

## Speciality Care (Rest Homes) Limited

# York Road

### Inspection report

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Date of inspection visit:  
09 April 2019

Date of publication:  
26 April 2019

### Ratings

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

# Summary of findings

## Overall summary

About the service: York Road is a care home that was providing accommodation and personal care 5 people living with a learning disability at the time of the inspection.

People's experience of using this service:

There was a strong person-centred culture. Staff knew the needs and preferences of people living in the home extremely well. Staff had developed very positive relationships with people and were seen to display kindness as well as compassionate support to people.

People received personalised care and support which was in line with their care plan. People's privacy and dignity was respected and independence promoted. Staff were committed to improving the quality of life and opportunities available for people. The service had developed community links to reflect the needs of people. It worked with colleges and charities as well as health and social care professionals to deliver improved outcomes and experiences for people.

People were supported to ensure that the home was clean and the environment was well maintained.

Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm.

Medicines were managed safely and people received their prescribed medicines at the right time. Health needs were understood and met.

There were sufficient numbers safely recruited and suitably qualified and skilled staff in place to meet people's individual needs.

Staff received a range of training and support appropriate to their role and people's needs.

The registered provider complied with the principles of the Mental Capacity Act (MCA) 2005. Staff understood and respected people's right to make their own decisions where possible and encouraged people to make decisions about the care they received. Consent had been sought before any care had been delivered in line with legal requirements.

People knew how to make a complaint and they were confident about complaining should they need to.

The registered manager was described as supportive and approachable. They demonstrated a good understanding of their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

Rating at last inspection: Good (Date published 29 October 2016)

Why we inspected: This was a planned inspection based upon the ratings at the last inspection.

Follow up: We will continue to monitor this service and plan to inspect in line with our re-inspection schedule.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remains safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remains effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service remains caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service remains responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remains well-led

Details are in our Well-Led findings below.

**Good** ●

# York Road

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out this inspection.

Service and service type: York Road is a care home. People in this care home receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at on 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: We gave the service one days notice of the inspection visit because it is small and we needed to be sure that somebody would be in.

What we did: Prior to our inspection, we asked the provider to complete a Provider Information Return (PIR). Providers are required to complete this if requested and the document contains key information about their service, what they do well and improvements they plan to make.

We also reviewed statutory notifications that had been received from and about the home and contacted the commissioners who help arrange and monitor the care of people living at York Road. We used this information to populate our planning tool. This helps us to plan how the inspection needs to be carried out.

During the inspection we spoke with two people who used the service. We spoke with the registered manager, two care staff and the providers Quality Improvement Lead.

We looked at a range of documents and records related to people's care and the management of the service. We viewed two people's care records, three people's medication records, two staff recruitment,

induction and training 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 to us. We also spoke to people living at the home.

Following the visit we contacted three relatives of people using the service to gather their feedback on the care provided at York House.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- The service managed risks safely. Risk assessments were written specifically with the need of each person at the forefront. Staff were aware of the risks people presented and how to manage these safely.
- Risk assessments were reviewed regularly and held up-to-date information for staff to follow. Staff told us they felt involved in the development and review of risk assessments.
- There was a process in place to record and monitor incidents and accidents.
- There were robust checks on the environment.
- People living at the home had Personal Emergency Evacuation Plans in place (PEEPS).

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Relatives of people living at the home felt people were safe. One told us that after the last visit home; "[the person] couldn't wait to get back".
- There was a policy in place to ensure that people who lived at York Road were protected from the risk of harm and abuse.
- Staff completed training in safeguarding, demonstrated a good awareness and understood the actions they must take if they felt someone was being harmed or abused.
- Staff were also aware of the whistleblowing process and stated that they would feel confident to raise concerns.

### Using medicines safely

- Medication was managed safely. We observed staff administer medication to a person and found this was appropriate.
- Medications were stored securely and records were clear and complete. Where people required medication to be given as and when required, often referred to as PRN medication, they had a separate protocol in place for this.
- There was a procedure in place in relation to controlled drugs (CD's). These are medications with additional controls placed on them.
- Medication was only administered by staff who had the correct training to do so.

### Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they were offered a job.
- Rotas showed there were enough staff. Rotas also reflected peoples needs identified in care plans. Staff told us they felt there were enough staff on shift.

- Relatives told us there had been some staff changes but that this had settled down.

#### Preventing and controlling infection

- People were protected from the risk from infections. There were suitable storage facilities for cleaning products and the home was visibly clean and tidy.
- Throughout the inspection, we saw staff using personal protective equipment (PPE) such as gloves and aprons appropriately.

#### Learning lessons when things go wrong

- Staff demonstrated that they understood how to record, manage and report incidents and accidents safely.
- There was a robust system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed on a monthly basis by the registered manager for analysis and trends.

# 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

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

- People's needs were assessed when they moved into the home. This information was used to develop the support plans and risk assessments.
- People, relatives of their choice and healthcare professionals were involved in the assessment and planning of people's care.

Staff support: induction, training, skills and experience

- Training records evidenced that the staff received the necessary training and we observed that staff were skilled and knowledgeable when supporting the people who lived at the home.
- New staff were supported to complete an induction process which was aligned to the principles of the care certificate, which is a nationally recognised health and social care induction.
- Staff received an appropriate level of support for their role through regular supervision and professional development reviews.

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

- Staff were aware of nutritional needs and how to encourage a healthy diet. Input had been recently sought from the dietician for people and menus had been developed with people as a result.
- One person living at the home explained the menus to us (these were pictorial and also contained images of people's favourite foods). The person also confirmed that they could change the menu and said; "yes I might have chicken soup". The same person also told us they had decided to have a BBQ the weekend before the inspection rather than have what was on the menu.

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

- People living at the home were very eager to show us around their home and we saw all bedrooms had been personalised. One person described how they had chosen their own belongings and how the room had been decorated.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked consistently with other agencies. For example, we saw dietician guidance reflected in care files and the home was working with local colleges and volunteer work placement groups to develop the skills and work opportunities for people living at the home.

Supporting people to live healthier lives, access healthcare services and support

- Staff arranged specialist health referrals when required and any advice was clearly reflected in care plans.
- Relatives confirmed they were kept informed if a person was ill or needed to seek medical advice.

## 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- During the inspection we observed staff asking people for consent before they delivered care.
- People's care records contained assessments of their capacity to make decisions. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan. Capacity assessments were decision specific, in accordance with the principles of the MCA.
- The registered manager had made appropriate applications for DoLS authorisations. Where a DoLS had been authorised, these were reflected in care plans.
- Staff received training in the MCA and DoLS.

# 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

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

- There was a strong person centred culture at the home and people were involved in planning activities as well as maintaining the home. One relative described the home as; "Excellent" and added that they; "Wouldn't change it for anything. Staff make you feel at home when you visit". One person living at the home told us; "The staff are really good".
- The registered manager told us; "The main focus is the quality of life that the people living here have". The manager also told us; "People's needs are tailored and person centred. We recognise each person is different".
- Staff knew people well and people were relaxed in their company. We observed kind and respectful interactions where people were given time to express themselves fully.
- There were creative ways of capturing people's personal histories and experiences. This included taking photographs and capturing these in a photobook. People's confidence and engagement had improved through the use of photographs in this manner.
- The rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination.
- An Equality and Diversity policy in place which had been reviewed to reflect current legislation and staff had received training.

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

- Staff had an exceptional understanding of how people communicated. Not all people communicated verbally and staff used signs such as Makaton and objects to support communication of emotions.
- Care plans demonstrated that people were involved in making decisions about their care and the review of any personal outcomes. Where the person used objects to communicate, these were used when supporting the person to say how they feel about their support.
- Where people were unable to express their views, we saw that families had been involved when appropriate.
- People had access to advocacy services and specific involvement was clearly documented in care plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff were knowledgeable around confidentiality and ensured that personal information was securely stored.
- People were supported to maintain their independence. For example, we saw people being supported to complete cleaning tasks, and make their own meals and drinks.
- Care plans showed that people were being supported to access college courses to develop their

independence skills. People were also waiting on volunteering opportunities to start.

- People could choose the staff they wanted to support them. We observed one person choose a particular staff member to support them to the local pub that evening.
- People were supported to maintain relationships with their families. Some people frequently went to stay with families, for others the staff made sure they kept in touch through meeting up in the local community or by using the telephone.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were extremely person centred and detailed, accurately capturing personal preferences, hobbies and interests as well as the choices and decisions that people could make for themselves.
- Care plans were consistently reviewed on a monthly basis and amended where needed.
- The Accessible Information Standards (AIS) were being met. The standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand.
- People had a wide range of activities that they took part in on a regular basis and were also encouraged to try new experiences.

Improving care quality in response to complaints or concerns

- Relatives confirmed that they were aware of the complaints process and were confident that any concerns would be listened to. One told us; "Nothing is any trouble and [the registered manager] is open to any suggestions".
- There were no formally recorded complaints however; there was a complaints procedure clearly visible at the home and as well as a number of ways people could express their views including YOUR voice (resident) meetings, satisfaction questionnaires and formal complaints forms. The registered manager is also in regular contact with relatives so they can share feedback and raise concerns.

End of life care and support

- The service was not currently supporting anyone with end of life care. They did however have documentation in care files for people to record any important information where people were able to communicate this.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was clear about the vision and direction for the service and was committed to improving the quality of care as well as the living environment for people living at the home.
- Staff and relatives told us that the manager was approachable and listened if there were any concerns.
- The registered manager was aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occur.

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

- The service had an effective system of governance. The registered manager regularly completed audits including health and safety, infection control, care plans and medication. These had identified areas of improvement and actions had been taken as a result. These were complimented by audits that were also completed by the provider.
- The providers Quality Improvement Lead described how the service is developing audit and governance and how more robust systems are being introduced.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff said they felt supported by the registered manager and that their views were encouraged and welcomed. Regular meetings and supervisions took place. The provider also conducted an annual staff survey to gather the views of staff.
- The service also had an 'employee of the month' scheme where staff nominate and vote on staff how have 'gone the extra mile'. This is a positive way of recognising staff and their contribution.
- People and their relatives participated in the running of the home through informal chats with the registered manager as well as through satisfaction questionnaires and meetings.

Working in partnership with others

- The registered manager worked in partnership with a range of different health services and other health and social care professionals to help make sure people received the right support.

