

Outreach Community and Residential Services 17 York Avenue

Inspection report

17 York Avenue
Prestwich
Manchester
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

17 York Avenue is a residential care home that provides accommodation and personal care to up to four people. The service provides support to people with a range of needs including learning disability, mental health and physical disabilities. At the time of our inspection, there were four people living at the service.

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

The service had simple paper-based care records. Staff assessed people's risks and needs and drew up care plans to address them. However, we found some gaps and inconsistencies in the records, for example, some lacked dates, some had not been updated and some of the templates used were inappropriate. People's self-medication care plans lacked detail about the support needed from staff, and staff did not always review risk assessments when medicines changed. The manager started to address these issues immediately.

Most of the home was clean and tidy but there were stains and coatings of grease on the kitchen cupboards and some appliances. Staff started to address this during our inspection. The décor in the care home's communal areas and in one bedroom needed updating. The provider shared their plans for redecorating and refurbishing the communal areas of the home but these plans did not include people's bedrooms as the provider did not think this was their responsibility. We have made a recommendation in relation to the standard of décor in the home and the provider clarifying their responsibilities for the premises.

Some people administered their own medicines. Staff followed systems and processes to safely administer, record and store medicines for those people they supported fully with their medicines. The service had a stable staff team and enough staff to meet the needs of people all of whom had low support needs. People received support to live full and active lives as independently and safely as possible and to pursue their interests, aspirations and goals. Most people had full weekly schedules that included voluntary work, social events, family visits, day centre attendance and daily living activities. People took part in activities that were culturally relevant to them.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The service had a positive culture that focused on person-centred care and meaningful outcomes for people. People had the maximum possible choice, control and independence over their own lives. People's

care records showed what support each person needed to make their own decisions and choices.

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

Rating at last inspection

The rating at the last inspection was Good, (published on 21 March 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance associated with care records. We have made recommendations relating to the standard of décor in the home and the provider's responsibility for the premises.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our Safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement 

17 York Avenue

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

17 York Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 17 York Avenue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection, the service had a registered manager.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 17 May 2022 and ended on 19 May 2022. We visited the service on both dates.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with three care staff and two managers. We observed a shift handover between staff. We reviewed four people's care records including their medication files. We looked at three staff files in relation to recruitment. We reviewed a range of records relating to the management of the service including audits and policies.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Most people administered their own medicines and managed their own risks with support from staff when needed. People knew the medicines they were prescribed, when to take them, and the arrangements for when they were away from the home. Records did not always capture people's self-administration arrangements fully but the manager started to rectify this during our inspection.
- The service had a medicines management policy, which was under review at the time of our inspection. The service had a process in place to report and investigate medicines-related errors and incidents.
- Staff had received training in medicines management and had their medicines competencies assessed annually or more frequently if they made errors. Staff safely administered and stored medicines for people who did not self-administer.

Assessing risk, safety monitoring and management

- Risk assessments we reviewed showed that staff assessed people's risks and took appropriate action to address them. However, there was no written risk assessment or care plan associated with a person's special diet although in practice staff provided appropriate risk oversight and support. The manager started to address this straightaway.
- The service had basic paper-based care records that staff could access easily, which they stored securely in the office.
- The service had up-to-date environmental risk assessments, which identified potential risks and showed the actions required to reduce them. The provider completed regular health and safety checks. People had individual emergency evacuations plans.
- The provider made sure servicing of the premises and equipment took place at the appropriate time.

Preventing and controlling infection

- The care home had variable standards of cleanliness and hygiene. Most of the home was clean and tidy although some kitchen cupboards and small appliances had stains and coatings of grease. The manager explained that recent staff shortages had affected their ability to keep up with some regular deep cleaning tasks. Staff deep cleaned the kitchen during our inspection.
- All staff had received training in infection prevention and control. The service had plenty of personal protective equipment (PPE) and staff used it effectively and safely.
- Staff and people took regular COVID-19 tests. Visiting health and social care professionals had to show a negative COVID-19 test result and wear PPE.
- People received visitors in line with the current government guidance. Relatives told us they could visit whenever they wanted to.

- The provider had a range of COVID-19 specific policies that covered visiting and entry, PPE requirements and practices to prevent the spreading of infection. The provider had an infection prevention and control policy, which was under review at the time of our inspection.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse and avoidable harm. Staff received mandatory safeguarding training and knew how to recognise and report safeguarding concerns.

Staffing and recruitment

- The service had a stable staff team and enough staff to meet the needs of people using the service.
- The service had access to bank staff and staff from other locations if they needed to fill any gaps in staffing.
- The provider had safe recruitment systems and processes. The staff personnel records we reviewed contained the appropriate information and checks.

Learning lessons when things go wrong

- The provider reviewed incidents and near misses and took action to mitigate the risk of recurrence.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The layout and design of the home met people's needs. The home was based in a large house located in a residential area. People had single bedrooms located over two floors and access to shared facilities such as a kitchen, lounge, dining room and garden.
- The care home had a poor standard of décor and furnishings. The provider recognised this and told us about the plans in place to refurbish the communal areas that included redecoration, replacement of carpets and new furniture. The provider had involved people in choosing the décor.
- Most people's bedrooms had a reasonable standard of décor and furnishings but one bedroom looked in need of redecoration. The manager told us that people were responsible for the décor and furnishings in their bedrooms after they moved in and that the landlord was responsible for the communal areas only. This meant that people's bedrooms were not included in any regular refurbishment plans. As the service is a residential care home, we informed the relevant local authority commissioners about this so they could investigate it.

We recommend the provider improve the standard of décor and furnishings throughout the home.

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

- The records we reviewed had holistic assessments with individual support plans for people's identified care needs such as personal care, communication, vision and specific health conditions.
- Staff completed daily record sheets that showed a summary of each day's activities and the support provided. Staff reviewed each person's identified support needs every month and completed summaries that showed outcomes and any issues.
- People's care records included a missing person profile that contained a description of the person.
- Staff attended daily handovers at which they shared detailed updates about each person as well as undertaking checks on the stocks of medicines they administered and people's personal monies.

Staff support: induction, training, skills and experience

- Staff completed a full induction and mandatory training programme when they commenced employment. The training included courses on epilepsy, effective communication, consent, nutrition and diet, and person-centred care. Staff completed the Care Certificate and had access to further training opportunities.
- Staff we spoke with said they had the right training for the service. In addition to formal training, staff read each person's care records in full and got to know them individually.
- Staff said they enjoyed learning about Jewish culture. They had access to an information folder on the

Jewish religion and culture. Staff also asked people about it and people enjoyed teaching staff.

- Staff received regular supervision known as 'reflection meetings' that promoted honest and open conversations between staff and their managers. Staff had access to team meetings that took place every two months. Staff received annual appraisals.
- Staff described managers as supportive and said communication was very good with staff kept informed of any changes.

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

- People received support to eat and drink enough to maintain a balanced diet. Staff supported people with special diets.
- People chose what they wanted to eat and did their own food shopping with staff support. Staff helped people learn about healthy eating and helped them moderate their intake of unhealthy food where needed and with their agreement.

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

- People had access to services such as GP, dentistry, and a range of specialist healthcare services to support their health and wellbeing. Staff supported people to attend medical appointments, clinics and reviews.
- Staff monitored people's physical health closely and referred people to other health and social care services when needed. People had health passports, which they shared with other health and social care professionals, for example, hospital staff.
- People received annual health checks although they were overdue for two people due to delays at their GP surgery.
- People had care plans for each health need identified. These showed the health issue and need, the staff support required and the desired outcome.

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 MCA 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.

- Staff received training on the MCA as part of their mandatory training. Staff understood and worked within the principles of the MCA.
- People's care records showed what support each person needed to make their own decisions and choices. Staff respected people's right to decline support and recorded instances where this had happened.
- None of the people living at the home were subject to the Deprivation of Liberty Safeguards.
- People agreed to any restrictive measures in place to help them with some aspects of their lives, for example, budgeting and diet control.

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. 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 knew people well and responded to their individual needs, preferences and choices. We observed good, respectful interactions between staff and people. One staff member commented, "I love all the people here, different personalities."
- The home was a kosher house to reflect the residents' ethnic and religious backgrounds. Staff had access to information on the Jewish religion and culture. Staff respected people's beliefs, for example, they did not bring non-kosher food into the home.
- Staff supported people to practise their religions and attend culturally appropriate activities. They helped people observe dietary requirements and reminded them of Jewish holidays and festivals. People had access to a local Jewish day centre and synagogue.
- The people we spoke with gave positive feedback about the service and staff. People's relatives spoke highly of the standard of care people received. One relative told us, "I couldn't ask for more."

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

- Records showed that people were involved in making decisions about their care. People and relatives confirmed that staff supported people's choices on how they lived their lives. For example, one person said, "I'm free to do what I want." A relative told us, "[person] chooses when to sleep and get up."
- People had the capacity and confidence to express their views, and staff encouraged them to do so.
- Staff supported people to keep in touch with their friends and relatives. Relatives confirmed they could contact the service or visit at any time.

Respecting and promoting people's privacy, dignity and independence

- People who lived at the home were very independent and had good daily living skills. People decided where they went, what they did, and what they ate and drank. As one relative told us, "Living there gives [person] the opportunity of independent living, so I love it."
- People had specific care plans that emphasised their individual capabilities and promoted their independence. Staff provided support where people needed assistance, for example, they prompted people to attend to their personal care; they assisted people with their finances; and they accompanied people to medical appointments.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection, the rating for this key question has remained Good. 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

- The service offered personalised care based on people's needs, choices and preferences. People's care records had a range of person-centred plans ('All About Me') written in the first person, for example, 'what is important to me,' 'what I do in the day', and 'my strengths and gifts.'
- Staff knew people well and supported them to live their lives how they wanted to. People had personalised their rooms to reflect their needs, preferences and personalities. One relative told us, "It really feels like a home, and not like an institution."
- The service asked people about their gender preferences for staff and accommodated these where possible.
- People managed their own meals. A person told us, "I choose my own food. Staff help me." Staff supported people to have a communal evening meal on a weekly basis. People agreed the menu between them making adjustments for people with special diets.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service assessed people's communication needs and offered appropriate support such as presenting information in easy read and large print formats.
- Staff helped people access specialist aids and equipment for their specific communication needs, for example, specialist phones and talking newspapers.
- Records included 'what my communication means', which explained how a person's distress might be presented, and how staff should respond to it.

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

- Staff supported people to live full and active lives as independently and safely as possible. Most people had full weekly schedules that included voluntary work, social events, family visits, day centre attendance and daily living activities. A relative told us, "They help her do what she wants to do, as long as she's safe."
- People took part in activities that were culturally relevant to them, for example, they attended a Jewish day centre and synagogue. The service helped people celebrate Jewish holidays. A relative told us, "If there's

a Jewish festival, they celebrate it, and parents and whoever else the person wants can come along."

- The service offered people access to one to one support one day every week, which people could use how they wanted to. This meant people could try new activities, visit new places, or attend to complex matters (for example, booking a holiday or banking) while receiving dedicated time with a staff member.
- Staff encouraged people to identify 'wishes' if they wanted to. The records we reviewed showed people's aspirations, the steps required to achieve these, and the progress made towards the outcomes. Examples included going on a cruise holiday and visiting relatives abroad.
- Staff actively supported people to maintain relationships with their friends and relatives. The relatives we spoke with told us they could visit when they wanted to.
- Staff supported people to exercise their right to vote.

Improving care quality in response to complaints or concerns

- The service had a policy and process for managing complaints, which they followed. We found an example of changes made in response to a concern raised by a relative.
- People and their relatives said they knew how to complain and would feel comfortable doing so.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff did not always ensure people's records were accurate and up to date. For example, some of the documents lacked dates; some records had not been updated to reflect changes in people's needs and medication, and people's medication plans did not always capture their self-administration arrangements in full. People's health passports used a template designed for people with a learning disability and provided contact details of the local learning disability team even though not all people had a learning disability. This meant the form was inappropriate and some of the information inaccurate.

The service did not always ensure people's care records were accurate, up to date, appropriate and consistent. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found it difficult to obtain clarity on the landlord-related responsibilities of the provider who also owned the building. For example, the manager told us that people's bedrooms were not included in any regular refurbishment plans because the landlord was responsible only for the communal areas. People had individual licence agreements to occupy the home that did not fully correspond with the service's registration as a residential care home.

We recommend the provider clarify the scope of their responsibilities associated with the provision of accommodation for people who require personal care.

- The provider shared a range of policies with us that were out of date. Most of these had been due for review in early 2020 but were delayed due to the pandemic. Following our inspection, the provider updated their policies and sent us copies.

- The service had a range of systems and processes in place for monitoring care and treatment at the service. These included monthly audits on medicines management and infection control; health and safety checks, and mock inspections. However, these had not identified gaps and inaccuracies in medicines records and care plans, and shortfalls in cleanliness.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive culture that focused on person-centred care and meaningful outcomes for people.
- Staff understood the values of the service to promote inclusion, empowerment and equality and respect difference.
- Staff described good team working and management support. They spoke positively about the service and said they enjoyed their work. One staff member told us, "It's a calm and nice home, nothing to dislike. I love it here."
- Staff said they enjoyed getting to know people as individuals and worked closely with them. A relative told us, "The thing is that [person] is happy and I'm happy."

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

- Managers understood their responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong. The relatives we spoke with said that staff kept them fully informed about their loved ones and shared information promptly.

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

- Staff engaged with people on a daily basis as well as offering people one-to-one quality time for one day each week. The provider held a residents' forum every two-three months.
- The service communicated regularly with people's relatives, for example, staff regularly updated relatives on their loved one's wellbeing. Relatives confirmed they were kept informed and involved in their loved one's care.
- Managers engaged with their staff on a day-to-day basis. In addition, staff had access to a two-monthly team meetings and one-to-one reflection sessions at which they could raise any concerns. Staff said they felt confident to raise issues and described a "great team and manager."

Continuous learning and improving care

- The provider recognised people's level of independence and autonomy and had started considering the possibility of becoming a supported living scheme.

Working in partnership with others

- The service maintained good partnership working and communication with other agencies and health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not always ensure people's care records were accurate, up to date, appropriate and consistent.