Care Quality Commission

Tri-Care Limited

York House

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection carried out on 16 July 2014. At the last inspection in August 2013 we found a breach of legal requirements as staffing levels were insufficient. An action plan was received from the provider which stated they would meet the legal requirements by March 2014. At this inspection we found improvements had been made with regard to this breach.

York House provides personal care for up to 36 older people some of who have dementia. There was a total of 35 people living in the home when we visited. Accommodation is on two floors with a choice of lounge and dining areas. The upstairs unit is for people with

Summary of findings

dementia and there were 19 people on this unit when we visited. The majority of the bedrooms are single en suite rooms, although two bedrooms provide shared accommodation for two people.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People were protected by staff who knew how to keep them safe and managed individual risks well. Staffing levels had improved since the last inspection which meant there were sufficient staff to meet people's needs and support their independence. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff knew people's needs well and were supported by on-going training to keep their skills and knowledge up to date. People had access to health care services which ensured their health care needs were met. People were provided with sufficient food and drink. However improvements were needed in how people's preferences and choices were sought and acted upon.

People told us staff were kind and caring, which our observations confirmed. People's privacy and dignity was respected by staff who provided individual and personalised care.

Although people's care needs were met, the care records needed improvement to make sure they were accurate and reflected people's current needs. A range of activities were provided which people were encouraged to participate in and many did, while others chose to spend time in their own rooms.

People were encouraged to express their views about their care and about the service and these were listened to and acted upon.

Leadership and management of the home was good with a manager who led by example and quality assurance systems which ensured continuous improvement of the service.

Summary of findings

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. People said they felt safe and we saw there were enough staff to meet their needs. Staff managed risks without restricting people's freedom and understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were protected by trained staff who understood the safeguarding procedures and would not hesitate to use them if they had concerns.

Is the service effective?

Requires Improvement

The service was effective. Staff were trained and supported which made sure they were skilled and competent to meet people's needs.

People's had access to health care services which meant their health care needs were met.

Most people enjoyed the food and drinks provided but individual choice at mealtimes and monitoring dietary intake needed to improve.

Is the service caring?

Good

The service was caring. People praised the staff and were happy with the care and support they received. People's privacy and dignity was respected and staff were kind and compassionate with people.

People's independence was promoted.

Is the service responsive?

Requires Improvement

The service was responsive to people's individual needs, although some of the care records required updating. People enjoyed the activities on offer although some people chose not to participate and preferred to stay in their rooms.

People's views were listened to and acted upon through daily interactions with staff as well as more formally in meetings and surveys.

Is the service well-led?

Good

The service was well led. The home had a registered manager who provided strong and effective leadership which focussed on improving the quality of service for people.

People's views were sought and robust quality assurance systems ensured improvements were identified and addressed.

York House

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection team consisted of two inspectors and an expert by experience with expertise in care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed the information we held about the home and contacted the local authority and Healthwatch. The provider completed a Provider Information Return (PIR) and this was returned before the inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the 15 people who were living in the home, six visitors, five care staff, the cook, two district nurses and the registered manager. We spent time with people in the communal areas observing daily life including the care and support being delivered. As some of the people who live in the home had dementia we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care records, two recruitment files and the training matrix as well as records relating to the management of the service. We looked round the building and saw some people's bedrooms (with their permission), bathrooms and communal areas.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe in the home. One person said, "There's always someone around if I need any help and that makes me feel secure". Another person said, "Staff are here and they make sure I don't fall; they know how to help me".

At our inspection in August 2013 we were concerned that there were not always enough staff on duty to meet people's needs. The provider sent us an action plan outlining the improvements they would make which they said would be in place by March 2014.

At this inspection we found improvements had been made and there were sufficient staff. The registered manager told us night staffing levels had been increased and three more new staff were starting induction training the following week. Staff we spoke with and records we saw showed the home followed safe recruitment practices and we found appropriate checks were undertaken before staff began work.

Dependency tools were used to assess the level of need, which was reviewed daily at handovers and additional staff were brought in as and when required. Most people we spoke with felt there were sufficient staff although two people felt they sometimes had to wait for assistance. One person said, "The call response times were slow when I first came into the home eight months ago but have improved since then." Another said, "There's no need to use the call bell. They pop in every 10-15 minutes, like." In contrast, another person said, "They come straight away at night but not during the day" and another said, "Occasionally the staff take a long time to come." One relative said they had concerns about the staffing levels when their family member had first moved in but they were content with them now. The registered manager told us he had asked for a call monitoring system to be installed, which would allow him to monitor staff response times to call bells.

Staff we spoke with said they thought there were enough staff on duty to meet people's needs but said at busy times, such as meal times, they would appreciate additional support. Our observations showed staff were constantly busy, however call bells were answered without undue delay and we saw people's needs were being met. One district nurse we spoke with told us they observed people's buzzers were promptly answered during their visits. They said they had sometimes stayed a while at the home and always found staff consistently responded to people's needs. The care staff numbers were supplemented by ancillary staff, such as maintenance staff, the cook and cleaning staff.

Staff we spoke with showed a good understanding and knowledge of safeguarding and were confident about how to identify the signs of possible abuse or neglect. They understood the procedure to follow to pass on any concerns. Staff told us where concerns had been raised with managers, these had been taken seriously and prompt action had been taken to ensure people were safeguarded. They said this gave them further confidence in the safeguarding and whistleblowing procedures. Staff said they would refer directly to the local safeguarding authority if they felt it was necessary to do so to make sure people were safe from harm. We saw information about the safeguarding procedure was displayed on the staff noticeboard and policies were available in the main office. The training matrix showed staff had received safeguarding training and a colour-coded system identified when refresher training was due.

Safeguarding incidents had been recorded and reported to the Local Authority and Care Quality Commission (CQC) as required. Disciplinary procedures had been instigated where necessary and appropriate action was taken.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). There were no DoLS currently in place, however the manager knew the correct procedures to follow to ensure people's rights were protected. The training matrix showed staff had received training in MCA and DoLS and staff we spoke with had an awareness of this legislation.

However, we found procedures for determining whether a person had mental capacity were unclear. For example, one person's records showed there was a mental capacity assessment completed by a senior carer with general statements, such as 'lacks capacity' that were not based upon specific decisions. Another person's record stated 'has had a mental capacity assessment' yet there was no evidence to show this had been done, who had carried this out or what the outcome was. We saw this person had signed consent for their own plans of care. We discussed this with the manager who said they would address the issues straight away.

Good

Is the service safe?

People we spoke with told us there were no restrictions on what they could do. One person said, “We’re free to do anything.” We saw people had freedom to go outside if they wanted to. One person went into the garden to find some items to help with some flower arranging. Another person told us they could go out whenever they wanted to, but said they preferred to stay inside. We saw staff managed potential areas of conflict well, intervening in a timely way to keep people safe. For example, we saw one person behaving aggressively towards another and staff dealt with the incident calmly and effectively.

Staff we spoke with said they understood the individual risks to people because details about their needs, such as mobility and health needs were recorded in their care plans and discussed at handovers. Staff told us they understood the emergency procedures within the organisation. We saw on the day of our visit the fire alarm system was tested and staff told us they knew how to evacuate people safely should they need to do so. We saw fire procedures were clearly displayed as were emergency procedures for staff.

Requires Improvement

Is the service effective?

Our findings

People we spoke with did not raise any concerns about their health care needs. One relative said they had been concerned about their family member's foot care but this had been remedied following a discussion with the registered manager. We saw there was information in the reception area of the home to raise people's awareness of infection prevention and other health issues, such as diabetes and hearing loss. The district nurses we spoke with told us staff reliably acted upon any pertinent information shared about a person which ensured the correct health care was provided. For example, if it was discussed a person may need a GP, staff ensured this referral was made. Care records we saw showed the involvement of other healthcare professionals such as the dietician, optician and chiropodist.

Staff we spoke with said there were many opportunities for staff training, which they were encouraged and supported to attend. We saw there were reminders on the staff notice board about forthcoming training events for staff to sign up to. One member of staff said training was 'a big thing' in the organisation and there was an expectation staff would keep their skills and knowledge up to date. The registered manager told us he monitored training to make sure staff received updates when required, which was confirmed in the training matrix we saw. Staff had received dementia awareness training and the Provider Information Return (PIR) showed funding was being sourced for more advanced dementia training.

The registered manager told us all new staff completed a week's induction before they started work in the home, followed by a shadowing period of three days. This was confirmed by staff who described their induction training as thorough and said they had shadowed more experienced staff until they were confident in their role. The induction training programme we saw was comprehensive. This meant people could be assured that staff had the competencies and skills to meet their needs.

Staff told us they received regular supervision on an individual and group basis, which they felt supported them in their roles. The registered manager told us group supervision was used to share best practice and described a recent session where catheter care had been discussed. We found staff had a good understanding of people's individual needs and knew how to support them effectively.

Most people we spoke with said the food was good. One person told us the food was always so nice and there was always plenty to eat, so they never felt hungry Another person said, "I have no complaints about the food." Another person said, "It's good food, I've put some weight on."A further person said, "I couldn't make a meal like I get here at home." Two people were not as satisfied. One said about the lunch, "The mashed potato is lovely but the rest I don't like." Another said they felt the food was sometimes unappetising and would like to be consulted more on their likes.

We observed the lunch time meal on both floors in the home. Although we saw some good practices we also observed areas where improvements were needed. We saw tables were nicely set, with tablecloths, condiments and flowers to make the dining area inviting. We saw many people enjoyed their food and they said so.. We saw where people chose to eat their meal privately in their room, this was facilitated and staff made regular checks to see if people needed anything. Where people needed support to eat, we saw this was given by staff calmly and patiently allowing people to eat at their own pace.

However, we found people's choices and preferences were not always sought in an appropriate way. People had chosen their meals from two options given the previous day and while some people could remember what they had ordered, others could not. The menu was displayed in the dining room downstairs but there was no menu upstairs where people with dementia were accommodated. We saw staff served food in the same quantities to everyone, with no consultation with individuals about the different components of the meal or about portion size. We saw one person immediately pushed away their plate and told staff they didn't like green beans and had never liked them. They said they preferred mashed potatoes, yet they were given boiled potatoes. We saw a member of staff moved the green beans to the edge of the plate and mashed the potatoes with the fork. However, the person was still visibly put off their meal and we saw they ate very little. We saw another person was overawed by the size of the meal they were served. We saw people were offered alternatives if they did not like the

Requires Improvement

Is the service effective?

meal but the same accompaniments were served automatically which meant people were given gravy with their quiche. We discussed our observations and concerns with the registered manager. We discussed the use of pictures or photographs in menus to assist people with dementia in making choices about food and drink, which the registered manager agreed to introduce.

Staff made drinks at regular intervals and at lunchtime people were offered a choice of hot and cold drinks. When people asked for drinks staff responded quickly to meet their needs. Staff we spoke with told us some people's food and fluid intake was recorded where there were concerns they may not be getting enough. These records were up to date. However, recording was scant and inconsistent, with no clear indication of quantities of food and fluid people had consumed. This meant the monitoring of people's dietary intake was not robust enough to identify if any further intervention was required.

The service had been awarded the Kirklees Health Choice Award which was due to expire in 2015. The cook showed us how she worked closely with people and staff to provide food that people enjoyed. The cook said she asked people what they wanted and reflected this in the menus. We saw menus were varied and incorporated plenty of fresh fruit and vegetables. The cook said she bought extra treats for people based upon what they told her they used to enjoy. The cook told us how she was aware of people's individual dietary requirements and how she adapted meals to accommodate particular needs. For example, she said if people needed extra calories she fortified their food with extra butter and cream. We saw people's needs and preferences were clearly displayed for the cook's reference. For example, this showed who was diabetic, who had no grapefruit because this conflicted with their medication, who had restrictions due to advice given by the Speech and Language Therapy (SALT) team and who had allergies.

Good

Is the service caring?

Our findings

People we spoke with told us they really liked the home and felt well cared for. People were positive about the staff who they described as kind and caring. One person said: "The staff are wonderful, I can't fault them, they do such a wonderful job. It's not home but I chose to come so I could be looked after properly". Other comments people made were -

"The staff are very good to you"

"The staff look after me alright"

"I like it very much. It feels like home and I'm made to feel at home"

"They're (staff) a good bunch and are kind to us old ones. It's not the same as your own home but it's good here"

Two people were not as positive. One person said they felt staff were busy all the time and said, "I would like staff to stop and chat for a while longer sometimes." Another person felt staff were not as helpful as they might have been when they requested help to move about. We raised these issues with the registered manager who said he would speak with the people concerned and take action to address their concerns.

One relative said about their family member, "They do look after her well. She has settled in nicely." Another relative said about their family member, "The staff are absolutely marvellous with him."

We saw staff were caring when giving support and demonstrated a kind and compassionate approach. For example, where people were assisted to move from one room to another, this was done at their own pace with staff on hand to guide and support as required. We saw one member of staff noticed when a person did not like their drink and offered an alternative. The person responded with a 'thumbs up' gesture once they had tasted their new drink and staff responded by copying the gesture and smiling. We saw staff listened to people and responded appropriately.

We saw staff promoted people's independence and this was confirmed by some of the people we spoke with. One person said, "I don't see much of the staff. I can look after myself and they leave me to get on." Another person said, "I can be independent. I do what I like whenever I like." We met with one person who told us they liked moving things around in their room and we saw this was facilitated. The person said, "I like to keep active and enjoy moving things. It's my room and I just do it."

On the upstairs unit we found the environment had been designed to help people with dementia orientate themselves. For example, bathroom and toilet doors were different colours to bedroom doors and there were pictorial signs to help identify each room. Walls in the corridors displayed different items to interest people and promote discussion such as photographs from the past. The care records we saw for people with dementia included a detailed life history as well as individual preferences and interests. Staff we spoke with said this information helped them tailor the support to meet individual needs. For example, one staff member described how they kept one person calm while carrying out personal care by chatting with them about old films the person had enjoyed.

We saw staff respected people's privacy and dignity and were discreet when assisting people with personal care. Staff knocked on people's doors and waited to be invited in to their room. We saw people were well dressed and some people chose to wear makeup and jewellery. One person told us they decided what to wear each day and staff sometimes helped them choose suitable clothing by discussing whether it was going to be a warm day or not.

The district nurses we spoke with said their team visited on a daily basis. They said they always found staff were friendly, caring and had a good rapport with people. They said the atmosphere was calm and homely.

The manager told us they cared about people's quality of life and said the service went over and above what was required. For example, he said if people ran out of toiletries or wanted something special, such as toffees, the service would buy these so people did not go without whilst waiting for relatives to replenish supplies.

Requires Improvement

Is the service responsive?

Our findings

The majority of people we spoke with were unaware of their care plans, however one person knew about them and said they were not interested in being involved or commenting on their care plan. One person told us, "My preferences for personal care are adhered to." Two relatives we spoke with confirmed they had been involved in care plan discussions.

We looked at four people's care records. We found one person's records accurately reflected their current care needs. However in the other three, although there were up to date entries in the records, there was also conflicting information about people's care needs and how these were planned for. For example, in one person's care needs summary it stated they were to be weighed weekly on a Sunday, yet we saw the last recorded weight was in May 2014 and weights prior to that date were not recorded weekly. The person's record stated they were not able to swallow properly, yet discussions with staff contradicted this. In the person's most up to date mobility and dexterity assessment it stated the person needed assistance for walking, standing and sitting, yet other records stated they were confined to bed. We saw this person was confined to bed and staff told us they were unable to sit, stand or walk. Another person's care plan stated the person wore dentures yet when reading through reviews and talking with staff it was clear the person had not worn dentures since May 2014. We found although people received the care and support they required, their current needs were not always reflected accurately in the care plans.

We saw from people's records where they needed referring to other health professionals this was arranged and documented. For example, one person's health needs required them to have a nursing assessment and this was requested and recorded.

Staff we spoke with knew people's needs well and were able to describe the care and support people required. They understood about consent and discussed how they managed situations where people refused care and support. For example, one staff member discussed the techniques used to distract and calm a person who sometimes became aggressive towards staff. We saw this in practice when staff sensitively and effectively dealt with a person who was becoming aggressive towards others. Staff told us they were kept informed of any changes in people through shift handovers, which were verbal and written. One staff member said, "Handovers are very good and if you've been off for a few days they make sure you know what's been happening."

Most people told us they were happy with the activities provided in the home, although some people preferred not to join in. One person said, "They're not to my liking so I don't participate in them but I am happy to stay in my room and watch TV." Two other people said they chose to stay in their rooms and entertained themselves listening to the radio and reading. One person told us they enjoyed flower arranging and would like more opportunity to participate in this activity and a staff member who overheard the conversation said she would facilitate this. One relative said they felt the home could do with more activities.

A new activity co-ordinator had been appointed who was due to start their induction the following week. We saw an activity programme was displayed in the home, which included a range of events. There was also a newsletter for the home which included articles and photographs of recent events and celebrations, such as people's birthdays. On the day of our visit there were a group of children from a local school who attended the home with their teacher. The teacher told us this was the second visit they had made and how she felt it benefitted both the children and people who lived in the home. We saw people laughing and chatting with the children as they sang songs together and played games with them. One person said, "It's so lovely having them here. They're full of fun." We met two visitors from a local church who told us they came fairly regularly to see one person. They felt the person they visited was well cared for and had no concerns. The manager said a number of people received regular visits from local churches. People told us they were supported to maintain relationships with family and friends. They said there were no restrictions on visiting times and this was confirmed by relatives we spoke with.

We found the service sought people's views, listened to people and responded to their comments. For example, the cook showed us how menus had been changed to remove a spicy meal when people said they did not want this. We saw there were residents' and relatives' meetings which were minuted with actions recorded. People and their relatives had discussed issues they wanted to be

Requires Improvement

Is the service responsive?

improved, such as newsletters to be made available and parasols for the garden. We saw these improvements had been actioned as there were parasols in the garden and newsletters available in communal areas.

People we spoke with told us they had no complaints about the home. One relative said they had made a complaint but said it had been resolved satisfactorily. We saw the complaints procedure was displayed in the entrance and this directed people to different levels of managers within the organisation and on to CQC if they wished to refer their complaint further. We also saw thank you notes in the entrance and the registered manager told us these were only a small sample of the ones they received. The registered manager told us there had only been one formal complaint received and this had been responded to. We saw the letter of response, although we could not locate the original letter of complaint which appeared to be about the way staff had spoken to a person. The registered manager told us head office would have the original letter of complaint, but he was satisfied the matter had been addressed. The registered manager said sometimes people and relatives expressed minor 'grumbles' to him directly and he responded promptly to resolve small issues although he did not record these as complaints.

Good

Is the service well-led?

Our findings

The service was led by a registered manager who had managed the home for just over a year. The registered manager told us he tried to promote an openness in communication with staff. He said he had a working knowledge through his own experience of staff's individual roles and made himself available within the home. The registered manager spoke knowledgeably about the people who lived there and offered a good role model to staff. He told us he felt the home had made recent progress under his leadership and where this was evident he shared the results with staff. For example, staff we spoke with were aware of local authority reports where improvements were recognised.

Some people we spoke with commented about the registered manager. One person said, "The manager doesn't come to see me a lot but I know he would come immediately if needed. I think he's very good, I like him." Another person said when the registered manager walked past, "He's a good chap, him." One relative felt the home had improved since the registered manager started and said, "He has sorted things out in the last twelve months."

The registered manager had implemented a variety of methods to communicate with staff, which included formal processes such as supervision, handover and regular staff meetings. He had also introduced 'huddles', which he described as impromptu meetings used to convey information with groups of staff as soon as issues arose and to reinforce good practice, which he said worked well. We saw notes from these huddles, which were displayed on the staff noticeboard.

The registered manager was aware of national dementia guidance and the Provider Information Return (PIR) showed planned improvements included provision of level two dementia training for staff as well as the development of dementia passports. Dementia passports were designed to ensure people received individualised care that met their needs regardless of the health care setting. Using the tool 'This is me' provides information for staff about the person's preferences, needs, dislikes and interests.

Staff we spoke with said communication with managers was good and they felt supported to carry out their roles in caring for people. Staff spoke of senior manager visits to the home and said managers were approachable and asked them for their views. They said they felt confident to raise any concerns or discuss people's care at any time as well as at planned supervision meetings.

We found there were robust quality assurance systems in place so the manager was aware of any concerns. Audits of systems and practices were carried out internally by the registered manager, which covered all aspects of the service including infection control, medicines and pressure ulcers. We saw records of monthly visits completed by the provider's compliance team which identified any areas for improvement.

We saw the registered manager had implemented improvements as a result of these audits. For example, menus had been audited and revised to improve the quality of the meals for people following consultation with them. Accident and incident reporting systems had been reviewed which meant issues were identified and actioned more quickly which protected people and reduced the likelihood of re-occurrence.

Satisfaction surveys were sent out monthly to people who lived in the home and relatives and focussed on different themes, such as mealtimes or activities. The registered manager told us a summary of the findings and what the service was doing in response were displayed on the noticeboard. This meant people were kept informed of the outcome of the survey.

There were residents and relatives meetings which were minuted with actions recorded. People and their relatives had discussed issues they wanted to be improved and we saw action had been taken to address these.