

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Independent Living Service

The Garth, White Rose Avenue, New Earswick,  
York, YO32 4TZ

Tel: 01904735034

Date of Inspections: 09 July 2013  
08 July 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Joseph Rowntree Housing Trust
Overview of the service	Joseph Rowntree Trust Independent Living Service provides care and support to people in six properties across York and the surrounding areas. People hold their own tenancy agreements and there is a mix of individual and shared accommodation across the scheme. The main office is currently based at The Garth in New Earswick.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Staffing	11
Assessing and monitoring the quality of service provision	12
<b>About CQC Inspections</b>	14
<b>How we define our judgements</b>	15
<b>Glossary of terms we use in this report</b>	17
<b>Contact us</b>	19

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 July 2013 and 9 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and used information from local Healthwatch to inform our inspection.

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### What people told us and what we found

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During our inspection we visited three services where people were being supported. We spoke with eight people to gain their views and experiences about the services they received. People told us that their rights were respected and that they were supported in making choices and decisions regarding their care. All of the people we spoke with confirmed that they were treated with dignity and respect and said that staff were polite and friendly. One person told us "Staff support me to be independent. I can make choices and decisions."

People had detailed care plans and risk assessments in place which helped staff to understand and meet people's needs. A person we spoke with said "I talk to staff about the support I need."

There were policies and procedures in place which helped to protect people from abuse. Issues raised were referred appropriately to the local authority's safeguarding of vulnerable adult's team for further investigation or advice. This helped to protect and safeguard people.

We saw that there were sufficient staff on duty and staff received training to ensure that they had the skills they needed to be able to look after people safely. Training was updated periodically to help to maintain the staff's skills.

There were good quality monitoring systems in place to gain the views and opinions of people regarding the way in which the service was ran. One person told us "We have tenants meetings and I can talk to staff about my views and opinions."

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We spoke with eight people during our visit. The people we spoke with told us their rights were respected and they were supported in making choices and decisions regarding their care. They said "Staff support me to be independent. I can make choices and decisions" and "We choose what we want to do, I chose the decor in my room and we choose what we want to eat." Another person told us "The staff listen to us, we make choices about how we spend our time and the staff support me to be as independent as possible."

The provider may like to note that In one of the services we visited we were told that there was no bath available. The people living in this scheme told us "We have showers, but I really miss having a soak."

We looked at four people's care records and could see that privacy and dignity issues were included throughout. The care plans viewed reflected the individual needs and choices of the people being supported. We saw that a range of consent forms were in place, which were available in pictorial formats to make them accessible to people using the service. The people we spoke with confirmed they had been involved in developing their care plans. People told us that staff read them and discussed them to make sure what was recorded was right for the individual. All of the care records viewed had a section which included people's consent. This enabled people to consent to their care and treatment and to be involved in decisions and choices regarding their care.

People expressed their views and were involved in making decisions about their care and treatment where this was possible. The eight people we spoke with all confirmed that staff talked with them about their care. People told us that they were registered locally with doctor's, opticians, dentists and other relevant health professionals. They also confirmed that they were involved in review meetings with the local authority.

We spoke with staff who told us "There is no set shift pattern at all, we work around what

people want so if people want to go out, we staff accordingly. People get really good support and their independence is promoted."

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People told us they received good care and that staff provided support which promoted their independence. Comments included "I have a call system so I can call for help if I need it but can still be independent. We choose what we want to do and how we spend our time." And "I have my own flat I have spent time titivating it up to how I want it. I can instruct the staff to what help I need. The care is very good."

People also told us they were encouraged to be involved in all aspects of daily living. This included cleaning and household tasks, shopping and cooking. Staff provided support where necessary. Staff told us that they supported people to be as independent as possible.

Some people being supported had been provided with specialist equipment which enabled them to open and close doors, access their TV or summon help. This helped to promote their independence. Additional equipment such as ceiling track hoists had been fitted in some premises to support people.

We looked at the care records for four people who were being supported by the independent living service. Care records provide staff with information about the way in which each person's care needs should be met. Each record looked at contained a care needs assessment which identified areas where people may require support. They detailed the level of assistance required and included risk assessments which helped to minimise risks to people. The care plans we saw were person centred and reflected people's individual needs, likes and dislikes and preferred routines. We saw that people signed their agreement to their care records and people told us that they were involved in the drawing up and the review of their records. One person told us "My care plan is about me, they read it to me and my relative checks it too." Another said "I worked with staff so that they recorded what I wanted in my care plan. They talk to me so that it is kept up to date."

We spoke with staff in each of the scheme's we visited. All of the staff we spoke with said that people were well cared for. Comments included "People are really well cared for" and "We read the support plans, we have more tenants now, I can't think of any improvements

at all."

There were arrangements in place to deal with foreseeable emergencies. Although many people lived independently staff were on call to provide assistance if required.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People told us that they felt safe and well cared for. Comments included "I can call for help if I need it" and "I have a 'possum' call system so I can call on staff if I need them. I could tell someone if I had any problems."

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We saw the provider had a whistle blowing (telling someone) and safeguarding policy in place. This informed staff about the action they must take if they suspected abuse was occurring. The manager confirmed that all staff received safeguarding training at induction and periodically thereafter. This helped to ensure that staff knew the types and signs of abuse that they must look out for and knew what action they must take.

During our visit we spoke with four members of staff who confirmed they had received safeguarding training. The staff said that they felt comfortable to report any issues of abuse straight away. We received the following comments from staff "If I saw or heard anything I would document it and I would tell someone" and "I looked at the policy as it was included as part of our induction pack, I would report any concerns."

Staff had received some general training about mental capacity and deprivation of liberty as part of their safeguarding training. We discussed with the manager the importance of raising staff awareness regarding capacity issues to ensure that decisions were being made on someone's behalf only when it was deemed in their best interests to do so and only when this had been progressed through the appropriate channels.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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People were very positive about the support they received from staff. Comments included "Staff are excellent, really nice, they do a good job. We have some male staff, it's nice to have a bit of male bonding." And "I like the fact we have different staff, they are all kind and they listen to us." Another person told us "The staff are great, I know them all well."

The staff told us that team meetings were held with a blank agenda so that they could raise issues of importance. Minutes of these meetings were held and we viewed these during our visit. Group and individual supervision sessions took place so that staff received appropriate support. We spoke with staff who told us "It's lovely, we get good support and morale is good" and "I love working here, I wouldn't swap it. The changes have been for the better, can't fault the company and our training is kept up to date." However some staff felt that morale and communication could be improved particularly between the different services.

Most of the staff had worked for the organisation for a long time and the staff turnover was very low. The staff we spoke with said there were enough staff. People commented "There are plenty of staff and shifts fit around the needs of the people we are supporting" and "There is a new rota system, there have been a few blips, but the changes in management have not impacted on me personally."

We looked at the staff training matrix and saw that the majority of training was up to date. There were on-going plans to address any shortfalls. Training included safeguarding, first aid, food hygiene, health and safety, and medication. Additional training in infection control and palliative care was also being provided. We were also told that dementia training which was specific to people with learning disabilities was being accessed for staff working at the independent living service to help keep their skills and knowledge up to date.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People told us that their views and opinions were sought and that they were able to attend a range of meetings to feed back their views. Comments included "I have meetings with my social worker and I attend Joseph Rowntree meetings. They listen to us. I can also talk to the staff to tell them how I feel" and "I have no complaints and nothing could be improved here."

During our visit we spent time with the quality and compliance manager and the service manager. We looked at a range of audits completed by the service. These included a manager's checklist which was based upon the essential standards of quality and safety which had been completed in June 2013. We also saw a financial audit which had recently been completed. These audits helped to ensure that the service was running effectively.

We were told that there were a number of groups, committees and sub committees in place which people using the service were involved in. Tenants meetings were held every six weeks. People using the services had attended meetings to make sure that the paperwork being used was suitable. People attended lots of working groups which supported them to have a say in the way that the service was managed and ran and looked at ways that the services could be developed for the future. There was a quality group in place to look at excellence and what that meant to people using the service. This was attended by staff and people from different services so that it could be tailored to each service type.

A range of meetings were held regularly for staff. The minutes of staff meetings were displayed so that people who had not attended could see what had been discussed. We spoke to three staff who all confirmed that they were given the opportunity to feedback their ideas or any concerns. One member of staff said "It's lovely here, we get really good support."

The organisation was also looking at 'What makes a good life for the people they provide care and support to.' This focused on what was important to people in terms of the care and support required and people who use the service had been involved in this. This will

help to inform future services for people.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Advice from other health professionals was sought where this was required. There were effective systems in place to identify and manage risks to the health, safety and welfare of people using the service and others. These systems helped to protect people.

There was evidence that learning from incidents/investigations took place and appropriate changes implemented. All incidents, accidents and untoward events were analysed by the health and safety department. This helped to minimise reoccurrence.

The provider took account of complaints and comments to improve the service. There had not been any complaints made to the independent living service since our last inspection. We did see that a number of thank you cards and positive comments had been received. All of the people we spoke with during our visit said they would feel able to raise any concerns. The provider, people using the service and staff all confirmed that any concerns would be acted upon.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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