York Homes (Dorset) Limited

York House Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
York House Care Home is a residential care home providing personal care to people aged 65 and over. The service can support up to 34 people in one adapted building. At the time of the inspection, there were 27 people living there or having a respite break.

People's experience of using this service and what we found
People, visitors and staff had confidence in the management team. The registered manager addressed any issues robustly. However, the service's quality assurance system had not flagged up matters we found. These included not notifying CQC of a serious injury and the last inspection rating not displayed correctly on the provider's website. Issues were promptly rectified once drawn to the registered manager's attention. We have made a recommendation about management oversight and quality assurance processes.

People and visitors gave positive feedback about their or their loved one's life at the service. People's needs were assessed before they arrived at the service to be sure it was suitable for them. Meals were appetising, and dietary needs and preferences were met. Staff were prompt to contact health professionals when there were concerns about people's health. There were adaptations for people with mobility difficulties. Staff were supported through training and supervision to perform their roles effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We have made recommendations regarding recording of mental capacity assessments and best interests decisions, and the system for monitoring the expiry dates and conditions on Deprivation of Liberty Safeguards authorisations.

People had care from staff who knew about and respected their individual needs and preferences. Care plans reflected people's individual needs and were up to date. Staff were aware of people's communication needs and provided the support they needed with these. There were organised activities for people who wanted these. Staff liaised with health professionals to ensure people were in comfort as the end of their life approached. People and visitors said they would feel able to raise a complaint with the management team. We have made a recommendation in relation to the complaints policy.

People told us staff were kind and helpful. Staff were respectful towards people and upheld their dignity and independence. People and, where appropriate, relatives felt involved in decisions about their or their loved one's care. People said they could have visitors whenever it suited them.

People told us they felt safe and comfortable with the staff who supported them. There were enough staff on duty to provide the care people needed. Staff only started work for the service once recruitment checks were completed. They had training in safeguarding adults and knew how to report suspected abuse. Risks for

people were assessed and managed, in consultation with them. The management team reviewed accident and incident forms to ensure all necessary action had been taken for people's safety and wellbeing. Learning from accidents and incidents was shared through team meetings or staff supervision meetings, as appropriate. Medicines were stored securely and managed safely. The premises were kept clean and tidy.

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

Rating at last inspection
The last rating for this service was good (published 14 October 2016).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
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**

York House Care Home

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by an inspector 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
York House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection
We spoke with 18 people who used the service and five visitors about their experience of the care provided. We spoke with 12 members of staff including care workers, senior care workers, domestic and catering staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. These included three people's care records, multiple medication records, and two staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, such as staff supervision records, accident and incident records, maintenance records and quality assurance records.

After the inspection
We received feedback about the service from the local authority quality monitoring team.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt comfortable with the staff who supported them.
- Staff had training in safeguarding adults and understood their responsibilities to protect people from abuse. They knew how to report suspected abuse.
- Staff had training in diversity and inclusion, which would help them recognise and act on discrimination.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People and relatives said they and their loved ones felt safe at the service. Comments included: "I was having falls at home and so I do need to know there is always someone around to help me if I need it. I do feel safer here than when I was at home", "Oh yes, I'm safe here and that takes the worry away from my son", and, "Safe? Of course!".
- Some people took anticoagulant medicines, which help prevent blood clots. The registered manager and staff were aware of the importance of seeking medical advice for unexplained bruising or if people fell. However, this was not clearly set out in risk assessments and care plans. We directed the registered manager towards guidance on oral anticoagulants. The management team immediately flagged up people who took anticoagulants on the handover whiteboard and updated the key information summaries in people's care records. They also started to consider how this should be reflected in people's risk assessments and care plans.
- Risks for people were otherwise assessed and managed, in consultation with them. Risks assessed were individual to the person, but included falls, moving and handling, malnutrition and developing pressure ulcers. Appropriate action was taken where risks were identified. Staff said any equipment they needed was readily available, such as air mattresses and slings for hoisting.
- Staff reported any accidents or incidents using accident forms, which were reviewed by the management team to ensure all necessary action had been taken for people's safety and wellbeing.
- The registered manager reviewed accidents and incidents monthly for any trends that might suggest further changes were needed.
- Learning from accidents and incidents was shared through team meetings or staff supervision meetings, as appropriate.

Staffing and recruitment

- There were enough staff on duty to support people in the way they needed. Staff were observant and responded quickly if people required assistance. A person commented on the swift response to their call bell: "I do have a call bell in my room, although I have only used it a few times. Someone came to my aid very quickly indeed." Staff confirmed efforts were made to cover staff absence.

● Staff completed an induction and ongoing training to ensure they had the skills they needed to provide people's care.
● The registered manager undertook recruitment checks, including taking up references and obtaining criminal records clearance, before new staff started work. One staff file did not contain reasons for the gaps in a person's employment history; this was put in place before the end of the inspection.

Using medicines safely
● Medicines were stored securely.
● People received their medicines as prescribed, when they needed them. Staff who handled medicines were trained to do so. The registered manager observed them from time to time to check they followed procedures correctly. They had stopped recording these checks but told us they would resume doing so.
● Staff who administered medicines understood when people needed medicines that had been prescribed as required, otherwise known as 'PRN'. Most people were able to request these when they needed them. The registered manager arranged for PRN plans to be put in place.

Preventing and controlling infection
● The premises were kept clean and tidy.
● There was a cleaner on site every day. They had the time and resources they needed to perform their role to a good standard.
● Staff had training in infection prevention and control. They had access to the disposable gloves and aprons they needed to help maintain good hygiene and used these appropriately.
● The service had managed an outbreak of diarrhoea and vomiting earlier in the year in liaison with Public Health England.
● The service had attained the highest rating of five in a food hygiene inspection in July 2019.

Good

Is the service effective?

Our findings

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

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

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

- People and their visitors gave positive feedback about their or their loved one's life at the service. For example, a relative said, "[Person] seems settled now and feels she is getting the best of care."
- The registered manager assessed people's needs before they came to stay or live at the service, to be sure the service was suitable for them. People and where appropriate their families were involved in these assessments.
- These assessments were further developed when people arrived at the service, covering people's physical, mental health and social needs. People had the opportunity to discuss any issues that were important for them, including Equalities Act protected characteristics such as religion.
- Personalised care plans were devised based on the information gathered during the assessment process.

Staff support: induction, training, skills and experience

- Staff told us they were able to keep their training up to date and that the registered manager prompted them to do so.
- New staff completed a period of shadowing, and had staff observing them as they worked. A member of staff said they had shadowed two staff who were "really good at their jobs, I've learned a lot from them".
- Staff had opportunities to work for further qualifications. A senior member of staff described how working towards a level five diploma in managing health and social care had "opened [their] eyes to a different way of thinking", about the laws that underpinned their work. Other staff were also working towards qualifications in health and social care.
- Training and development needs were reviewed in supervision meetings with individual staff.

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

- Meals looked appetising and people enjoyed the food. Comments included: "The food is really lovely here", "Yes, food here is excellent", "The food choices are good and it's always hot", "I really enjoyed the pork, very tasty", and "Meals are good enough, plenty of it too".
- There were two menu alternatives for the main mid-day meal, and if people did not like these a further alternative would be offered. Staff asked people earlier in the day what they would like to eat.
- People often had drinks to hand. Hot drinks were offered at intervals during the day but were available whenever people wanted them. A person told us how staff always offered them hot chocolate as they did not like tea or coffee. Someone else remarked, "They are always offering drinks".
- People's weights were monitored at least monthly, or more often if there had been unplanned weight loss. Where unplanned weight loss was substantial or persistent, staff asked GPs for advice or referral to a

dietitian.
● Care and catering staff were aware of people who had swallowing difficulties and needed thickened drinks and softer food to reduce the risks this presented.
● Catering staff had details of people's dietary needs and preferences, including where people needed special crockery and cutlery to enable them to eat independently.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff were prompt to contact health professionals when there were concerns about people's health. A person told us, "If you're not well, the doctor will come." The service had received feedback from health professionals stating the service made referrals appropriately.
● People had access to a range of healthcare services including GPs, chiropodists, opticians and dentists for both routine and emergency situations.
● People's care records contained summary information. Senior staff were in the process of developing a clearer document with details of a person's needs and preferences to share with paramedics and hospitals if people needed to be admitted.

Adapting service, design, decoration to meet people's needs
● There were aids and adaptations for people with mobility difficulties, such as a lifting bath, a passenger lift, a stair lift and grab rails.
● Toilets and bathrooms were clearly identified with door labels. People's rooms were identified with their name and a picture of something that was of interest to them.
● People's bedrooms were personalised with their own pictures and memorabilia.
● There was a garden to the rear of the property. However, people often chose to spend time in the conservatory at the front of the building, where they had a view over the park opposite.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

● The registered manager and staff understood people's right to make decisions for themselves, provided they had mental capacity in relation to those decisions. They recognised that people who lived with dementia might still be able to make their own choices. This was all evident in the way staff respected people's choices, for example, whether to join in with activities.
● People told us staff checked with them before providing care.
● Where people were able to give consent, this was reflected within their care records. Whilst the registered manager was able to explain how staff assessed mental capacity and where appropriate made best interests decisions in line with the MCA, their documentation did always reflect the steps taken.

We recommend the service seeks further advice, including a suitable template, about recording mental capacity assessments and best interests decisions.

● The registered manager was aware of the legal test for whether someone should be considered as deprived of their liberty. They had worked with the local authority to identify where people were deprived of their liberty and had applied for this to be authorised. They advised us the local authority reminded them when DoLS authorisations were close to their expiry date.

We recommend the service adopts its own system to monitor expiry dates and conditions on DoLS authorisations, rather than relying on an external organisation to remind them.

Good

Is the service caring?

Our findings

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

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

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

- People told us staff treated them kindly. Comments included: "The staff are very caring and considerate", "The girls [staff] are lovely, kind and helpful, I can't complain", "Oh yes the staff are all lovely, they'll do what they can to make sure we're all happy", "The staff here are very caring", "The staff here are lovely", and, "Yes, the staff are very nice to me".
- Throughout the inspection staff were kind and caring towards people. They treated people with affection and respect.
- Staff knew people and had built up good working relationships with them. A person said, "The staff seem to know us well. For instance, they know the ones who like to join in with activities and that's nice for us all."

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

- People and, where appropriate, relatives felt involved in decisions about their or their loved one's care. Relatives said the service kept them informed about their family member. For example, a relative commented, "The home keeps me updated about my [relative] although I am a regular visitor."
- Although busy, staff had time to speak with people and ensure they understood what the person wanted. Staff did not rush these interactions. A care worker described how a particular person often asked them to sit and speak with them.

Respecting and promoting people's privacy, dignity and independence

- Personal care all took place in private. Staff were discreet in offering assistance.
- People's independence was respected, and staff understood the importance of this. A person told us, "I am very old but I like to do things myself". The member of staff with them commented, "[Person] is a wonder really – we have to give her more help these days, but she is still very independent." Another member of staff said, "[Person] is very frail but we encourage her to do as much as she can so she maintains her independence".
- People said they could have visitors whenever it suited them. Comments included: "My [relative] came in yesterday to see me; the staff are always pleased to see visitors", and, "My family are coming in to see me today and they're bringing their puppy in, the staff don't mind at all". A visitor told us how they felt welcome: "I come in at all times, they welcome me with a cup of coffee."

Good

Is the service responsive?

Our findings

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

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

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

- People had the care they needed from staff who knew about and respected their individual needs and preferences.
- People and their visitors praised their or their loved one's care. For example, people said, "They look after us well", and, "I love it here; they take good care of me".
- Care plans reflected people's individual needs. The registered manager reviewed them each month, or if a person's needs were known to have changed, to ensure they were up to date. Any changes to people's care were communicated to staff.

Meeting people's communication needs

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

- People's communication needs, such as hearing and visual impairments, were recorded in their care plans and summary information.
- Staff were aware of people's communication needs and provided the support they needed, such as assistance to clean spectacles.
- The registered manager said they had not needed to provide information in an alternative format but could organise this if required.

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

- Activity sessions were run by staff. We saw people taking part in armchair exercises to music. There were visits from a therapy dog and from children from a local nursery.
- Other people preferred to occupy themselves. People who were able went out by themselves. Staff went out with other people who wanted to go out for a stroll but needed someone with them for safety.
- From time to time there were social events for people and their families, such as a summer barbecue.
- People told us, "There's lots to do here but I like to sit and watch. I'll join in if I feel like it, the staff don't mind", and, "I don't do much these days, I've no wish to and no-one pressurises me, so that's good".

Improving care quality in response to complaints or concerns

- There were no complaints recorded since the last inspection.

● People and visitors said they would feel able to raise any issues with the management team.
● The complaints process was displayed in people's rooms. Whilst it explained clearly how people could raise a complaint, it incorrectly referred people to CQC if they were not satisfied with how their complaint had been addressed. CQC does not have legal powers to pursue complaints, although it is keen to hear people's experiences of services to assist its ongoing monitoring.

We recommend the service reviews and updates its complaints policy and procedures to ensure it does not incorrectly direct people to raise their complaint with CQC.

End of life care and support
● Staff liaised with health professionals to ensure people were in comfort as the end of their life approached. They discussed people's palliative care needs and ensured any medicines that might be required for pain relief were in stock.
● People, and where appropriate their relatives, had had the opportunity to discuss whether they would want resuscitation if their heart stopped.
● People's care plans contained details of any end of life care preferences and arrangements. A member of staff had identified a project to develop person-centred end of life care.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created in some respects did not 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; Continuous learning and improving care; 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

- The registered manager acted on the duty of candour. They communicated with relatives if anything happened to people or there were any concerns about them. They had contacted a person's family when the person fell accidentally and sustained an injury the previous month.
- The service had not notified CQC of the person's injury; services are required to notify CQC of serious injuries such as broken bones. The registered manager said they did not realise they had to do so, and retrospectively sent in a notification. They had made other notifications to CQC as required, for example in relation to deaths. Accident and incident records reflected that serious injuries were infrequent.
- Although the rating from the last inspection was displayed in the hallway, it was not properly shown on the provider's website. This is a legal requirement and was promptly corrected when we drew it to the registered manager's attention.
- The registered manager was quick to address any matters we drew to their attention, such as unsecured wardrobes, which is a recognised safety issue in care homes. However, these should already have been identified through the service's quality assurance and improvement processes.

We recommend the service reviews its management oversight and quality assurance processes to ensure it identifies for itself where it may not be meeting legal requirements or good practice.

- Where the registered manager had identified issues, or had received concerns from staff, they had addressed these. This included robust action on concerns staff had raised about incidents of workplace bullying.
- Staff had supervision meetings every few months with a more senior colleague, at which they reviewed their performance and any support or development needs. Additional supervision was arranged when issues arose that needed to be addressed. Supervision notes reflected thorough and open discussions. A member of staff commented, "You can get everything off your chest that's bugging you… just say what you feel".

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

● People and visitors were impressed with the service. Comments included: "I can't fault this place; it is well run, and I've never had to complain about anything" and "We chose this home over several others as it had such a good reputation and when we came to see it, we were impressed by the management".
● Staff expressed confidence in the leadership team. They felt the senior staff and registered manager were approachable and would take concerns seriously. A care worker remarked that this included the owner of the provider company.
● Staff came across as motivated to perform their roles well and told us they found their work rewarding. For example, care workers said, "By far my favourite job I've ever done" and "I love it here". They spoke of good teamwork amongst colleagues: "If you feel like you're having a down day someone helps you out" and "We all get on together".
●The management team had acknowledged that staff might have mental health needs just as anyone else in the population. One of the management team had worked for and obtained a qualification in Mental Health First Aid. This taught them how to identify, understand and help people who might be experiencing a mental health issue.
● A member of staff with a long-term health condition talked about how the management team and their colleagues accommodated this, enabling them to work effectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People, their families, professionals and staff had opportunities to share their views about the service. This was mainly through informal conversation. Some had returned feedback forms, which were broadly positive.
● The service continued to develop links with community organisations. These included the local dementia friendly community organisation, a secondary school for work experience placements and a local pre-school.

Working in partnership with others
● The registered manager had good links with the local authority for guidance about current practice.
● The service was able to log in to the NHS portal to request appointments with professionals.
● There were also links with trade and professional organisations concerned with the care sector. The registered manager used these to update themselves regarding developments in good practice, and for additional training for staff.