Eleanor Nursing and Social Care Limited

York House and Aldersmore

Inspection report

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Essex
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an unannounced focused inspection of this service on 18 March 2016 following concerns that the service was not sustaining it's 'Good' rating which it achieved in March 2015. We found breaches of legal requirements in relation to Regulations 9, 15 and 17. The provider submitted an action plan stating that these breaches would be addressed by December 2016.

At a comprehensive inspection on 23 May, 24 May and 01 June 2017, we found continued breaches of Regulation 9 and 17 and further breaches of 12, 14 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). The service was rated 'Inadequate' and placed into special measures. As a result of our concerns the Care Quality Commission met with the provider who voluntarily agreed to restrict admissions to the service and we were sent regular improvement plans.

We undertook this comprehensive inspection on 22 May, 01 June and 16 June 2018 to check that the registered provider had made the required improvements and to confirm they now met legal requirements.

You can read the report from our last inspections by selecting the 'all reports' link for York House and Aldersmore on our website at www.cqc.org.uk

York House and Aldersmore 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 care home accommodates up to 18 people who have a learning disability or autistic spectrum disorder and may also have mental health needs or a physical disability.

York House and Aldersmore is situated in a quiet residential area in Holland-on-Sea and close to the seafront and amenities. The premises is on two floors with each person having their own individual bedroom and communal areas are available within the service. At the time of our inspection, eight people were using the service.

There was no registered manager in post. A new manager who had been previously registered at the service recommenced in post on 18 April 2018.

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.

Improvements were still needed to ensure that all risks to people's safety and welfare were identified and acted on, specifically in relation to one person choking. Equipment used to support people with their mobility had not been checked and was unfit to be used.

The cleanliness of the service had improved but further improvements were required, for example ensuring taps were free from lime scale and shower drains were free from grime and debris. Improvements were also required regarding food hygiene practices.

Staffing levels had recently been reviewed at the service and were adequate to ensure that people's needs were met, and they received a good quality of care.

Improvements were required to ensure that care plans contained accurate information and provided guidance on how to meet people's needs.

People had some opportunities to be involved in the running of their home to maintain their daily living skills. We have made a recommendation that the service continues to further develop the opportunities for people to be involved in daily living activities within the service to promote their independence and well-being.

Staff had received training to ensure that they had the necessary skills and knowledge to carry out their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The requirements of the Mental Capacity Act (MCA) were understood and in place.

Staff were kind and caring and had developed good relationships with people who used the service.

We received mixed feedback regarding the effectiveness of the leadership and management team at York House and Aldersmore. While the atmosphere and culture in the service was much improved, some relatives had lost confidence in the service due to a lack of communication. Although some auditing and monitoring systems were in place to ensure that the quality of care was consistently assessed, they had failed to identify the issues we found during our inspection.

Since our last inspection of the service, some improvements had been made, however, we found continued breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). Steps had been taken to strengthen the management team of York House and Aldersmore and this was seen to be a positive step, however further improvements were still required to ensure the registered provider's oversight and quality assurance arrangements were robust and effective to drive and sustain improvements; and to achieve compliance with regulatory requirements.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements were still needed to ensure that all risks to people's safety and welfare were identified and acted on.

Improvements were required regarding the administration of 'as required' medicines.

People were not always being provided with a clean environment or well-maintained equipment and food hygiene processes required improvement.

Staffing levels were sufficient to meet people's needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Improvements were still needed to ensure people were appropriately supported during mealtimes.

Mental capacity assessments were in place for people however staff needed to ensure they always gained consent before providing support.

Staff had the knowledge and skills they needed to carry out their roles and responsibilities.

Is the service caring?

Good

The service was caring.

People were involved in the running of their home although this could be further developed.

Staff had developed good relationships with people who used the service.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Some care plans contained conflicting information.

The activity provision requires review to ensure that this meets the needs of those living at York House and Aldersmore.

Complaints procedures were in place and displayed, but not always used to ensure lessons were learned and practices changed where needed.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality assurance systems were not always robust enough to independently pick up shortfalls and act on them.

Improvements were still needed to improve communication with relatives.

Records did not always provide a clear audit trail to evidence that actions were being addressed.

The management team were working hard to make the required improvements to the service.

Staff were complimentary about the recent changes in management.

York House and Aldersmore

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 checked 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.

This was an unannounced inspection which was undertaken by two inspectors and took place over three days, 22 May 2018 at the service and on the 1 and 11 June 2018 when we spoke to relatives on the telephone.

Before our 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 improvements they plan to make. We reviewed information we had received about the service such as the provider's improvement plan and notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

During the inspection, we spoke with three people about their views of living at the service. Where people were unable to speak with us directly we used informal observations to evaluate their experiences and help us assess how their needs were being met. We also observed how staff interacted with people. We spoke with three people's relatives and one visitor. We also received feedback from the local authority.

We looked at records in relation to three people's care. We spoke with the manager, the operations manager, the area manager, the quality manager, and three members of staff. We looked at records relating to the management of the service, staff recruitment and training, medicines management, complaints and systems for monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Safe was rated as 'Requires Improvement' at our last inspection in May and June 2017 and we found a breach of Regulation 12 (Safe Care and Treatment) and a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was due to concerns with staffing levels, risk management, medicine management and the cleanliness and maintenance of the environment. At this inspection, we found that while some improvements had been made, we have judged safe as continuing to 'Require Improvement."

Improvements were still required regarding risk management. One person had been identified by the local authority in January 2018 as at risk of choking. The risk assessment stated that the person was to be monitored by staff whilst eating and drinking to prevent choking and that a GP referral for an assessment with the SALT (Speech and Language Therapy) team was required. Their care plan stated, "I can swallow foods whole which can make me sick," and, "I often cough during or after food and drink." The person had no teeth but the care plan did not state the type of food that they would require ensuring that it was safe for them to eat. We observed this person during lunchtime. The person was not being observed, despite the risk assessment stating that they should be and this left them at risk. A staff member did eventually sit down next to them. A referral to the SALT team had not been made and this placed the person at risk of not being supported correctly. Their individual needs had not been assessed to determine if further measures were required to minimise the risk and details regarding how best to support the person were not recorded to provide staff with sufficient guidance to keep the person safe.

Risk management of the environment and equipment required improvement. In one bedroom, the wardrobe was not secure and cushions were stored on top of it which could result in the wardrobe toppling while trying to reach the cushions. One person was using a walking frame to support them with their mobility. The rubber feet [ferrules] on the walking frame were worn through to expose the metal which placed the person at risk of slipping/falling. There was a second walking frame in a bedroom which also had worn ferrules. We were told that this frame was not in use, however the frame had not been removed and could still be used in a poor condition. The manager confirmed that there was no system in place to check the safety of this type of equipment. The lack of checks meant that the wear and tear of equipment went undetected and placed people at risk of harm from using equipment that may be damaged and/or unsafe.

Staff had been trained to administer medicines and their competency to do so had been checked through observation by the manager, however improvements were needed in the administration and monitoring of 'as required' medicines, referred to as PRN. Where one person was prescribed a PRN pain relieving medicine, the impact of not having effective monitoring in place meant, that where they had been regularly receiving the medicine, the stock had run out and the person had not been given the pain relieving medicine for two days. Staff confirmed that they were acting to request a repeat prescription, however in the meantime, the person did not have this medicine available.

Further improvement was required regarding food safety and hygiene processes. We observed some care staff to be wearing PPE [Personal Protective Equipment] when serving the lunchtime meal. Each staff

member was wearing different PPE. Two staff were wearing hairnets, one person was wearing an apron and two staff were wearing disposable gloves. One staff member who was wearing gloves was seen to help someone to push their chair in. When asked why they were wearing the PPE, one staff member said, "Because we have to. It came from management." Staff did not understand the reasons for wearing the PPE. The tiles behind the cooker were difficult to clean and strips on the work surface required sealing to avoid food debris being trapped and prevent any build-up of bacteria.

There were items in the fridge which were opened and not dated including soft cheese and a tin of corned beef. The oven was turned off and in the oven, was two quiches. The staff member was unable to say when the foods in the fridge were opened or whether the quiches had been heated then cooled down. This left people at risk of being served food that had not been stored correctly. The staff member discarded the undated items in the fridge and they discussed the concern with the manager.

Where people had been involved in accidents and incidents, these had been recorded and action had sometimes been taken to reduce the risk. For example, where one person cut their head on a shelf in their bedroom, the shelf was taken down. However, not all incidents had been reviewed to ensure that lessons were learned and the risk of re-occurrence was minimised. For example, one person had become unhappy as they had no money, another person had a fall and another had sustained a cut. These incidents had not been reviewed. The management told us that they would change the system to ensure that this was addressed.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

After the inspection, we were sent evidence that a referral to the SALT had been made, however this had not been independently identified or actioned by the service prior to our inspection. The manager also told us that they would check all the wardrobes and address any that were not secure.

At our last inspection, improvements were required in the cleanliness and maintenance of the service. At this inspection, we saw that some improvements had been made, however some were still required. The decking in the garden, which was a trip hazard, had been removed, the fire doors had been replaced and new equipment had been purchased for the kitchen. The cleanliness had also improved, for example in the laundry area, however, lime scale had built up on the taps in some bathrooms and some water drainage outlets required cleaning. Mops were now colour coded to ensure they were used in the correct areas of the service reducing the spread of potential infection and infection prevention audits were being completed.

The staffing levels had recently been reviewed and changes were being made to the rota to provide additional staffing at key times of the day. People and staff told us they felt there were enough staff on duty to meet people's needs. One person said," The staff say that they won't be long and they come and help me. There is enough staff. The staff did fizzle out a little bit but we are getting settled again now." One staff member said, "I think there are enough staff to support people at the moment because we have less residents. I think we would need more staff if we had more residents." Another staff member said, "We are more at ease now [with the staffing] and people are not competing for staff time." We discussed the arrangements in place with the management team to ensure that people could access the community as they wished. We were told that a review had been requested for one person who required two staff to support them to access the community to enable more frequent trips for them and others within the service to be achieved.

People told us staff treated them well and staff understood their roles and responsibilities in safeguarding

people. Staff confirmed that they had received training in safeguarding. One staff member told us, "If I had concerns I would speak to the senior or the manager and, if I didn't feel it was being addressed, I would raise a safeguarding concern with the local authority." Staff were clear about the need to report any safeguarding concerns and knew the processes in place to do this.

There were safe recruitment processes in place to ensure staff were of good character and suitable to work with those living at York House and Aldersmore. Relevant checks had been completed prior to new staff starting work at the service. These included undertaking a criminal record check with the Disclosure and Barring Service (DBS), obtaining references, and proof of identity.

Requires Improvement

Is the service effective?

Our findings

Effective was rated as 'Inadequate' at our last inspection in May and June 2017 and we found a breach of Regulation 14 (Meeting nutritional and hydration needs) and a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was due to concerns with staff training and support, risk management of health needs and monitoring of nutritional needs. At this inspection, we found that some improvements had been made but further improvements were required. We have judged effective as 'Requires Improvement'.

We saw that some improvement had been made since the last inspection and people were supported to maintain a balanced diet. However, one person who was at risk of malnutrition had been sent a food supplement in a selection of flavours to trial to determine which one they enjoyed and which had been effective in promoting weight gain. Their nutritional assessment had not been updated to include this information. The outcome was not being recorded to provide feedback to the dietician about which supplement was best suited to the person's needs. Whilst this had not impacted on the person, it is important that records of people's need and progress are kept so that the person can be monitored for improvements and or any deterioration.

During our inspection we observed the meal time experience. One person was struggling to use a fork as food kept dropping off the fork as they went to put it into their mouth and they were struggling to get the food onto the fork as they did not have a plate guard to assist them. At one point they began to use their fingers instead. A staff member sat down next to the person but did not appear to notice that the person was struggling or provide any assistance to enable the person to eat more comfortably or to ensure that they had an adequate intake of the meal. The person eventually said that they had enough but had left a lot of their meal. We were concerned that this may not be because the person was full but because the person was struggling and this could result in the person not receiving adequate food intake. The management team had been completing mealtime observations to identify any concerns and were using this as a learning experience at staff meetings to improve practice. They assured us that this would continue and that they would look into the concern that we had identified and address this.

There was a pictorial menu board on display which had been put in place since the last inspection and people were able to make choices using this system. People could choose alternatives if they chose not to eat the planned menu. Staff were checking where people wanted to sit and eat their lunch and some people chose to eat in the dining room while others sat outside in the garden. People had colour contrasting crockery making it easier for them to see the food on the plate. People being given a choice of drinks and staff were offering additional sauces instead of gravy. One person's care plan said, "Maintain my nutritional intake throughout the day and offer fluids regularly to prevent dehydration." We saw fluids were being offered throughout the day and people had access to juice as they required it within the lounge area.

People were complimentary about the food. One person said, "The food is nice and we have a menu that comes around and I can choose what I want. The quiche today was very nice and we had rice pudding which was good." Another person said, "They [staff] do not give us food we do not like. We all have different food

and it is nice."

People had hospital passports. The aim of a hospital passport is to assist people with learning disabilities in their transition to hospital. This would provide clinical staff with important information about the person, their health and communication needs. However, we saw that one passport for someone who could become distressed and anxious was missing key information about potential triggers that could cause the person to become upset or ways to engage in meaningful conversation to reduce the risk of the person becoming upset. Another passport did not detail the person's spinal condition which could impact on ensuring the person was positioned correctly and was comfortable. This had been identified as requiring improvement at our previous inspection and we found that action still needed to be taken. This placed the person at risk of not receiving the correct support to support their physical and emotional wellbeing. We observed that the new manager had developed a template to audit care planning documents going forward but this was not yet implemented.

We found staff were receiving adequate and appropriate training and support to ensure they had the knowledge and skills to carry out their roles and responsibilities. Staff undertook mandatory training in subjects including moving and handling, medicine management, safeguarding and first aid. Mandatory training is training the provider thinks is necessary to support people safely. Staff had also received training specific to the needs to those living at York House including dementia, challenging communication awareness and diabetes and staff felt that the training helped them within their roles. One staff member said, "I have regular training which is important as things change and things you think you know, you didn't know."

A comprehensive induction was in place and two new staff were attending induction on the day of the inspection which included equality and diversity, dignity and respect and whistleblowing. Observations of practice were undertaken in moving and handling, communication and record keeping. Observations were undertaken on staff practice to check their competency and feedback on any areas for improvement.

The design and layout of the premises promoted people's wellbeing. Since the last inspection some areas of the service had been decorated and the use of bright colours in the corridors enabled people to find their way and there was appropriate signage around the home to assist people living with dementia to orientate around the building. The lounge and dining area were being decorated in a seaside theme. One person said, "I think the yellow looks nice and it's nice to see it brighter." Another person said, "I like the colours in the house. It has brightened the place up. We brought some sea shells to hang up in the lounge as one end is going to be the seaside."

People's bedrooms were very personalised, for example, one person's jewellery had been made into a pretty display and another person had their own fridge and tea making facilities. People had photographs of themselves on their doors to help them to find their bedrooms.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the previous inspection, we found that improvements were required regarding the knowledge and understanding of the MCA and in ensuring that the support provided was not restrictive. We found that these improvements had been made and the service was working within the principles of the MCA. People had signed to give their consent, for example, to being supported with personal care. We saw that people were mostly given choice and asked for consent throughout the day, however on one occasion, a staff member supported someone to wipe their nose without first checking whether this was okay and gaining consent or telling them what they were about to do.

Mental capacity assessments were in place for people, which recorded whether they could make decisions relating to day-to-day tasks. Staff had received training in the MCA and understood what this meant. One staff member said, "It's about checking the person's understanding, give people space and give them options to make a decision. If they do not have capacity, then a decision is made in their best interests. We know people well so we know their preferences." Another staff member said, "Some of the people here have capacity to make day to day decisions but would not understand complex decisions so we might involve an advocate in the decision." An advocate is a someone who ensures that people's views are heard. The manager had applied for Deprivation of Liberty Safeguards authorisations for people who needed to be deprived of their liberty where there were restrictions in place.

Staff felt supported and had regular staff meetings and supervision. Supervision is a one to one meeting between a staff member and their supervisor and includes a review of performance and an opportunity for discussion around any problems and achievements. Staff felt they benefited from having time set aside, "Just to talk over any problems and to get to know what you need to improve on." Feedback included, "The manager is approachable, any problems and they are there. The manager has an open door." Subjects discussed at staff meetings included planning summer activities and health and safety.

The service was in the process of implementing an electronic system developed for care planning. This, they felt would improve the process and ensure that plans were up to date, CCTV was in place to be able to monitor people's safety, and a notice advising people that it was in place was displayed.

Good

Is the service caring?

Our findings

Caring was rated as 'Requires Improvement' at our last inspection of May and June 2017. This was due to concerns with staff practice, care not meeting people's needs and people's independence not being promoted. At this inspection, we found that improvements had been made and the rating has improved to 'Good'.

Following the previous inspection, the management team were considering developing people's independent living skills through more focused individual plans. At this inspection, although we did not see any individual plans in place, people were involved in setting the table and folding napkins in preparation for the lunchtime meal. At the previous inspection, one person spoke of the vegetable patch and how they enjoyed growing vegetables and eating these, however the vegetable patch was no longer being used. One person said, "We are hoping to have a vegetable patch again. This is being sorted out." Another person said, "Sometimes I go in the kitchen and help my keyworker wipe up. It stopped for a while but it is getting better again. I like helping in the kitchen."

The representative for the provider told us that the vegetable patch had recently been replaced with a sensory garden and would be used as a vegetable patch again in the Winter.

We recommend that the service continues to further develop the opportunities for people to be involved in daily living tasks within the home to develop their skills and to promote their independence and well-being.

The mission statement of York House was to enable people to 'realise their goals each and every day', however it was not always demonstrated how this outcome was achieved. People had goals that they were working towards. One person's goal was, 'To live my life as happily as I can at York House. I also would like to see my [relative's] more, as that puts a smile on my face when they come a visit me'. However, later in the care plan it stated, 'I do have family but I haven't seen or heard from them in a long time.' The representative for the provider told us that outcomes would be recorded on the PASS system in the future.

Care plans contained relevant and personalised information in relation to the individual's likes, dislikes and preferences. They also included what people could do for themselves, for example, one support plan said, "I like staff to encourage and prompt me and remind me that they are not taking away my independence but are encouraging me to do things myself." A keyworker system was in place and people knew who their keyworker was. The keyworker's tasks included activity planning and supporting people to tidy their bedrooms.

Meetings were in place for people using the service to feedback and comment on the way their care was provided and people had discussed the food, holidays and trips that they wanted to do.

Information was provided in a format that people could understand. People had pictorial reminders on their bedroom walls of which glasses to wear for distance and which glasses to wear for reading displayed on

bedroom walls.

The atmosphere and culture in the service was much improved since the last inspection. People accessed areas of the home freely and staff supported people to make choices in their daily lives. Staff had developed positive and meaningful relationships and had a good friendly rapport with the people that they were supporting. Interactions were patient, warm and engaging and staff listened to what people were saying and showed interest. People were at ease with each other and with the staff. People were encouraged to be involved and included. For example, two people were playing 'Animal Bingo 'with staff in the lounge and dining area. Another person was looking to see what was going on. Staff acknowledged the person straight way, encouraged them to join in and the person joined the others in the game. One person was watching the decorating of the lounge taking place and staff encouraged the person to take part which they did for a short time.

Feedback we received from people and relatives was positive about the caring nature of the staff. One person said, "The staff help me to strip the bed on Sunday. I am happy here and the staff look after me." Another person said, "The staff are all nice and they help me when I need help." One visitor said, "I find the staff caring and they respond if someone needs something." One relative said," The new staff are very good. They have good conversations with people and they have been great."

Requires Improvement

Is the service responsive?

Our findings

Responsive was rated as 'Requires Improvement' at our last inspection in May and June 2017 and we found a breach of Regulation 9 (Person centred care) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was due to concerns with care planning and activities. At this inspection, we have acknowledged that some improvements had been made but further improvements are required. We have judged responsive as continuing to 'Require Improvement'.

Where care plans had been recently reviewed, we found conflicting or inaccurate information was not always identified and acted on to ensure it provided an accurate account of the person's needs. One person's plan stated that they had skin problems but no guidance was provided as to what this meant. Elsewhere in the plan it stated that the person had dry skin and used cream for this. Staff had completed 'tick' boxes to confirm if something was required or not. For example, one person's care plan was ticked to state that they use a hoist, and another person's care plan was ticked to state they use a stand aid and both were incorrect. Although staff were seen to give the right support with people's mobility, it showed that further improvements were needed in checking that the information given in care plans reflected the level of support being given.

At our last inspection, improvements were required regarding activity provision. At this inspection, we received mixed feedback regarding how people spent their time, and were supported to be engaged and enjoy meaningful activity and the activity provision required review. An activity co-ordinator worked three days a week. The service had a craft room and we saw that some pretty craft houses had been made. One person was helping the handyman to wallpaper the hallway. People were spending time in the sunshine relaxing in the garden and others were colouring in the lounge area with music in the background.

People told us that they could do what they wanted to do. One person said, "I can do my own thing here. I read and have been knitting a blanket." Another person said, "We went to Great Yarmouth the other day and had a picnic. We had a McDonalds on the way back. We have quite a few day trips." However, one relative said, "I don't think [relative] goes out a lot, maybe because they were unsettled by what was going on [changes]. [Relative] is starting to go out again and they [staff] are trying to encourage them. Hopefully things will settle down." One staff member said, "People do go out but it does depend on if we have a driver to take out the mini bus. It can be tight with three staff to get people out as one person requires two staff." This was discussed with the management team who said there were enough drivers for people to access the community when they wished and that changes were being made to the rotas to enable more opportunities for people to go out.

While relatives told us that there had been reviews triggered by the commissioner funding the service, they were not sure that any reviews of people's care had been undertaken by the service. Feedback again reflected that more work was needed to keep relatives up to date with any changes to people's health and welfare. One relative said, "It is difficult to say how it is now. I will give the manager a couple of weeks and make an appointment to discuss all aspects of [relative's] care."

People told us that if they were not happy they could talk to staff who would try and 'sort it out'. The service had a complaints procedure which outlined what people could expect from the provider in response to any complaints or concerns they had. We noted that the complaints policy was on display and was available in an appropriate easy read format. We received concerns at our previous inspection about the lack of visibility and proactive communication from the provider about changes in the service and we received similar concerns from the two relatives at this inspection. One relative said, "I am worried about [relative]. I don't know what is going on with the management. There is a lack of communication and it is driving me berserk." Another relative said, "I haven't been able to keep a check on things as it has been so complicated with the changes." Despite the feedback received, the representative for the provider informed us that letters had been sent out to relatives to update them of the changes.

Concerns and complaints were not always used to ensure lessons were learned and practices changed where needed. The complaints system was disorganised and it was difficult to see where the service had responded to complaints that were made. One complaint had not received a response. The operations manager told us that this was down to the previous manager who had now left the service and that this would improve under the current manager.

There was a suggestion box in the lobby to encourage people to make any suggested improvements and a compliments book was available. Compliments had included, 'The home smelt lovely and fresh and the food looked delicious' and, 'The staff are very helpful.'

The service was not currently supporting anyone who was believed to be at the end of their life. However, some people's preferences for the arrangements that they would like once they reach the end of their life had been and evidenced that people had been consulted regarding their wishes. We recommend that the service should expand this good practice to all people living at the service.

Requires Improvement

Is the service well-led?

Our findings

Well-Led was rated as 'Inadequate' at our last inspection in May and June 2017 and we found a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was due to concerns with leadership and oversight. At this inspection, we have acknowledged that some improvements had been made but further improvements are still required. We have judged well-led as continuing to 'Require Improvement'.

Auditing and quality assurance processes had not identified all of the concerns and areas for improvement that the inspectors found as part of this inspection. For example, the referral not being made regarding choking, conflicting and missing information in care plans, the lack of equipment checks and the cleanliness in bathrooms and food hygiene issues in the kitchen. Some improvements highlighted from the previous inspections had not been fully addressed to ensure compliance with the regulatory requirements.

The relatives that we spoke with had lost some confidence in the management team and one commented, "We are back where we were two years ago. There is no communication about the management changes. I don't know when the last manager left or what's going on now. I don't know who the senior managers are to contact," and, "Staff have been coming in and out as they didn't get on with the previous manager so the whole place erupted. The head office managers do come down more often now." Relatives had shared similar concerns regarding a lack of effective communication and contact from the provider at the previous inspection. At this inspection, we found that this continued to be a concern and lessons had not been learned or action taken to focus on developing confidence or on building positive relationships with some relatives.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance

Whilst we acknowledge the management team has responded and acted after our inspection to rectify some of these shortfalls, these concerns had not been previously identified and rectified prior to our inspection.

At our previous inspection, we noted that records did not always provide a clear audit trail to ensure any actions were being acted on and completed and this continued to be inconsistent. For example, an asbestos survey had been undertaken in February 2018 and action had been recommended by the company who completed the survey. Recommendations had also been made following a fire safety visit. It was not clear from the records that action was being taken to address the recommendations that had been made. The manager verbally confirmed that action was being taken.

At our previous inspection, we received feedback that the culture was not always open and staff did not always feel comfortable speaking up. At this inspection, staff reported a change in the culture and comments included, "Staff get on really well and it is friendly. We talk about any issues and it is a very cheery happy place." Another staff member said, "It's brilliant now and things have got better since [operations

manager] came. We had things in place but not how they should have been. We just want to strive and improve. We are getting there."

The service had been through a period of instability with three managers being in place since 2017. The new manager in place had previously worked at the service and had left to improve their knowledge, returning with a Health and Social Care Level 5 qualification and additional experience. The manager told us that they, "Needed to go away and learn." The manager felt that the service now has a, "Fantastic foundation and is moving forward."

People and staff spoke positively of the previous manager's return. One person said, "[Manager] is nice and I have seen her a few times." Another person said, "I always liked [manager]. One staff member said, "It was troublesome times when [manager] left but now they are back it feels more stable and we have the guidance we need." A regular visitor to the service commented," There were lots of changes after [manager] left but it is better organised now they are back and I feel happier".

Since the previous inspection, a quality manager and an area manager had been recruited to support the service to make improvements. The management team visited the service twice weekly and this had contributed to the improvements that were seen within the service, for example, people's names were now on bedroom doors, the service was being decorated and an evacuation plan was in place.

The management team has also been working closely with the commission and the local commissioner's quality improvement team had been providing support to the service as they were in failing to meet the terms of their contract and had been completing an action plan which has recently been signed off as compliant. However, we found some shortfalls at this inspection which demonstrated that improvements were still required and effective systems put in place to identify improvements and ensure these systems were robust, embedded and sustained.

To support the further development of managers across the organisation, an extensive training programme was in place which provided an opportunity for all managers across the organisation to get together to share best practice and to learn from each other.

The management team were motivated and committed and they were working hard to embed a core value base which was displayed in the service and were continuing to improve the culture. This now needed to be embedded and sustained to ensure positive outcomes for those living at York House and Aldersmore.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety and welfare were not identified and acted on. Equipment was not well maintained. Some areas of the environment were not clean and food hygiene practices required improvement. Accidents and incidents were not analysed to ensure lessons were learned. Sufficient quantities of 'as required' medicines were not always available. 12 (2) (a) (b) (e) (f) (g) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Auditing and quality assurance systems were not robust or effective in identifying and addressing concerns to ensure that people received safe care and the service continuously improved. Communication systems were not effective to ensure relatives were kept up to date. 17 (2) (a) (b)