Yorklea Limited

Yorklea Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 9 September 2016 and was unannounced. This meant the provider did not know we were coming. Yorklea nursing home was last inspected in August 2014. The service met all the regulations we inspected against at that time.

Yorklea is a care home with accommodation for up to 35 people who require nursing and personal care, some of who are living with dementia. At the time of our inspection 26 people were living there.

The service had a registered manager 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.

We found the environment was in need of some refurbishment. The development plan did not specifically target the areas which required immediate remedial work.

We made a recommendation the provider should gain advice and guidance to ensure the premises are fit for purpose.

People and relatives were extremely complimentary about the service and staff. They told us they felt the service was safe and were happy with the care and support they received at Yorklea. One person said, "I am happy here, safe and sound. If you ask them for anything they get it for you." One relative said, "They really do look after my [relative] well, they are protected."

Recruitment practices at the service were thorough and safe. When agency staff were used, the service received identification sheets to confirm nurses' registration and competencies. Staff received regular supervision and appraisals. Staff training was up to date.

We made a recommendation that where health care professionals are registered with a health care regulator they are enabled to provide evidence to the regulator in question demonstrating they continue to meet the professional standards which are a condition of their ability to practice.

We looked at current and recent staffing rotas for the service. People felt staff levels were sufficient to meet their needs. One person told us, "Oh, they often pop in just for a chat, that's lovely isn't it." Relatives told us their family members had the correct level of staff supporting them.

Staff had a clear understanding of safeguarding and whistleblowing and told us they would speak to the manager if they had any concerns. They felt management would listen and act on any concerns they raised. One care worker told us, "You might notice a change in behaviour in someone. If I had any concerns at all I would report to management."

The registered provider had policies and procedure in place to ensure medicines were managed in a safe way. We found medicine management in the service was safe.

Systems and processes were in place for recording and managing safeguarding concerns, complaints, accidents and incidents. People and relatives told us they knew how to make a complaint. On person told us, "If I had a concern, [manager] would act, they do listen to you." We found no formal complaints had been made to the service. The registered manager told us, "Relatives tend to call in to speak with me or the nursing staff so concerns can be addressed immediately."

People's health needs were regularly monitored and assessed. The service contacted other health care professionals when necessary, such as tissue viability and diabetic nurses. The service was part of a pilot scheme where Yorklea was aligned to one GP practice in the local community. The service also had the support of a care home support team provided by the local authority. The GP carried out weekly visits to the service to review people's health needs. People also had the choice of remaining with their own GP.

People were given choices appropriate to their needs. We observed that staff knocked on bedroom doors before entering. Staff used people's preferred names and actively encouraged decision making. One person said, "I am asked, do you want to get up, or do you want to go to bed, my choice always." Another said, "I like to be gotten up early it's what I am used to, the girls know that."

People's bedrooms were comfortably furnished in accordance with their choices and preferences. We saw family photographs along with ornaments brought from home. One person told us, "Look at all my ornaments, it's lovely to have them around me." Another said, "I have just bought a new television I enjoy watching."

Staff understood the Mental Capacity Act 2005 (MCA) where people lacked capacity to make certain decisions and the Deprivation of Liberty Safeguards (DoLS) to make sure any restrictions were in people's best interests.

People engaged in a variety of organised activities. They were supported by staff to maintain links with their family and the community by encouraging visitors into the home. The service had an activities co-ordinator who supported group activities and one to one sessions. Staff also participated in activities and we observed staff spending time engaging with people who preferred to remain in their rooms.

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 always safe.

The environment was in need of some refurbishment.

Systems were in place to ensure people's medicines were managed safely.

There were enough staff to meet people's needs.

Risks to people's safety were assessed regularly and managed safely.

Is the service effective?

Good

The service was effective.

Staff understood how to apply the Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

Staff were appropriately trained to meet the needs of the service. Checks were made on agency staff.

The service monitored and assessed people's health needs.

Is the service caring?

Good

The service was caring.

We observed staff were caring and compassionate towards the people they supported.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans contained personalised information about the person.

Relatives told us they had no complaints about the service and if they had any concerns would speak with the manager.

The provider ensured activities were available to people.

Is the service well-led?

Good

The service was well-led.

The service had an effective quality assurance process in place to gain the views of people and relatives.

People, relatives and staff said that management in the home was supportive and approachable.

Regular meetings were held with staff and people.□□

Yorklea Nursing Home

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 12 September and was unannounced. This meant the provider did not know we were coming.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with six people who lived at Yorklea and three relatives who were visiting at the time of the inspection. We spent time speaking with the manager and spoke with seven members of staff who were on duty during the inspection. We spoke with one health care professional who visits the service.

We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of three people, the recruitment records of three staff, training records, medicine records of five people and records in relation to the management of the service.

Requires Improvement

Is the service safe?

Our findings

We looked around the building and found some areas were in need of refurbishment. For example, skirting boards and door frames required repainting and cupboards in the staff room were split and needed replacing. In one person's bedroom we found a hole in the ceiling. We discussed this with the manager who advised the hole had been caused by the hoist catching it as the ceiling is sloped. Following our visit to the home, the manager shared with us a copy of the repair log that identified that the ceiling had since been repaired. We found that a maintenance/decoration plan for the year had been developed however we made a recommendation that the provider should gain advice and guidance to ensure the premises are fit for purpose.

People and relatives were extremely complimentary about the service and staff. They told us they felt the service was safe and were happy with the care and support they received at Yorklea. One person said, "I am happy here, safe and sound. If you ask them for anything they get it for you." One relative said, "They really do look after my [relative] well, they are protected."

We looked at three staff recruitment records. People's identification and employment history were checked, references obtained and a disclosure and barring service (DBS) check had also been carried out before staff started work. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The service used an agency to cover nursing shifts at times. We asked about the checks the service had in place to ensure the nurses were competent to work in the home. The manager told us, "We receive an identification sheet from the agency to ensure they are appropriate to work in Yorklea." We reviewed the identification sheet for the agency nurse on duty to confirm they were qualified and competent, information was detailed and set out professional qualifications and training dates. This meant appropriate checks were also carried out on agency staff.

Training records showed staff had completed up to date safeguarding and whistleblowing training. Staff knew how to keep people safe and gave examples of following support plans and risk assessments. Staff were able to describe the signs of potential abuse. For example, a change in behaviour or physical marks such as bruises. One care worker told us, "You might notice a change in behaviour in someone. If I had any concerns at all I would report to management." All of the staff we spoke with knew what to do if they suspected or witnessed any abuse. One care worker told us, "If I saw anything or even heard anything that someone was being abused I would go straight to the manager and report it." Another said, "We have a duty of care to protect people."

The provider had a system for recording and monitoring safeguarding concerns and found they were dealt with appropriately. The registered manager told us, "We always try to learn from any safeguarding the staff fully understand the reporting process."

Risk assessments were completed for people using the service based upon their needs. For example, falls,

moving and handling and nutrition assessments which were reviewed regularly. Where risks were identified, measures were put in place to mitigate risk. For example, pressure reliving intervention for people at risk of skin breakdown.

Risk assessments were also in place to cover work practices within the service and building maintenance records. Routine health and safety checks such as hot water temperature checks and fire safety checks were up to date.

We reviewed accident and incident records. We saw the information was detailed and included what happened, the injury and the action taken following the incident. The manager investigated all accidents and incidents and where necessary provided an action plan to address any concerns. We saw the system looked at patterns and themes.

We looked at the process and systems in place for medicine management. Medicines were stored securely in a locked cupboard in the medicines room. There was also a fridge available if the service needed to store medicines that required cool storage. Records confirmed that temperatures of the clinical fridge and medicines room were checked and recorded daily and were within recommended limits. Each person had a medicine file which contained the most current medicines administration record (MAR). Records gave clear instructions on what medicines people were prescribed, the dosage and timings. We looked at five people's MARs these were completed correctly with no gaps or inaccuracies.

We saw staff had received the appropriate training for administering medicines and had their competency checked regularly. We observed the nurse on duty administering medicines to people. People were approached sensitively and the medicines were administered safely. The nurse spoke gently with people, providing reassurance and encouragement. Medicines administration records (MARs) were completed after each medicine was given. This meant accurate records were made as people accepted or refused their medicines. Regular checks of medicines administration records and checks of stock were carried out. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

We reviewed the current rota and recent weekly rotas. We found the service had enough staff on duty, depending on people's assessed support needs and activities for the day. Support plans set out the level of care each person needed. For example, two care staff to move and assist. We observed people had enough staff to support them. Staff and relatives of people using the service told us there was enough staff to meet people's needs. One relative told us, "There is enough staff here, [family members] needs are meet, everyone is well looked after." Another relative said, "They will sit and have a chat, nothing is a trouble." Staff were visible throughout the day and people received support immediately when it was required.

The provider had suitable plans to keep people safe in an emergency. The provider's business continuity plan gave instructions for staff in the event of an emergency, such as staffing shortages. We saw each person had a personal emergency evacuation plan (PEEP) which detailed what action needed to be taken in the event of an emergency. The manager advised these were updated whenever there was a change in people's needs.

Good

Is the service effective?

Our findings

People and relatives we spoke with felt the service was effective. One person told us, "I am getting looked after, my care is discussed with me, the food is very good." One relative said, "This place is a haven when we needed it."

Staff we spoke with felt confident and suitably trained to support people effectively. Training was updated when necessary. Staff completed mandatory training which covered moving and assisting, health and safety and fire training. The service used a computerised system to record training. The registered manager told us, "I can easily check to see who has logged on to complete training and can see how many attempts they have taken to complete. This gives an idea if additional support is needed." One care worker said, "We get enough training and there is more to come, I have done my level 2 and 3 in health and social care." Another commented, "We do face to face as well, I feel the training is appropriate here."

The registered manager told us, "We care for a lot of people who need palliative care so end of life training in important." We found staff had completed the Good Standards Framework (this is a model that enables good practice to be available to all people nearing the end of their lives). We spoke to one person who was visiting the home whose relative had passed away. They told us, "I had to come back to say thank you, they were just wonderful."

Records confirmed staff received regular supervisions and appraisals. Staff told us they felt their supervisions were important and were used to discuss development and to raise any issues or concerns. One care worker told us, "I don't have to wait for my review, if there is something I want to talk to [manager] about I can. The nurses are also here to speak with about any problems." Nursing staff told us they were supervised by the clinical lead nurse, who completed their clinical competency checks. One nurse told us, "I have regular meetings with [clinical lead nurse] I had my competencies for percutaneous endoscopic gastrostomy (PEG) checked. PEG is a medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. We found the service had a development planning and review tool for nurses. Within these documents we found records to demonstrate competency checks had taken place. The records did not contain specific competency assessment tools for the lead nurse to use and were more of a written summary. We discussed this with the registered manager who advised they would discuss this with the clinical lead to improve the system of recording.

We recommended that where health care professionals are registered with a health care regulator they are enabled to provide evidence to the regulator in question demonstrating they continue to meet the professional standards which are a condition of their ability to practice.

We observed the handover meeting between night staff and day staff, a detailed summary of people's needs were discussed and updates or actions which needed to be addressed were shared. A diary was maintained by nurses and senior care workers to track key information and appointments. Effective communication meant that all staff could carry out their role responsibly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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. The application procedure 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. The registered manager tracked the DoLS applications and kept a log of each person who had a DoLS authorisation in place. We spoke to staff about people's DoLS, and asked for their understanding about individual circumstances. Staff were able to describe the reason for the authorisation and how they supported people. For example, accompanying a person to access the community.

Co-operation between care staff and healthcare professionals was evident in care records including social workers, dieticians, pharmacists, community psychiatric nurses and GPs to ensure people received effective care. We spoke to a health care professional who told us, "I have never had any issues, I have no qualms about the support the nursing staff give. I feel they are safe in their practice."

A rolling menu was in place which had been developed with the involvement of people who used the service. People were supported to maintain a varied and healthy diet. Nutritional assessments were completed regularly, along with care records to monitor people's food and fluid intake and weight.
We observed people eating breakfast in the dining rooms and in bedrooms. People getting up later were offered breakfast. One person told us, "Best meal of the day, plenty to eat here." Another said, The food's not bad, the meals are balanced." Staff asked people what they preferred for breakfast and offered alternatives if people did not want the available choices.

We observed the lunchtime meal. The tables were laid with tablecloths, napkins and condiments. Many people preferred to stay in their rooms. The staff wore aprons to serve meals. People had cloth napkins to maintain dignity and were asked if they wanted to wear one. Adaptive cutlery and drinking vessels were offered where needed. Hot and cold drinks were offered throughout the meal. People were not rushed. The main course choices were well presented and looked and smelt appetising. A choice of dessert was offered. People were offered help or prompted as needed. One care worker remained in the dining room at all times. Some people chose to eat in their rooms, staff delivered meals on trays, where necessary staff remained in the room to support people to eat and drink.

We found menu comment records where relatives had made positive comments about the food. One comment stated, 'All the food provided is tailored to [family member's] nutritional needs, it is hot tasty and attractively presented, I am impressed with the quality and variety of food.' Another commented, 'The catering staff were always ready to offer me tea and coffee when I visited.'

The chef had been with the service for many years. They were able to tell us about people's different nutritional needs and had information about specialised diets. Staff were aware of people's special diets and were able to describe different types of methods of food consistency required by people. One care worker told us, "We always get to know if there is a special diet or thickened drinks." One relative told us, "[Family member] has a pureed diet, but they made the food look like burgers."

Good

Is the service caring?

Our findings

The staff displayed a caring and compassionate attitude towards people and visitors. We observed many positive interactions during the inspection, such as care workers stopping to chat to people, taking time for people to communicate. People made comments such as, "They do help me, the manager helped me when I first came in. They even asked if I needed a male carer when I have a shower." Another said, "I don't know where I would be without them, there is not one of them I don't like." One relative told us, "They are always available and we are kept up to date, we work together to look after [family member]." Another said, "They went over and above, when it was [family member's] birthday, staff took all the other people a piece of cake as well."

We found several compliments had been made to the service. One relative had written, '[Family member] could not have been better nursed in her final days.' Another person commented, '[Family member] was made to feel welcome and was treated with dignity and respect.'

Staff were open and relaxed talking and listening to people in a caring manner. One care worker told us, "The residents are the most important people for me." Another said, "I wouldn't be working here if it was not a caring home, we knock on doors, address people by their name." We saw communication between staff and people took many forms such as touch, gestures and facial expressions. There was lots of laughter in the home, staff were having a joke with people in an appropriate manner, and at times with family members.

People were given choices appropriate to their needs. We observed that staff knocked on bedroom doors before entering. Staff used people's preferred names and actively encouraged decision making. One person said, "I am asked, do you want to get up, or do you want to go to bed, my choice always." Another said, "I like to be gotten up early it's what I am used to, the girls know that."

Staff were observed to be caring whilst supporting people in the home. When using moving and assisting equipment they did so in a dignified manner. When people were supported with eating and drinking staff used prompts at a pace appropriate to them. We observed one member of staff assisting a person with their lunch, taking time to make sure the person's mouth was empty before telling them there was another spoonful ready if they were.

We found personal care was attended to discreetly and clothing changed to maintain dignity. Staff clearly understood people's preferences and were knowledgeable about the care they required. Nursing staff were able to describe the care they provided in detail, giving an in-depth summary of the support people with a PEG needed to enable a feed to be given.

Staff explained to people what they were going to do before they acted and gained consent either verbally or by gestures. Staff spent time with people in the communal areas, engaging in conversations, and having a laugh and a joke. When people gestured towards staff, staff crouched down to eye level when speaking with them.

People's dignity was valued. For example, staff supported people with their choice of clothes and made sure they had their hair combed and glasses on. One care worker told us, "It's important that people are well cared for, we know their little ways." The majority of staff had signed up to be dignity champions. These meant staff had a clear understanding of maintaining and promoting dignity.

The service had information available to people and visitors regarding advocacy, which is independent assistance and advice.

The communal areas had pictures and ornaments on display. Bedrooms were personalised with photographs, pictures and ornaments brought from home. Staff were respectful of people's belongings and ensured people had their important items with them during the day.

Good

Is the service responsive?

Our findings

People and relatives felt the service was responsive. One person told us, "The doctor comes around every week so if you're not well the staff will get the doctor straightaway." We spoke to one health care professional about the nursing staff, they told us, "I have never had an issue, they know their limitations and we support with clinical concerns."

We looked at three people's care records. Care plans were personalised and reflected their needs. For example, where people needed assistance with mobility using specific equipment this was detailed in their plans. The service carried out a detailed assessment prior to people coming into the service. The manager told us, "This is really important to ensure we can provide the correct care and safe support."

Care plans and risk assessments were reviewed regularly and updated when necessary. Relatives and people were involved in care planning wherever possible. One relative told us, "We are involved in care, any changes are always discussed with us." Another told us, "We all work together to care for [family member]."

People's health needs were regularly monitored and assessed. The service contacted other health care professionals when necessary, such as dieticians. The service was part of a pilot scheme where Yorklea was aligned to one GP practice in the local community. The service also had the support of a care home support team provided by the local authority. The GP carried out weekly visits to the service to review people's health needs. People also had the choice of remaining with their own GP if they chose too.

Staff were able to discuss people's care needs and had an understanding of person centred care. One care worker told us, "We ask what time they want to get up or what time to go to bed." Another said, "We do know people well here, if [person] is not too well we know to carry out a urine test, if it's not right then we can contact the doctor, before they become really unwell." One nurse told us, "We have close links with the specialist nurses who support us with PEGs (percutaneous endoscopic gastrostomy), they visit and review plans and are there to speak with if there's a problem." PEG is a procedure where a tube is inserted into the stomach to allow nutritional intake for people whose oral intake is not adequate. They went on to say, "The home have the added benefit of a home support team that is made up of nurses, they also can support us if need be."

We observed the manager speaking with relatives to keep them up to date with their family member's health and wellbeing. The manager gave clear information to relatives and responded to their questions.

The service had an activities co-ordinator who developed a weekly planner with people. For example, outside entertainers to visit the service to sing. We saw people's interests and hobbies were valued. We spent time with people who preferred to stay in their rooms. Staff ensured people were not isolated and the activities co-ordinator spent time with people in their rooms. One person was an avid knitter, they told us, "This is what I love to do, I enjoy knitting, always have." They had a large box of things they had knitted. They told us, "I am knitting for a baby at the moment." Another said, "I do not want to go downstairs I am happy enough here, I have my books and enjoy television, especially game shows." A third person said, "I have a

volunteer from the church to visit, I take communion, prayers are very important to me, I get all that here."

Staff offered activities for those in communal areas such as board games. One care worker told us, "It can be difficult at times to get people to join in but it's always offered." We saw the service had twiddle muffs for people who were living with dementia (twiddle muffs are effective in minimising agitation). One person enjoyed doll therapy and staff ensured the doll was close to them. Their relative who was visiting told us, "The staff make sure [relative] has her doll."

The service had a complaints policy and procedure that was accessible to relatives, people and staff. There had not been any formal complaints made to the service. One person told us, "I would complain to the manager if I had a problem although I have nothing but good to say."

Good

Is the service well-led?

Our findings

People and relatives felt the home was well-led and management in the home was good. One person told us, "The manager is very nice, they always pop in." Another said, "The manager helped me when I first came in. They are lovely, always happy to help." A third said, "This is a friendly home, I feel I get all I need." A relative told us, "[Manager] is very impressive, I felt much better when I spoke to her."

The service had a registered manager who had been in post for some time. She was assisted by a clinical lead nurse and senior care workers. Staff understood the lines of accountability in the home and the organisation. The care workers supported people with personal care and the nurses managed the clinical needs of people. The CQC registration was on display along with a copy of the most recent inspection report. We saw that the registered provider ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements. The registered manager kept a file of all notifications sent to CQC. The home kept all personal records secure and in accordance with the Data Protection Act.

Staff had many positive comments about working at Yorklea. They told us they were happy in their work and felt supported by the management in the home. One care worker told us, "The manager is really helpful, you can go to her at any time, we are a good team here, all the better for people." Another said, "[Manager] is lovely, a person with a big heart." One nurse told us, "Any problems are sorted, with [manager] there is no blame, it's about solving problems for residents. As nurses we can help drive quality and can suggest things to improve the life of the residents."

We examined policies and procedures relating to the running of the home. These were reviewed and maintained to ensure staff and people had access to up to date information and guidance. Staff were aware of policies and read these as part of their induction process.

We found evidence of accidents, incidents and allegations of abuse being reported. The manager audited these to identify if there were any trends or patterns. If any concerns were found then action had been taken to minimise these.

Records showed the manager held regular meetings with staff, people and relatives. Meeting minutes were available. The service carried out surveys on an annual basis to capture the views of relatives and people who used the service. Recent survey responses contained very positive comments. One read, 'I think the existing service is of a high standard. Thank you for all that you have done.' Another relative had written, 'Staff are very good and are sympathetic to me too.'

The provider had a development plan which outlined actions, responsibilities and target dates. The plan was reviewed and updated at monthly quality review meetings with senior management.