policy and procedure which was available for people to read in the form of a complaints and comments leaflet. The service was able to provide documents in other languages. We saw no records of any complaints during the inspection but were told that they would be dealt with immediately following the service procedure.

Requires improvement

Is the service well-led?

Our findings

The service did not have a registered manager on the day we inspected. The previous manager had left and a new manager had been appointed but had not yet taken up their post. On arrival at the service we were met by the deputy manager who made sure that we had all the documents we requested throughout the day. The records we looked at were organised and structured.

The general manager made a visit to the service later in the day and stayed until we were ready to give feedback. The staff were cooperative throughout the inspection.

Records showed that there had recently been a shortage of staff but the service had minimised the risk to people by stopping any admissions. Staff we spoke with confirmed this. We were assured that the service would remain closed to admissions until the required number of staff were available. The service was actively recruiting staff and a manager had already being appointed.

Visitors told us that there was a positive culture at the service, and one said, “Nice atmosphere, I think I can ask staff anything.” People who used the service were also positive. Staff told us they enjoyed working at this service.

Monitoring of the service had been carried out but auditing was not always up to date. The infection control audit for the service had not been completed since 2012. Regular checks of the different areas of the service were not being made which meant that learning and improvement was not taking place.

There were no trends being identified from accident and incident forms and therefore no learning or development of preventative measures taking place.

Other areas of the service had suffered because of a lack of staff. One care worker told us that their supervisor had left the service and so they had not been allocated anyone to carry out that role. A member of kitchen staff told us that although kitchen cleaning was up to date deep cleans were not always carried out. This had an impact on the running of the service as staff were being moved into roles that they would not normally carry out and their own roles were not always covered by others.

When we asked people whether they had been asked for their feedback about the service both people who used the service and visitors we spoke with said they had not although we could see these had been done in the past.

We recommend that the service look at good practice guidelines around quality assurance in care homes.