

Mr & Mrs A Harrity

York Lodge

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?	Good ●

Summary of findings

Overall summary

The inspection took place on 22 and 30 November and was unannounced.

York Lodge is registered to provide care and support for up to 24 people living with a range of mental health needs such as Korsakoff Syndrome, schizophrenia, depression, personality disorder and bi-polar disorder. At the time of our inspection, 23 people were living at the home. York Lodge is situated in a residential area of Worthing, with the town centre and seafront within walking distance. Accommodation is provided over two floors and communal areas comprise a large sitting room and dining room, a 'quiet lounge' on the top floor and six bathrooms. Rooms are of single or double occupancy. Wi-Fi is available throughout the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from avoidable harm and abuse by trained staff who knew what action to take if they suspected abuse was taking place. Risks to people were identified, assessed and managed appropriately. Sufficient numbers of staff were on duty to keep people safe and could be deployed flexibly as needed. New staff were recruited following safe practices. Medicines were managed appropriately and people were protected by the prevention and control of infection.

Staff had been trained in a wide range of areas which enabled some staff to undertake dual roles, thus enabling people to receive effective care and support at the time they needed it. Staff attended supervision meetings and team meetings and communication across the service was good. People's consent was gained in line with the Mental Capacity Act 2005 and staff understood their responsibilities under this legislation. No-one living at York Lodge was subject to Deprivation of Liberty safeguards and people were free to come and go. People had sufficient to eat and drink and were encouraged to maintain a healthy lifestyle. They had access to a range of healthcare professionals and services. People were involved in decisions relating to the environment and had personalised their rooms to their own taste.

Staff were kind, reassuring and warm with people and were easily accessible when people wanted to talk with them. Staff were patient in their care of people and genuinely mindful of their wellbeing. People were encouraged to express their views and to be involved in all aspects of their care. They were treated with dignity and respect by staff.

Care plans reflected people's likes, dislikes and the way they wished to be cared for. People were fully involved in reviewing their care plans and met with staff on a regular basis to ensure their changing needs were accommodated and met. People had signed their care plans to show their involvement and agree the contents. Care plans were flexible to meet people's needs, for example, when they became unwell. A support worker went out with people into the community and encouraged people to pursue interests of

importance to them. There was also a range of activities within the home. A complaints policy was in place, but no formal complaints had been received within the last year.

People were involved in developing the service and their views, as well as their relatives, were sought and acted upon. A newsletter kept people in touch with what was happening at York Lodge. Residents' meetings enabled people to discuss a range of issues. Overall, people and their relatives were very positive about the staff and the standard of care provided at the home. The home was well managed and good leadership was visible at all levels inspiring staff to provide a quality service. Staff were happy in their work and talked about the importance of a team approach. A range of systems was in place to measure and monitor the quality of care provided and the service overall.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people were identified, assessed and managed appropriately. Staff had been trained to recognise the signs of potential abuse and knew what action to take. People looked at training videos to understand about their rights to safe care and treatment.

Staffing levels were sufficient to meet people's needs and many staff had 'dual roles', so they could work flexibly as needed.

Medicines were managed safely.

People were protected by the prevention and control of infection.

Is the service effective?

Good ●

The service was effective.

Staff had completed training in a range of areas and received regular supervisions and an annual appraisal. Staff meetings were held, usually on a monthly basis. Communication between staff and management was effective.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People had sufficient to eat and drink and were encouraged to maintain a healthy lifestyle. They had access to a range of healthcare professionals and services.

Is the service caring?

Good ●

The service was caring.

Staff went out of their way to support people and were kind and reassuring in their approach. Staff had time to spend with people and encouraged them to express their views.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were involved in drawing up and reviewing their care plans. Care plans provided detailed information about people to staff and how they wished to be supported.

People were encouraged to access the community on various outings and activities of interest to them. Activities were also organised within the home.

A complaints policy was in place. No formal complaints had been received within the last year.

Is the service well-led?

Good ●

The service was well led.

People were asked for their views about the service, as were their relatives. Feedback was very positive.

Staff felt supported by the management team and that any issues would be listened to.

A range of audits was in place to monitor and measure the service overall.

York Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 22 and 30 November 2016 and was unannounced. One inspector undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including four care records, three staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met with four people living at the service. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We did not spend long periods of time chatting with people as we did not wish to cause them any undue stress or anxiety. We spoke with the registered manager, the assistant manager, two care staff and the cook. We also obtained feedback from a social worker who was visiting the home at the time of our inspection.

The service was last inspected on 6 February 2014 and there were no concerns.

Is the service safe?

Our findings

People were protected from avoidable harm and abuse and confirmed to us that they felt safe living at York Lodge. One person said, "Yes I feel safe and I feel very settled here". A relative, through feedback to the home stated, 'The strong guidance that [named family member] received from staff, coupled with the understanding that they have of her needs, has contributed greatly towards her progress. She is able to make sound judgements on her actions, which has kept her out of harm's way. Previously, when [named family member] has been left without guidance, she is easily led by others. [Named family member] feels safe and happy at York Lodge. She is always keen to return to what she regards as her home now'.

Staff had been trained in safeguarding adults at risk and knew what action to take if they suspected people had been abused or harmed. A member of staff explained their understanding of safeguarding and told us, "Well, the safeguarding is in place to protect our residents. If it comes to a stage when they lack capacity, then Deprivation of Liberty Safeguards comes in". They then went on to provide an example of one person being able to manage their own money, but when they became unwell, they might be at risk of financial abuse from others. An agreement was drawn up with this person so that, if their mental health was impacting on their wellbeing and they were temporarily at risk, their money would be managed safely. People were also supported to understand how staff had been trained in safeguarding and how this might affect them. People were encouraged to watch the staff training videos about safeguarding. The assistant manager said, "We explain to people about safeguarding, what good care is and what they are entitled to. They wouldn't always know right from wrong in an institutionalised setting. Staff are vigilant and have one-to-one meetings with people; there are opportunities for people to say what they think".

Risks to people were identified, assessed and managed appropriately. For example, we read in one care plan that risks had been assessed relating to the person's vision, memory, verbal aggression, continence, suicide ideation (thoughts, concerns or preoccupation with suicide), smoking, arson, physical aggression and leaving the home on their own. People were involved in drawing up their assessments and of the actions required to mitigate any identified risks. Records showed that people had signed their risk assessments to show their agreement with them. In addition, people's mental health had been assessed using a mental health risk screening tool. This related to people's risk of suicide, self-harm, harm to others or damage to property, self-neglect and vulnerability of the person. People's personality, motivation and engagement with the world, social context and relationships and their current behaviour were linked to provide an overall assessment and guidance for staff on how to support the person. The assistant manager said that people's risks were always weighed up and their independence was encouraged; they added, "Our attitude to risk is different to other care homes". Some people chose to drink alcohol and, with their agreement, their drink habits were managed with support from staff. Some people chose to smoke and one person's care plan stated, 'I choose to smoke. I understand the risks associated with smoking and I still choose to do this. I want York Lodge to hold my cigarettes for me' and this agreement was signed by the person. We observed staff handing out cigarettes to people upon their request.

Premises were managed to keep people safe. A new roof had recently been completed and one member of staff told us, "The house is always going to be a challenge and you're trying to make the best of an older

property".

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staffing levels were assessed, monitored and sufficient to meet people's needs at all times. Staff completed training to enable them to be deployed flexibly and to meet people's needs as required. For example, one member of staff, in addition to their cleaning and housekeeping role, had been trained to administer medicines and deliver personal care. This enabled staff to be used flexibly and meant that agency staff were not required. The registered manager explained, "The strength of the place lies in the staff team. A cleaner doesn't just clean and a carer doesn't just care. Staff have a dual role and people need help". Staff felt staffing levels were sufficient. The assistant manager explained that at weekends, either they or the registered manager would be on call. They said, "I can come in if there's a staffing issue. The staff are well established and they will phone if there are any concerns". From 8am until 5pm, five care staff were on duty and from 5pm until 9pm, two care staff were available each day. At night, two waking staff were on duty between 9pm and 8am. In addition, a support worker was available between 12.00 noon and 5pm each day. The support worker supported people in the community and accompanied people to lunch dates or with activities of their choice. We looked at duty rotas over a four week period which confirmed staffing levels were consistent.

Safe recruitment practices were in place. Staff files we checked showed that potential new staff had completed application forms, received a job specification, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people.

People's medicines were managed so they received them safely. We observed a member of staff administering medicines at lunchtime and that this was done competently. Medicines were administered from a medicines trolley and we saw that this was locked in between medicines being administered to people. One person asked for paracetamol as they had a pain in their knee. Since this was medicine that was taken as required (PRN), the member of staff recorded this appropriately on the Medication Administration Record (MAR). They included the date, the time the paracetamol was administered and the reason for administering the medicine. The member of staff explained that some people might refuse to take their medicines at the appropriate time and showed us how this was recorded on the MAR. The assistant manager explained that people's medicines could change and new medicines be prescribed to treat people's mental health conditions. They told us that, if a new medicine was prescribed, "We need to get it as soon as possible", in order to ensure that people's health was not unduly compromised. The medicines policy also provided advice and guidance to staff about individual people. We read, '[Named person] is at risk of choosing to throw them [tablets] away or spitting them out; also at risk of choking. Give one tablet at a time'. Medicines were ordered, stored, administered and disposed of safely.

People were protected by the prevention and control of infection. A member of staff talked to us about the management of people's continence and this could be a challenge as people became older. They said, "We have a sluice wash. I knock on people's doors and bring their red bags of laundry down and wear gloves. We strip their beds, there are special mattresses and spray". A sluice wash ensures that soiled laundry is washed separately and at a sufficiently high temperature to prevent the risk of cross-infection. Red, alginate bags are used to keep soiled laundry separate and mean that staff do not have direct contact with it. The alginate bags are placed in the washing machine and dissolve at higher temperatures. Staff told us that encouraging people to wash their hands, and for them to understand the importance of this, was an ongoing issue. A proactive approach was adopted and people were encouraged to watch a staff training video on infection control. The assistant manager told us, "People have a better understanding of this now".

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. New staff completed an induction programme which incorporated elements of the Care Certificate. The registered manager explained that the Care Certificate in its entirety was not suitable in providing staff with the knowledge they needed to care and support people with mental health issues. A new member of staff told us about their induction at York Lodge and that they had been work shadowing experienced staff for 4 – 5 weeks. They were in the process of completing their training and told us, "I'm going through all the training. I feel happy and it's rewarding if I've helped someone". All staff completed training in a range of areas including mental health awareness, anxiety, challenging behaviour, confidentiality, Deprivation of Liberty Safeguards, diversity and equality, falls awareness, fire, first aid, food hygiene, health and safety, infection control, medication, mental capacity, moving and handling, safeguarding and diabetes awareness. The assistant manager also provided specific training to staff on mental health conditions such as Korsakoff Syndrome, schizophrenia and bi-polar disorder. A member of staff confirmed their training was up to date and said, "We're supported and encouraged to do qualifications. [Named registered manager] says I can do Level 3 [National Vocational Qualification in Health and Social Care] when I feel ready".

Staff meetings were held regularly, usually monthly, and staff had supervision meetings and an annual appraisal. We were told that staff supervisions were organised every two to three months, however, the assistant manager explained that some of these meetings were in the form of group supervisions. Whilst staff may not have received more than two individual supervisions in the year to date, we observed that communication at the home was good. In addition to handover meetings, the registered manager and assistant manager were readily available to discuss any issues or concerns staff might have. The registered manager said, "There is a dynamic within the staff team which works well and the communication is quite good. If people [staff] have ideas, there's always a different way of looking at things". One member of staff confirmed they had supervisions with the assistant manager and an annual appraisal with the registered manager. They commented, "We talk about my training and any improvements". They went on to provide an example that clinical waste bins, waterproof duvets and pillows had been purchased, to help in the management of people's continence issues. They added, "We talk about things I might need, any issues with people and any personal issues". Throughout our inspection we saw staff worked collaboratively as a team. A staff member said, "The team is really good and you feel well supported. You can be flexible in your job and with hours and you're offered opportunities to train. Every day is different and busy. It's hard, but all good fun. All the girls [staff] have routines. If someone's struggling, we help each other".

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 had variable levels of capacity, for example, some were able to make decisions about their day-to-day activities, but would have been unable to make big decisions without support. People's capacity fluctuated according to whether they were feeling well or unwell. People were encouraged to be involved in

decision making and care plans demonstrated how this was done in practice. For example, one person's care plan included a 'resident's contract' which had been signed by the person. In their plan it stated, 'You are able to make your own choices in all areas of your life, subject only to guidelines within the home. [For example] You make your own decisions about getting up in the morning and when you retire to bed'. Another person had signed a consent form to show their agreement to sharing their room with another person and that they were happy with this arrangement. A member of staff told us, "They tell us how they want to live their lives and we try and accommodate that, even if we don't agree. Some decisions may seem bad, but if that's what they want to do, we support them". They went on to explain the importance of giving people all the information they needed to enable them to make their own choices and gave examples of whether people chose to drink alcohol and smoke cigarettes. The registered manager said, "You have to build a relationship before you can get consent from people".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. No-one living at York Lodge was subject to DoLS and everyone was free to come and go as they pleased. However, many people acknowledged they needed staff support to access the community independently and others had arrangements in place to let staff know when they planned to go out and what time they would return.

People were supported to have sufficient to eat and drink and were encouraged to maintain a balanced diet. The main meal of the day was served at lunchtime. If people went out during the day, the cook explained their meal could be saved so they could eat it later in the day. The menu was organised over a three week rolling cycle. The cook told us that it used to be over a four week cycle but, "They would sooner have a limited choice more often. They choose the meals they want, especially on their birthdays, but everyone has an alternative choice. Usually favourite childhood meals are cooked for birthdays. People like roast on a Sunday and fish on Wednesdays, we always have fish once a week". Drinks were freely available and some people had refrigerators in their rooms, with facilities to make their own drinks as they chose. Special diets were catered for, such as for vegetarians and people living with diabetes. The cook said, "None of their diets are brilliant. We try not to give people second helpings as they all fight with their weight", adding that it was people's choice. It was clear that the cook knew people well and their food preferences, likes and dislikes. She said, "[Named person] seldom gets up for breakfast, but when he does, he will have porridge and toast". People had the choice of a hot breakfast on three days a week. The cook said, "I used to do a 'full English' but people don't generally want it".

We sat with people and chatted with them during the lunchtime meal on the first day of our inspection. People were engaged in conversation with each other and the atmosphere in the dining room was warm and friendly. People were enjoying either a beef casserole with vegetables and mashed potato or a vegetarian option. This was followed by chocolate sponge and custard. Everyone appeared to be happy with the choice of food on offer. Jugs of water on each table enabled people to help themselves to a drink. A 'Tuck Shop' was open to people between Monday and Thursday, selling sweets and snacks, and people enjoyed this facility, particularly those who were unable to visit the shops easily. Menus and food choices were discussed at residents' meetings.

People were supported to maintain good health and had access to a range of healthcare professionals and services. When asked for their feedback, a relative had referred to the lack of hospital admissions over recent years and the, 'Excellent service provided by York Lodge' for people living with mental health conditions. People were supported by staff or relatives to attend healthcare appointments. People had

access to a community psychiatric nurse, mental health consultants including psychiatrists, GPs, chiropodists, dentists and opticians. At York Lodge people could choose to attend an 'in-house wellbeing clinic' where their blood pressure and weight were monitored. People could discuss any health issues or concerns they might have.

People were involved in decisions about the environment at York Lodge and some people had their own furnishings in their rooms. A member of staff said, "Some people like their rooms clean and tidy. You have to work with each person individually". They told us they had a plan for each resident which noted how often people liked their rooms cleaned and tidied, some daily, some weekly. They added, "Some people keep their own rooms clean and tidy. It's how they want to live really".

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. Throughout the two days of our inspection, we observed that all staff had time to spend with people and that they were patient, reassuring and kind. It was clear that people felt they were listened to and that their views mattered. People were comfortable to put their heads round the door of the registered manager's office and have a quick chat about any issues or provide a brief update on how they were feeling at that moment. Staff were genuinely interested in people's wellbeing and went out of their way to ensure that people were happy and settled. One person said, "The girls are lovely and they do a good job. I like to help too". People spoke highly of the staff overall, including the registered manager and assistant manager; they also valued the assistance of the support worker who enabled them to access community activities and interests. The cook referred to people and said, "They enjoy life, but compared to us their lives are very limited. They do enjoy their food". Another staff member commented, "It's good fun, everyone's different. Working with someone like [named person], sometimes he doesn't process information. He goes out on his own, he enjoys his food, but he's a messy eater! That's how he is". Another member of staff said, "Everyone is really nice. I ask people how they want things to be done". They added that they enjoyed spending time with people and said, "If I help with their personal care, I get time to chat". A visiting social worker felt, "[Named registered manager] is brilliant and very understanding of people, very empathic".

People were supported to express their views and to be actively involved in making decisions about their care, treatment and support. Throughout the two days of our inspection, we observed people were asked how they wished to be supported and were encouraged to communicate their needs and wishes. A member of staff said, "Everyone has their care plan and they say what their routine is, what they like and dislike. Everyone knows where they stand". The assistant manager told us, "We encourage family involvement as much as possible, so people have someone to confide in, rather than just staff".

People's privacy and dignity were promoted and respected. In feedback, a relative stated, 'Residents are treated with respect by staff and there is deep understanding of individual needs. There is great kindness and a happy atmosphere at York Lodge, along with a tremendous awareness of 'duty of care' which is fulfilled, but never in a heavy-handed or authoritarian way'. A member of staff told us, "If people look like they need help, I will always check they're comfortable with that. I try and encourage people to be independent".

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. The essence of being person-centred is that it is individual to, and owned by, the person being supported. A person-centred approach focuses on the individual's personal needs, wants, desires and goals so they become central to the care process. Care plans provided comprehensive, detailed information about people and advice and guidance to staff on their support and care needs. In one care plan we read how the person needed support with their personal care, particularly in keeping their fingernails clean. They also needed support from staff with shopping, hair care, finances, housekeeping and access to recreational activities. Additional information included help required with their mental health and communication, physical health and mobility, medication, relationships, food and nutrition and with their environment. The person had signed the care plan to show they had read it and agreed with the contents. Care plans were formally reviewed every six months, but this timing was flexible, based on people's changing needs. For example, one person had an additional care plan put in place for a short time after they had surgery and provided staff with information on how to assist with personal care, the environment, medicines for pain relief and medical follow-up and care.

The registered manager explained that care plans needed to be flexible and could change quite quickly depending on people's mental and physical health and wellbeing. The assistant manager said, "We adapt on a weekly basis to provide support for our clients. We support people's needs as they are presented". They went on to state there were, "Constant micro-meetings" which took place when people's needs changed. Staff would discuss any issues with managers and care and support would then be adapted to provide individualised care. The assistant manager told us, "I see the care planning process as very fluid. It's an opportunity to sit down with the resident and ask what they need". They told us about the plans in place for a new person who had recently moved into York Lodge and said, "We're in the moving-in process and things will change. I try my best to make sure staff know what to do". The assistant manager confirmed that staff read care plans and commented, "Definitely, people's care needs change as they get older". The registered manager said, "The strength is the sense of giving people a home. We've got fewer incidents because we work with people. We have structured meetings with people and ask them what they want. Group meetings or 1:1s can happen anytime".

We asked staff how they would deal with people who had incidents or behaviour perceived as challenging. One staff member gave an example saying, "[Named person] can become quite violent and destructive. It's a case of following them, making sure the area is safe and trying to calm them down. I distract them and try to divert their attention, perhaps offer a tea or a coffee and ask whether they want to talk about it". We asked this staff member how they were affected by dealing with any challenging behaviour or verbal abuse. They told us, "You have to let it go over your head, you never argue back. You can't take things personally. You have to try and solve the issue and remember people are unwell. There have been times when a couple of them try and test you. You might have to sit quietly for 10 minutes".

People were encouraged to participate in activities and interests important to them and to access the community. In feedback to the home, a relative stated, 'I think you do your best in a difficult job. With activities (for example, cinema, visits to the home by singers and performers) additional to the normal daily

routine of the home, I get the impression of a very commendable effort to activate the residents and help them spend less time inactive in front of the telly'. The registered manager told us, "We hope we support people to live in the community. People can come and go as often as they want. Some people have been here since York Lodge opened. The biggest challenge is when people's physical needs go beyond what they can manage". A staff member explained how they would find out about people when they moved into the home. They gave an example and said, "Once she's settled in, I'll go in to her and ask her about herself, she seems quite sociable". The staff member said they would ask the person about their food preferences and favourite television programmes and added, "Residents are all quite interested in being involved. They like doing errands for each other". A support worker went out with people in the community and enabled them to be involved in things like going out for lunch, attending a football match, shopping or trips to London. If people chose not to go out, then activities were organised within the home, for example, a movie afternoon where people could choose what film they wanted to watch and drinks and cake would be served. Other activities included arts and crafts, games and music. A member of staff told us, "We have lots of entertainers, singers" and a dog who came into the home was particular popular with people. Parties were organised throughout the year with a summer BBQ and Christmas Party. This year's Christmas party theme was the 'Rat Pack Glamorous Christmas Party', where people and staff were encouraged to dress up and family members and friends had also been invited.

A complaints policy was in place which stated that any complaints would be acknowledged within seven days and resolved within 28 days. The registered manager told us that no formal complaints had been received within the last year and added that any issues raised by people would be dealt with straight away. They explained, "I want people to come and let me know if they have any concerns and we can discuss it. Complaints are handled that way". Details were posted on the noticeboard so people and staff knew how to make a complaint. A member of staff said, "People have the opportunity to discuss anything at any time".

Is the service well-led?

Our findings

People were actively involved in developing the service and told us that residents' meetings took place. One person explained, "We talk about different stuff, like cleaning hands, about the food and that". The Christmas party had recently been discussed. A residents' meeting was held on the second day of our inspection and the assistant manager told us that the menu had been discussed. We looked at the minutes of residents' meetings held in February, March, April, June and July 2016. At the July meeting items under discussion included the scaffolding and roof repairs, oral health, smoking indoors, hand washing, outing to the cinema, care planning and consent, singer/entertainer, decoration of the home and a request for beetroot to be included in salads. In addition to residents' meetings, a newsletter was produced 'Lodge Life Newsletter', to update people and their families on what was happening at the home. The assistant manager said, "We're sending off letters to families and friends to ask them what they think about the service".

There was open communication with people who lived at York Lodge, those that mattered to them and staff. The assistant manager commented, "We look after family members too. Families can get upset and they don't always understand the issues of mental health". A member of staff told us, "People are challenging, but rewarding. I like the ambience of the place really. It's a terrific staff team and that goes right up to the owners. They're in and out as they need to be". Residents and relatives' views were sought through formal surveys and all responses were positive. One relative, commenting on the staff, stated, 'Always friendly and kind. Helpful to [named family member] and doing well by her'. Another relative stated, 'Throughout these years [named family member] has always been happy, well cared for and has retained his independence. We know that you are very aware of the issues [named family member] has and are impressed by the way in which you manage them'.

Good leadership was visible at all levels and inspired staff to provide a quality service. We asked staff about their views of the management team. One staff member told us, "It's a great team. We all work well together and support each other where needed". They felt, "The service is 100 per cent well managed. If we've got issues or any questions, you can always come to [named registered manager and assistant manager]". Another member of staff talked about management and said, "I never have any problems with saying what I need to say. If you have a problem or issue it would be listened to". The registered manager felt supported by the owners and weekly contact, either face to face or by telephone, ensured that the provider was involved and updated on matters appertaining to the running of the home. They referred to the owners and said, "They're very good and I've got to know them really well".

Quality was integral to the service's approach and because staff were flexible and had been trained in a range of areas, they were able to support people's changing needs and provide a high standard of care. A relative commented, 'Residents are treated with respect by staff and there is deep understanding of individual needs. There is great kindness and a happy atmosphere at York Lodge, along with a tremendous awareness of 'duty of care' which is fulfilled, but never in a heavy-handed or authoritarian way'. A visiting social worker told us, "I love this place and I think it's amazing – the level of care. They're very good at communicating and you're always made to feel welcome".

A range of systems were in place to measure the quality of care delivered and the service provided overall. The audits were organised in line with the Commission's processes, that is, under 'Safe, Effective, Caring, Responsive and Well Led'. Audits had been completed which looked at each of these areas, for example, health and safety, management of medicines, care plan reviews and staffing. A relative summed up their views of the service and had written, 'A happy environment, with very caring staff'.