

Millcroft & York Lodge Care Homes Limited

York Lodge

Inspection report

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Crowborough
East Sussex
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at York Lodge on the 13 and 14 July 2015. Breaches of Regulation were found. As a result we undertook an inspection on 22 and 23 March 2016 to follow up on whether the required actions had been taken to address the previous breaches identified. Although we found significant improvements had been made there remained some areas that required improvement.

York Lodge is located in Crowborough and provides accommodation and personal care for up to 22 older people. The home provides respite care for people, at the time of our inspection one person was on respite. The home is set out over three floors and a basement. There is lift access between the ground floor and upper levels. At the time of our inspection there were 13 people living at the home. Everybody living at York Lodge was living with dementia and people had mobility and sensory challenges.

We found the provider had not taken adequate steps to ensure people's safety in relation to door alarms on fire exits. Although the home was clean, we found some risks associated with the transfer of soiled laundry through the home had not been considered.

People spoke positively about food and meal times at York Lodge; however on the first day of our inspection we found an issue with staff deployment resulted in one person not being supported in line with their care plan during the lunch time meal. The provider took steps to rectify this issue immediately.

Staff were seen to be caring and treated people with respect and dignity, however the provider had not taken sufficient actions to discuss and record people's preferences and choices in respect to end of life care.

Although people underwent a comprehensive pre-assessment prior to living at York Lodge the providers pre-assessment related to mental capacity did not capture sufficient detail to inform staff of the types of decisions people may require support with and whether these needs could be met.

The provider had systems in place to monitor and drive improvements in the performance of the service; however we found some shortfalls with care plan auditing which meant not all areas had senior staff oversight.

The delivery of care was based on people's preferences. Care plans contained sufficient information on people's likes and dislikes, routines and their choices related to activities and social interaction.

Staff we spoke with understood the principles of consent and therefore respected people's right to refuse consent. Mental capacity assessments were consistently recorded in line with legal requirements. Deprivation of Liberty Safeguards (DoLS) had been submitted.

There were sufficient number of staff working at York Lodge with the appropriate skills and experience. Robust recruitment checks had taken place prior to staff working at the home.

Staff communicated clearly with people in a caring and supportive manner. There was an open and relaxed atmosphere within the home, where people were encouraged to express their feelings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Some fire exits were not fitted with appropriate systems to ensure staff were notified if people used them.

A laundry infection control risk was not being managed in line with best practice.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

There were appropriate staffing levels to meet the needs of people.

Medicines were stored, administered and disposed of safely by staff who had received appropriate training.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Meal times were enjoyed by people, however we observed a meal time where staff deployment impacted on the effectiveness of the meal service.

Staff received appropriate training and support to enable them to meet people's needs.

People had access to external healthcare professionals such as the GP and district nurse when required.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

People's decisions and preferences in regard to end of life choices had not been discussed with people or their families.

Requires Improvement ●

Staff communicated clearly with people in a caring and supportive manner. They knew people well and had good relationships with them.

People were encouraged to make their own choices and had their privacy and dignity respected.

People were encouraged to maintain relationships with relatives and friends.

Relatives were able to visit at any time and were made to feel very welcome.

Is the service responsive?

The service was not always responsive.

Pre-assessment of people's care needs prior to living at York Lodge had not fully captured in relation to their mental capacity.

People's care was personalised to reflect their wishes and what was important to them.

A range of activities was provided that met people's needs and interests. People had the opportunity for social interaction with staff on a regular basis throughout each day.

The service sought feedback from people and their representatives about the overall quality of the service.

Requires Improvement ●

Is the service well-led?

York Lodge was not consistently well-led.

Some quality assurance systems required improvement in regard to care records.

There was an open and positive culture which focussed on providing person-centred care for people.

Staff told us they felt supported and listened to by the management.

Requires Improvement ●

York Lodge

Detailed findings

Background to this inspection

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

The inspection took place on 22 and 23 March 2016. It was undertaken by two inspectors.

We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at three care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with five people and three relatives to seek their views and experiences of the services provided at York Lodge. We also spoke with the area manager, acting manager, four care staff and three ancillary staff.

We observed the care which was delivered in communal areas to get a view of care and support provided

across all areas. This included the lunchtime meals. As some people had non-verbal communication the inspection team spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.



Our findings

At the last inspection in July 2015, the provider was in breach of Regulations 12, 15 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to implement fire risk assessment action plans, multiple environmental shortfalls in respect to poor maintenance and insufficient numbers of staff to keep people safe. The provider sent us an action plan stating how they would meet the requirements of the regulations by November 2015.

At this inspection we found significant improvements had been made and the provider was meeting the requirements of Regulations 12, 15 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However despite these improvements, we found some areas related to people's safety required improvement.

People told us they felt safe living at York Lodge. One person told us, "Oh yes, I feel safe here, I'm not worried at all." Staff expressed a strong commitment to providing care in a safe and secure environment. One staff member reflected on changes since the last inspection and said, "We have come a long long way, I'm proud of what we have achieved."

All ground floor fire exit doors were fitted with individual alarms to alert staff if they were opened. Once a door was opened an alarm would sound by that particular door. However if the door was then closed the alarm would switch off. This meant people may leave the building via a fire exit and close the door behind them. If staff were not in the immediate vicinity of the opened door there was a risk the alarm may not be heard and staff would not be aware a person was outside. The area manager agreed this was a risk and during the inspection ordered a replacement door alarm system which would alert staff, wherever they were in the building, if a door had been opened. The area manager confirmed this new alarm system had been fitted the day after our inspection was completed.

We found the previous risks identified at our last inspection related to the poor management of soiled laundry had been appropriately addressed. However at this inspection we found staff took soiled laundry through the kitchen to gain access to the laundry area in the basement. Although all soiled laundry was held in sealed bags the area manager agreed this was not best practice. On the second day of our inspection we saw staff were not using the kitchen to transfer soiled laundry. Staff used an external side entrance to gain access to the laundry room. The area manager told us they were investigating a longer term solution to enable access to the laundry room via the main house without the requirement to go through the kitchen or external side entrance.

One person's skin condition risk assessment identified they were at risk of skin breakdown and had been provided with a specialist cushion to reduce the risk of injury whilst they were sitting. At lunch time this person had been supported to move to a dining room chair, however staff had failed to ensure they moved this person's cushion from their lounge chair to their dining chair. This meant their skin was not protected whilst they were eating their meal. We highlighted this to senior staff who told us this should not have happened and spoke to the care staff on duty to remind them of the importance of transferring the cushion with the person. Care staff told us this was an oversight and 'not normal'. On the second day of our inspection we saw this person had the correct cushion available to them at all times.

People told us they received their medicines at the right times and were supported by staff to take their medicines. We saw one person was given their medicines covertly, that is, without their knowledge or permission. We saw staff provided them with their liquid medicines mixed with fruit juice. Although the provider had taken steps to ensure this was in line with the principles of the Mental Capacity Act (MCA) 2005 they had not sought clarification from a pharmacist to determine if this was appropriate. The area manager took steps during the inspection to seek clarification and guidance from a pharmacist. We also found the provider's medicine policy did not provide guidance on covert medicines. The area manager provided us with an updated version of the services medicines policy on the second day of our inspection.

However all other aspects of medicine management were safe. Medicine administration record (MAR) charts clearly stated the medicines people had been prescribed and when they should be taken. MAR charts included people's photographs, and any allergies they had. The MAR charts were up to date, completed fully and signed by staff. We observed staff when they gave out medicines. We saw medicines were given to people individually, the trolley was closed and locked each time medicines were removed, and staff signed the MAR only when people had taken the medicine. Staff followed the home's medicine policy with regard to medicines given 'as required' (PRN), such as paracetamol. Where people were prescribed topical medicines such as creams, records were completed and demonstrated that people's skin conditions had been treated as prescribed.

Following our previous inspection the Local Authority placed an embargo on new people living at York Lodge. Whilst this was in effect the number of people living at York Lodge dropped from 22 to 13. The Local Authority embargo had recently been lifted; as a result the area manager intended to allow additional people to move into the service. We asked senior staff how they would determine the appropriate staffing numbers, as the number of people living at York Lodge increased. They told us although they did not use a formal 'dependency tool' to calculate care needs of people they undertook a detailed pre-assessment and would monitor care needs of people during their initial time at the service and make decisions about future admissions on a 'case by case' basis.

People and their relatives told us they believed there were sufficient numbers of staff. One relative told us, "Things have settled down and staffing seems to be stable, I have no concerns about the number of staff about." Staff were positive about staffing levels within the home. One staff member said, "Things are so much better now. There are fewer residents and less staff but we definitely have enough". Another staff member told us, "Yes, day to day it's much better than it was. We had to be task oriented before but we can spend more time with the residents now." We reviewed the staff duty rota for the previous four weeks. The rota identified staffing levels were consistent across the time period examined. We saw the present staffing levels enabled staff to sit and talk to people and take time to meet their wishes and care needs.

All care staff had undertaken adult safeguarding training within the last year. They were able to identify the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. One

staff member told us, "I would let my manager know if I suspected abuse. I'd go outside to Social Services if I had to." Another staff member said, "I know the manager would act if someone was being abused here, but they wouldn't be." Staff confirmed to us the manager operated an 'open door' policy and they felt able to share any concerns they may have in confidence.

Appropriate checks were undertaken before staff began work. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with people. There were copies of other relevant documentation including character references, interview notes and copies of identification documentation, such as passports in staff files.



Our findings

At the last inspection in July 2015, the provider was in breach of Regulations 11, 14, 15 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not had effective training and support and the provider was not fulfilling their obligations in regard to the Mental Capacity Act (MCA) 2005. In addition parts of the premises were not suitable to meet peoples' needs and people did not receive the support they needed at meal times.

An action plan was submitted by the provider that detailed how they would meet the legal requirements. At this inspection we found significant improvements had been made and the provider was meeting the requirements of Regulations 11, 14, 15 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However these improvements were not, as yet, fully embedded in practice.

At the last inspection, we found the lunchtime meal service was not an enjoyable experience for people. The lack of staff oversight meant people waited extended periods of time for their food and were not supported to eat in an effective or dignified manner. At this inspection we found there had been many improvements to the flow of meal services. One staff member said, "It was so regimented before, we couldn't support residents in the way they needed." Although these improvements were evident during the mealtime, we found a staff deployment issue during the lunch service on the first day of our inspection. This resulted in one person not receiving the appropriate encouragement they required, as indicated in their care plan. We spoke to the area manager regarding our observations. They implemented immediate changes and on the second day of our inspection we saw all people received the assistance they required.

All other aspects of care related to food and drink were positive. People were complimentary about the food and drink. Everyone we spoke with told us, they had enough to eat and drink. Positive feedback included, "Good food," and "I think the right amount." Menus and food choices were clearly visible and pictorial images were available to support people in making their choices. Dining tables were set up in the newly appointed conservatory dining area with table cloths and condiments. People could choose where they wished to eat and this decision was respected by staff. People were given time to enjoy their food, with staff ensuring they were happy with their meals. Staff knew who required assistance and provided this at a pace which suited the person. People who required support were assisted in a dignified manner with staff interacting and supporting the person. Staff chatted to people and kept them engaged whilst eating. We saw that when people did not eat their main meal choice, an alternative was offered. People's nutritional risk assessments were up-to-date and reflected when people may require additional support or more careful monitoring if they were deemed at risk of weight loss. People who required their weight to be monitored had been

weighed regularly and staff were aware that any changes in people's weight required prompt action. One person's records identified they were awaiting input from a dietician. Staff had spoken to the dietician by telephone as they were unable to visit immediately and provided staff with advice and support as an interim measure which was seen to have been implemented.

We saw that people were encouraged to drink plenty of fluids. This was in addition to servings of tea and coffee throughout the day. Staff ensured specific people had drinks offered 'little and often' if they were struggling to drink enough fluids. One staff member said, "We offer drinks regularly and always make sure they can reach their drinks if it safe for them."

At our last inspection we found some staff did not have the skills and knowledge to deliver safe or effective care. At this inspection we found all staff had received appropriate training to enable them to support people. For example training in safeguarding, infection control, fire evacuation and food hygiene. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until assessed competent to work unsupervised. There was additional training for staff to enable them to support people living with dementia and how to manage 'behaviours that challenged.' One staff member said, "There's good training here, I feel confident caring for our residents." Staff received on-going support and regular supervision. Staff confirmed they received regular supervision (every three months) and appreciated the opportunity to discuss their concerns. We saw the plan of future supervision dates scheduled. Staff told us that they felt supported and positive. One staff member said, "It's good because I can say what I want". Another staff member told us, "I think the manager is open and honest. Supervision is much better now."

Although most staff were awaiting booked training in the Mental Capacity Act (MCA) (2005) staff we spoke to had a good understanding of the MCA. This included the nature and types of consent, people's right to take risks and the necessity to act in people's best interests. One staff member said, "Some of the people living here have dementia but that doesn't mean we stop them doing things." Staff could explain to us the implications of Deprivation of Liberty Safeguards (DoLS) for the people they were supporting. DoLS forms part of the MCA. The purpose of DoLS is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way. This is done when it is in the best interests of the person, has been agreed by families and professionals and there is no other way to safely care for them. One staff member told us, "It (the MCA) is about allowing people to do as much for themselves as possible, even if it's risky". Another staff member told us, "It's (DoLS) about keeping people safe when they can't make decisions for themselves". Whilst staff were awaiting training in MCA/DoLS the area manager had taken the interim measure of ensuring this subject was discussed in supervision where staff knowledge was checked. Staff supervision files confirmed this.

At our inspection in July 2015 we found areas within the service did not provide a dementia friendly environment. At this inspection we found the provider had made significant investment in upgrading the physical environment to ensure it was more suited to the people living there. For example, new carpets had been laid in large sections of the home. Communal bathrooms had been redesigned and replaced to improve access for people who had difficulty walking. The ground floor conservatory had undergone extensive works and was now being used as the home's dining area. The conservatory had its own heating and cooling system to ensure the temperature could be controlled. This was seen to be popular space with people. One relative said, "It really has been transformed, such a lovely area for them." The redesign of the conservatory had enabled the provider to utilise the space in the lounge more effectively and there was now adequate seating and living space for people. One staff member staff, "It's like a different home, really nice lounge and dining room now."

People received effective on-going healthcare support from external health care professionals. People commented that they regularly saw the GP, chiropodist and optician. Visiting relatives felt staff were effective in responding to people's changing needs. Staff recognised that people's health needs could change rapidly especially for people living with a progressive conditions, such as dementia. One staff member told us, "We know when people aren't well as their behaviour changes, I tell the senior immediately."



Our findings

At the last inspection in July 2015, the provider was in breach Regulations 9 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not consistently protected people's confidentiality and some staff did not treat people, or communicate with them, in a way that was respectful or dignified.

An action plan was submitted by the provider detailing how they would meet the legal requirements. At this inspection we saw improvements had been made and the provider had met the requirements of Regulations 9 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, despite these improvements we found the provider had not taken steps to ensure people's preferences and choices regarding end of life had been obtained. People's care documentation contained a section titled 'End of Life'. However, there was limited evidence that discussions had been initiated or taken place with people, or their appropriate advocate, to record people's preferences or choices. In one care plan it stated, 'To discuss with family'. However we saw this person's relative came in most days to visit. We spoke to the area manager regarding this; they acknowledged this aspect of care planning 'required attention'. The day after our inspection the area manager sent an action plan identifying how they would be addressing this area.

People spoke highly of the care they received. One person told us, "Staff are wonderful." A relative told us, "I'm impressed with how care has improved." Staff demonstrated commitment to listening to people and delivering kind and supportive care to people. The atmosphere in the home was calm and relaxed. Bedrooms were clean and homely; many contained family photographs and personal ornaments. Communal areas had changed since our last inspection and were seen to be comfortable. For example the recently decorated lounge contained new comfortable chairs.

One person told us, "They look after me very well." People's preferences for personal care were recorded and followed. Daily care notes included documentation on when people received oral hygiene, baths and showers. Documentation showed that people received personal care in the way they wished. People confirmed that they had regular baths and showers offered and received care in a way that they wanted. Care plans detailed how staff were to manage people's continence needs. This included providing assistance taking people to the toilet on waking or prompting people to use the bathroom throughout the day. Throughout our inspection we observed people were prompted and offered the opportunity to visit the bathroom.

People's privacy was promoted and their dignity respected. For example, staff ensured that people's dignity was protected when moving people from a wheelchair to an armchair. People told us the personal care they received was of a good standard and undertaken in a way that respected their privacy. One person said, "they will always do their best to cover me up." Relationships between staff and people receiving support consistently demonstrated dignity and respect. Staff understood the principles of privacy and dignity. Throughout the inspection, people were called by their preferred name. We observed staff knocking on people's doors and waiting before entering. We observed one person calling for assistance to go to the bathroom. This was attended to promptly and in a discreet way. Staff were patient and responsive to people's moods and dealt with situations in a calm and kind way.

Staff demonstrated they had a good understanding of the people they were supporting and were able to meet their support needs. One staff member told us, "All residents are different and we treat them as individuals, knowing their little ways helps." Staff were clear on their roles and responsibilities and the importance of promoting people to maintain their independence as long as possible. One staff member told us, "We always try and keep residents independent. We'll always support people to go out if they want to and invite their friends in."

Most aspects of people's care plans demonstrated their or their family's involvement. For example, personal preferences had been recorded on admission to the home in areas such as food choices, activities and interests. One relative told us, "I like to attend review meetings and have my input; I feel we are listened to and our opinions are valued."

We saw a recent example where an advocacy service had been sought for one person. The area manager told us an advocate would be found if required to assist people in making decisions. They also told us they had information to give to people and families about how they could find one if it became necessary. This ensured people were aware of advocacy services which were available to them.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. A staff member told us, "There are no restrictions on visitors". A visitor said, "I come in most days and I'm always greeted with a smile."



Our findings

At the last inspection in July 2015, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people did not receive responsive care that met their needs.

An action plan had been submitted by the provider detailing how they would meet the legal requirements. Improvements had been made and the provider had met the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However these improvements were on going and, as yet, not fully embedded in practice and need further time to be fully established.

At our last inspection we found the provider had not ensured people received sufficient pre- assessment prior to moving into York Lodge. At this inspection we found the pre-assessment process had been redesigned to provide a more in-depth, holistic insight into people's support needs. It covered all aspects of people's daily living needs including areas such as sleep, continence support, mobility and emotional support. However the section within the pre-assessment related to people's mental capacity provided limited opportunity for the assessor to query which specific decisions a person may require assistance with. It simple stated, 'Is the service user lacking capacity?' The providers website stated that York Lodge supports people living with dementia, and as such an awareness of mental capacity would be important for staff; a 'yes' or 'no' answer would not provide clear guidance as to whether the provider would be able to meet people's needs in this area. We spoke to the area manager regarding this issue and prior to the inspection finishing they provided a more detailed template which was 'decision specific'. They assured us this new template would be used in all future pre-assessment.

At our July 2015 inspection we found the provider had not consistently provided people with care that met their needs. We spoke with senior staff regarding the changes they had made to enable them to better respond to people's needs. They informed us the most significant changes made in this area related to monitoring people's care dependency needs. The area manager told us, "We've had to take a long hard look at the type of support we are able to offer at York Lodge. Previously we had residents living with us whose needs had changed and we had not managed this as well as we should." For example at our previous inspection seven people living at the service required mechanical moving equipment to assist them to move whereas at this inspection one person required the use of this equipment. The area manager said, "We are now much more aware of the importance of pre-assessment and closely monitor changing support needs." The acting manager had made a recent referral for a continuing health care review for a person whose dependency needs had increased. They said, "We need to be confident we can support people and

unfortunately sometimes this means they may need to move on to other services." One staff member said, "There were residents living here before who we really struggled to look after, things are so much better now."

At our previous inspection in July 2015 we found the provider had not ensured people's social and emotional needs were met. At this inspection we found improvements had been made. We saw physical improvements to the premises had included the creation of a new 'sensory room'. A sensory room can provide people, who are limited in their physical and cognitive abilities, with multi-sensory stimulation they may not be able to access by themselves. This room was adjoined with a 'café style' area where people could sit and have a hot drink. There was a structured daily itinerary of planned activities. On the first day of our inspection there was an external theatrical entertainer putting on a performance. People were enjoying the music, smiling and clapping along. A person's relative had brought along a young child who was dancing along, this produced much amusement amongst people and created a fun and vibrant atmosphere. Later that afternoon eight out of the 13 people chose to go out on a trip to the seaside. Travel was facilitated by the service's minibus. Minibus trips were a weekly event and people told us they enjoyed going out. There was a list of destinations advertised on a communal notice board. Those who chose to remain at home were offered the option of spending some time in the garden; we saw one person took up this option. During our inspection we saw care staff led group activities and encouraged group participation in a range of activities including armchair style movement session and a quiz. One staff member said, "We have done some training on 'meaningful activities' which was useful and gave me confidence." We saw staff spent time with people on a one to one basis and chatted about topics that held people's interest.

Care plans reflected people's specific need for social interaction and these were being acted on. For example, one person had recently been identified as requiring additional extended one to one support and steps had been taken to put this in to place. A staff member told us, "We are much more able to react to resident's needs; it's a much happier place for everyone." People's care plans had been updated when changes occurred. One person was on a short respite stay at the service and had a clear plan of care in place for staff to refer to for guidance. We saw at one point this person was disoriented and staff adhered to the guidance provided when offering reassurance. The person's family member visited the service at the request of senior staff and spoke positively of the care provided to their relative.

Care delivery was person specific and in line with people's preferences. For example what they preferred to eat and drink, what time they got up and what time they returned to bed. For people unable to tell staff their preferences we saw that staff had spoken with families and friends. Staff told us, "If residents care needs change, then we change how we provide them care."

The provider had a complaints policy and procedure. This was displayed in a communal area. The complaints policy included clear guidelines on how and when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the CQC. People told us they felt confident in raising concerns or making a complaint. One person's relative told us, "Yes, I know how to complain." Another relative said, "I would not hesitate to tell a member of staff if I was unhappy about something." There had been no recent complaints recorded.

We reviewed the meeting minutes from a recent resident/family meeting. This was well attended and a range of issues were discussed such as the summer party and longer term plans related to the creation of a 'life skills room'. The area manager had identified a room that could be used for activities such as baking. One relative said, "I feel very much included in the life of the home."



Our findings

At the last inspection in July 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not protected against the risk of unsafe or inappropriate care as the provider did not have effective monitoring systems in place and records were not always accurate or up to date.

An action plan was submitted by the provider detailing how they would meet their legal requirements. Improvements had been made and the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was met. However at this inspection we found not all these improvements were, as yet, fully embedded.

Since our last inspection there was a new management structure at York Lodge. A new acting manager had been recruited and they were in the process of undertaking registration with the CQC. During their probationary period they were being supported by the provider's area manager. The area manager had overseen the improvements and implemented the provider's action plan to address the concerns we found at our last inspection.

The area manager told us they had 'overhauled' the quality assurance systems. They were more confident there were robust systems in place to monitor the quality and effectiveness of the service provided. We found these modifications had led to significant improvements. People and their relatives commented on the positive changes there had been at York Lodge. The acting manager was routinely completed various audits such as medicines, maintenance and infection control. These provided clear action points and had timescale attached which had been met. However we found some shortfalls with care plan auditing. We found gaps and inconsistencies in staff recording of daily 'care delivery'. Staff were required to identify the specific personal care they had supported people with, however the documentation indicated staff had not supported people with core care needs such as brushing teeth and combing hair for extended periods of time. From observation, speaking to people and relatives this care was being undertaken however staff had failed to record this information once completed. The acting manager told us they had not identified these shortfalls as they had not been auditing this section of people's care plans. This is an area that requires improvement.

At our last inspection we found accident and incident reports were not always accurately completed and did not clearly identify what actions had been taken to reduce risks to people. We found there had been improvements in the recording of accidents and incidents and senior staff had oversight of these. However

although immediate actions were recorded, longer term strategies that had been considered or implemented as a result had not consistently been recorded on either the accident/incident form or the audit. This meant that a clear record of what steps had been taken to prevent reoccurrence would not be available for senior staff.

In addition to routine audits, the area manager was in the process of implementing their own service audit. This had not been fully embedded at the time of our inspection. They said, "These will be more meaningful when I am not based here as often, I will see areas that require attention through a fresh set of eyes." We saw they had reviewed some areas such as infection control and had identified and made suggestions for improvements which had been actioned.

The area manager confirmed that as an organisation they had been open and honest with staff and kept them informed of the last inspection and the failings identified. Staff confirmed they been kept updated and involved in discussions on how improvements could be made, such as the new sensory room. Staff told us they felt they were important to the running of the home.

Throughout the inspection it was clear significant time had been spent making improvements and improving staff morale. Relatives commented that they had seen improvements and felt they had no concerns with how care was being delivered. The area manager and new acting manager were open and responsive to the concerns previously identified and had already identified areas of practice that required further improvement. It was clear the provider was committed to the continued ongoing improvement of the home. The area manager said, "We're not quite there yet but have come such a long way from where we were."

People living at the home, their families or representatives were asked for their views about their care and treatment. These were sought via completed satisfaction questionnaires on an annual basis. We looked at the response from questionnaires completed in March 2016. All of those returned recorded a high degree of satisfaction in areas such as staff attitudes, management of the home and its environment. People, friends and family and staff all described the management of the home as, 'open and supportive'. One person said, "I think it's wonderful here, I'm very happy." A visitor said, "It seems so much more relaxed and happy." A staff member commented; "The management are supportive and visible."

We asked staff about the vision and values of the home. The overriding feeling was that it was a 'homely service.' One staff member said, "I think we are much better, a nice feel to the home." Another staff member told us, "I think we are doing our job to provide a comfortable home for people and keep them safe". We reviewed the minutes of the last two staff team meetings. There were meetings for both care staff and wider staff meetings. We noted staff were able to discuss matters of importance to them and the people they were looking after. Staff were positive and spoke highly of the management and their leadership. One staff member told us, "I know I could approach them about anything and they would make time for me." Staff demonstrated a clear understanding of their roles and their lines of accountability. One staff member told us, "I wouldn't want to work anywhere else now; if I had a concern I know I could always go to the manager."