

# 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

### About the service

York Lodge is a residential care home providing care and support for 22 people living with a range of mental health needs such as Korsakoff Syndrome, schizophrenia, depression, personality disorder and bi-polar disorder. The service can support up to 24 people. Accommodation is provided over three floors, including communal areas comprise a large lounge and dining area, a 'quiet lounge' on the top floor and six bathrooms.

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

People felt safe at the home. A person told us, "I have been to lots of places. This is the best home. It is my home now." People lived independent lives at the home and staff supported people to take positive risks, such as going shopping in the town. People were protected from the risk of abuse by well trained staff who saw the safety of people as a priority. Staff were recruited safely, and some staff had worked at the home for several years, due to this they got to know people well. Staff assisted people to wash and to keep their rooms and their clothes clean.

People's needs were assessed when they entered the home and frequently during their stay. People could personalise their rooms and were able to have personal items such as televisions, kettles and computers. Staff encouraged people to follow a healthy diet and the service provided home cooked meals if people wanted them. A person told us, "Staff respect us, and the food is lovely. When I had my hip surgery I had my meals in my room. My favourite meal is roasted beef on Sunday. I can ask something to be cooked for me if I don't like the choices."

Staff were caring, and we saw people and staff interacting positively during the inspection. People were happy to talk to us and tell us about the care at the home. We saw people enjoying beauty treatments in the dining room after lunch. A staff member told us, "We have time to do people's nails, to take people out for coffee, there is time to do your job."

People were supported to be independent, and to maintain relationships with friends and family outside the home. A person told us, "Sometimes I go out with my daughter. I like drinking shandy. My daughter is getting married and the assistant manager is taking me to the reception."

The home was well led by senior staff and a close team of support staff who were proud to work at the service. Staff were keen to tell us they worked in the people's home and they were there to support people to live their lives as they chose. People were actively involved in planning events in the home and felt their voices were heard. People were able to access outside healthcare whenever they needed it, and staff were always available to accompany them to appointments.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 10 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led.

# York Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

York Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

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

During the inspection-

We spoke with nine people who used the service about their experience of the care provided. We spoke with five members of staff including the assistant manager, support workers, and the chef. We also spoke to a visiting healthcare professional.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at staff records and recruitment files. We also spoke with the registered manager.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by staff who knew people well and understood safeguarding principles. Staff were taught safeguarding on induction and this training was refreshed every two years or more frequently. A staff member told us, "Yes we have this (training) every year, I would tell the manager anything, or the safeguarding team, or the CQC."
- The culture of the service saw safety as a priority, the assistant manager told us, "We want the best for our residents, keeping them safe is what we do every day."
- Notices and posters around the home reminded staff and people of the importance of speaking up if they saw anything they thought was unsafe.

Assessing risk, safety monitoring and management

- The service managed people's risks. People had risk assessments for their care recorded in their support plans. People at the home had complex needs with many risks and each was addressed separately. Staff ensured people were able to take positive risks and remain as independent as possible.
- People were free to live independent lives at the home within the rules of the home. Where a person was not following the rules and putting themselves or others at risk, the staff tried to ensure the person understood why the rules were in place and help them to follow them. For example, where a person was inviting strangers back to the home at night, the staff discussed with them the safety aspects and took steps with the person to increase their socialisation in the home to reduce the likelihood of them inviting people back.
- Some people at the home had behaviours that were challenging to staff. Staff told us they had training in coping with difficult situations and they knew the people well which helped them to deal with issues. A staff member told us, "You get to know the residents and you learn to cope with it, being calm helps a lot. Not to take things personal. It's experience, but I have done courses on the phone (online)." When incidents occurred at the home they were recorded on care plans, and risk assessments were updated.

Staffing and recruitment

- Staff were recruited safely. The service had a low staff turnover and some staff had worked for the service for many years. Some staff files had not been updated, for example they did not have a recent photograph included, however the assistant manager arranged to update them when this was pointed out at the inspection, and we followed up after the inspection with the registered manager to ensure all staff files were up to date.
- Staff were safe to work with people. Staff recruitment files included employment histories and appropriate

references. Checks were carried out to ensure that staff were safe to work within the health and social care sector including Disclosure and Barring Service (DBS) checks for staff. DBS checks were updated every three years in accordance with the service's recruitment policy.

- There were enough staff to support people safely at the home. Not everyone that lived at the home required personal care, and staffing levels reflected that. Staff and people told us there were enough staff. A person told us, "I have no concerns. If I need something such as taking me to hospital appointments, I ask (registered manager), he is very nice." And a staff member told us, "If it gets stressful I could come to (registered manager) and he would get more staff, but at the moment its fine. We have time to do nails, to take people out for coffee, there is time to do your job."

#### Using medicines safely

- Medicines were administered, recorded and stored safely. Staff gave people their medicines following the service's medicines administration policy. We saw staff carrying out a medicines round and saw that the medicines trolley was kept locked when staff were not using it.
- Staff were trained in medicines administration and people felt safe with the support they received. The assistant manager told us, "All staff are trained in medicines administration. In induction then every two years." A person told us, "I know the medicines I am on, for my diabetes, for my stomach and co-codamol for my pain. I had hip surgery. I can always ask for pills when coming down with a cold."

#### Preventing and controlling infection

- People were kept safe from the risk of infection. The home was kept clean and people were encouraged to help keep their living spaces clean.
- Staff supported people to wash and had access to personal protective equipment such as plastic aprons and gloves. A member of staff told us, "We encourage people, we tell people to wash their hands, to keep clean to stay healthy, we encourage people to change their clothes. We have a uniform but we have aprons and gloves if we need them for soiled things."

#### Learning lessons when things go wrong

- Staff were keen to see the service improve and wanted to learn lessons from anything that went wrong. A member of staff told us, "Anytime we have a problem we talk, we just come into the office we don't need to wait for appraisal."
- Accidents and incidents were recorded and acted on to reduce risk where possible. A person told us, "I fell out of the bath ten years ago, (registered manager) saved my life then. No baths left now, only showers and no accidents since then."



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed when they entered the home and regularly after that as their needs changed. The assistant manager told us, "Support plans are reviewed every six months or sooner if needed. We have a matrix that I'm proud of."
- People were involved in deciding the type of support they receive and how they would receive it.
- Staff ensured there was no discrimination for people at the home. Staff supported people in their personal lives and relationships without judgement. The service had managed people living at the home who were in a relationship and who shared a room and required support for care.
- People were able to have their own televisions, mobile phones and computers if they wish, to access entertainment they like, and to keep in touch with friends and family.

Staff support: induction, training, skills and experience

- Staff were well trained and competent to carry out care for people at the home. Staff were either trained to Level 3 Diploma in Health and Social Care or were working towards it
- New staff received an induction training them in areas the registered manager felt were essential and all staff had continuing training in subjects such as safeguarding, moving and handling, and infection control. Staff also had extra training on mental health and advanced liver disease and other issues affecting people at the home specifically. A training matrix was maintained by the assistant manager to ensure staff kept their training current.
- Staff were experienced in their roles. Most staff had worked at York Lodge for several years and had experience in supporting people with learning difficulties or mental health needs. Staff were given frequent supervisions or one to ones with senior staff to check competency and had appraisals yearly.

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

- People were supported to eat and drink adequately and to have a balanced diet. The service had a chef who knew the people at the home well and enjoyed cooking for them. People could select from a menu of food that they liked. A person told us, "Food is always cooked nicely. They give me a list with options to choose from." As people at the home were independent and went out when they wished, not all people had lunch at the home, but they told us the chef was very flexible about meal times, a person said, "Food is fine, my favourite is fish and chips. I eat only twice a day, I skip lunch. I don't do lunches but if I feel hungry I can always get something to eat."
- People could ask for drinks and snacks during the day, however most people chose to make their own

drinks. A person told us, "I don't need to ask for drinks during the day, we have a kettle, cups, and tea in the rooms. I can make my own drink."

- People were able to request special diets, for example some people were vegetarian. The chef was able to cater for medical dietary needs too, for example there were people at the home who were diabetic.
- The home provided a 'tuck shop' for people to treat themselves to snacks and sweets. The 'shop' allowed people to be independent with their money in a safe environment. A person told us, "I like eating noodles and puddings. I like sandwiches at 4 pm and adore sweets but staff are not happy to see me eating sweets because I am diabetic." As the staff ran the tuck shop they were able to ensure that people ate snacks that were safe for them.

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

- Staff worked with outside agencies to provide comprehensive care for people. People at the home were supported to attend healthcare appointments outside the home. A person told us, "I got a GP. When I need help with my toenails I go to NHS Clinic because it's free of charge. When I go to see my dentist, I go with (assistant manager) or sometimes by taxi or (registered manager) takes me there. He is taking me to the hospital for my pre-op, he is very nice."
- The assistant manager told us they liaised with several healthcare providers regularly, such as a dentist, community psychiatric nurse and the diabetes clinic. The assistant manager told us, "We arrange and escort people to appointments, we have a foot specialist, people go to central clinic, optician visits and the GP."
- During the inspection there was a visit by the community psychiatric nurse who told us the staff acted on advice they were given.

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

- The home smelled fresh and was clean and clear of clutter. Furniture was functional and clean, since the last inspection the dining chairs had new covers, and the floors were laminate or smooth carpet.
- There was a shower on the ground floor that was converted to be accessible for people with disabilities. There was no lift at the home, but the stairs were not steep and had good handrails. People who could not use the stairs had rooms on the ground floor.
- People who wanted to smoke were able to use a covered area outside the home. A person told us, "The smoking place has been decorated with new paint. It looks nice. Soon they will start putting the Christmas lights outside."
- Notice boards in the communal areas were bright and colourful and reminded people of health visits and theatre trips that were available.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff had a good understanding of the MCA. When asked, a staff member told us, "There are 5 principles, assume capacity, give support, never judge, if they can't make decision, arrange a best interest meeting with family or social worker. Capacity can be for one decision and not others." No one at the home was being deprived of their liberty.
- People were supported to make decisions about their care and their lives at every opportunity. A person told us, "I am independent, I do everything for myself. I can have a shower whenever I want."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well at York Lodge and were happy with their care. Many people had lived at the home for a long time. A person told us, 'Staff are nice, I am never rushed. At the meetings we are asked how we want things done.' Another person said, 'I have been here for 30 years, 30 happy years. It is my home, I am very contented.'
- Staff had time to sit and chat with people. We saw there were always staff passing through the communal areas and taking time to talk to people. Staff knew people well and were able to talk to them about things they were interested in. Staff and people talked about past events such as parties they had all been involved in.

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

- Staff put emphasis on support so that people were able to make their own decisions about their care. A staff member told us, 'Each resident is different. You ask people, would you like me to help with that? It's a simple thing you give people choice, I treat people how I would like to be treated. It's common sense.'
- Staff were alert to changes in people's health and happiness, and ensured the care offered was what people wanted. The assistant manager told us, 'We look at why people's behaviour changes or becomes challenging. If we can accommodate wishes we do, e.g. different medication times.'
- People told us they had choice and we saw people were able to come and go at the home as they wished. A person told us, 'I go out a lot when the weather is nice, I go on my own with the walker. I see lots of friends. If I ask (support worker) she would come with me but I am capable to go out on my own.'

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent and when they needed help staff were careful to retain people's privacy. A person told us, 'I have showers Thursdays and Sundays. I wash my hair and body and get help for my feet and back. Of course I am asked how I want things done.' Another person said, 'I shower myself and wash my underwear. I need help with clothes washing. Regarding bed changing, everyone has their washing days. I clean my room. I try to be as independent as I can but I can always get help if I need some.'
- We saw staff talking to people in a polite way, interactions between people and staff were relaxed and friendly.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People had personalised care, which was recorded in their care plans. People were included in the writing of the care plans as were their families. A person said, "My care plan? Of course I saw it, (assistant manager) gave it to me to sign it."
- Care plans included information about what people liked to do in their spare time, any barriers there might be to communication, and how staff could ensure people were able to continue their hobbies. For example one person's care plan mentioned he enjoyed playing chess and would like to play games with anyone who had time, and that due to his hearing difficulties people needed to speak clearly and directly to him.

Meeting people's communication needs

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

- People were supported to understand information that was important to them. Staff accompanied people to healthcare appointments if necessary to ensure they could understand any actions they needed to take after the visit.
- Staff assessed people's communication needs when they arrived at the home, and regularly during their time there to ensure they were supported if their needs changed. Where people needed help with communication it was recorded in the care plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff to access the community. Staff accompanied people to local venues such as theatres and the cinema. Trips out were advertised on the notice board in the lounge area and people told us they went out frequently. A person said, "(support worker) takes me out to Waitrose, to different places. I like going to the pub. I can choose where want to go and what to do."
- People were encouraged to stay in touch with friends and family. A person told us, "I like posting letters to my friends. My dad is 98 years old and still comes every week to see me. My sister came from Switzerland to see me."

- People were helped to use social media such as Facebook to keep in touch with relatives who lived further away.
- Staff supported people to access education and volunteering opportunities.

#### Improving care quality in response to complaints or concerns

- People were able to raise complaints with staff. People knew the registered manager, senior staff and the provider well and felt able to raise issues with them. Staff were keen to provide the service that people wanted and actively sought comments via a comments box in the lounge. There had not been any complaints since the last inspection.
- A formal complaints procedure was given to people on arrival and details of the process were displayed on the communal notice board in the home.

#### End of life care and support

- No one was currently receiving end of life care but staff had included information in care plans describing people's wishes. People's care plans included information on their funeral wishes.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff and people at the service were friendly and welcoming. We saw staff and people chatting naturally and being friendly towards each other. People told us staff were helpful and polite and staff told us they got on well with people they supported.
- People were happy with the support they received from staff and told us they saw senior staff and the provider at the home regularly. Staff were proud to work at the home and felt confident in supplying practical support for people there. Staff worked well as a team and were happy to help each other, for example swapping shifts and covering holidays. A staff member told us, "I like everything (about the home), the staff, we chat with each other, the residents, we look after them and they look after us. They are very nice people, it's like a family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour and acted on it. People's families and the Care Quality Commission were informed if something went wrong.

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

- At the time of the inspection, the registered manager was on a planned absence and the service was being run by the assistant manager. The assistant manager was able to contact the registered manager by phone if they felt they needed support at any time, however it was clear that they were able to continue the management of the home in the absence of the registered manager. Staff understood their roles and worked well as a team.
- Staff had good relationships with the assistant and registered managers and told us so. A staff member told us about the registered manager, "He's very very fair. I find him easy to talk to, he's still my boss mind you, but it's easy to come in, I don't feel any pressure here."
- The assistant manager audited incidents to spot patterns, so risks could be addressed and policies or procedures changed to reduce incidents. Notifications were sent to the Care Quality Commission as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People living at York Lodge were involved with the care and activities that took place there. Staff were keen to ensure the people at the home had active lives. Staff arranged parties for notable events and took part in dressing up and decorating the home. The staff hosted a party for people to celebrate Worthing Pride, and created a photo board of the event in the lounge. We saw photos of other parties and celebrations held throughout the year.
- People enjoyed decorating the home for special events. A person told us, "I always look forward to Christmas, it is very festive, we have a nice tree, decorations and a Christmas party. We can invite friends and we get presents from the home."
- Staff were keen to ensure the home was managed in a way that was positive for people who lived there. Residents meetings took place and people could suggest changes either directly to staff or via comments boxes, or surveys sent out by the registered manager. A person told us, 'We have meetings once a month. We can say if we need anything and we are asked if we like this or that.'

Working in partnership with others

- Staff ensured people were supported to access healthcare services outside the home. People were all registered with a GP, dentist and optician. The community psychiatric nurse visited the home and people were able to visit chiropodists, and the sexual health clinic.