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York Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We inspected York Lodge Residential Home (known as 'York Lodge' by the people who live there) on 13 and 14 June 2016. The inspection was unannounced, so this meant they did not know we were coming. At the last inspection in October 2015 we rated the home as inadequate overall and placed it in special measures. We also took enforcement action by serving warning notices. This inspection was to see whether improvements had been made.

York Lodge is a family owned residential care home in the Urmston area of Trafford. It has been operating since 1986. The home is registered to provide care and support to a maximum of 22 older people. Accommodation is provided over three floors which can be accessed by stairs or a lift. The home has a conservatory and garden area which people can access.

At the time of our inspection, 22 people were resident at York Lodge, some of whom were living with dementia. The service also provided day care to between two and six people per day on weekdays.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We took enforcement action after the last inspection. At this inspection we checked to see if improvements had been made in all the areas we identified. We found that whilst some aspects had been addressed either fully or partially, others had not and remained outstanding. We made the decision to keep York Lodge in special measures. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

We found medicines prescribed to be taken by people when they felt they needed them, for example pain relief, were being administered on a regular basis by staff. Some medicine records were confusing as it was not possible to tell how often they had been administered.

The majority of safety hazards we identified at the last inspection in October 2015 had been remedied, however, we noted two downstairs radiators still had no covers and were too hot to touch and an extension lead presented a trip hazard on a stair landing. Other risk assessments and health and safety checks were up to date.

At the last inspection in October 2015 we noted people assessed as being at high risk of pressure ulcers had no care plans for this. At this inspection we found people at risk of pressure ulcers still did not have individualised care plans, although we noted none of the people at York Lodge had pressure ulcers.

We observed two care staff assisting a person to mobilise in a manner that was highly unsafe.

At the last inspection in October 2015 we found the home had not carried out any assessments for people thought to lack mental capacity to make decisions. At this inspection, apart from capacity assessments for people's ability to consent to living at York Lodge, no other assessments of people's capacity had been undertaken.

At the time of our inspection the service could not evidence which training courses staff had attended, which they needed to attend or if any were overdue. New care workers were signed up to the Care Certificate and all staff received regular supervision and an annual appraisal.

Paper-based risk assessments and care plans had not improved since the last inspection in October 2015 and were still not fit for purpose. People whose records had been transferred to the new electronic system were better, but we still found gaps and omissions. Care workers told us they did not read people's care plans often.

The home still had a structured approach to bathing. People told us they had a bath once a week and some said this was not enough. The home could not evidence when people had last been assisted to bathe.

We found record-keeping was slightly better than at the last inspection but there were still gaps in recruitment records, food and fluid balance charts and repositioning charts. A recent serious injury had not been documented on an accident form.

The registered manager was not aware of his responsibilities to report notifiable incidents to the Care Quality Commission (CQC) as is required by the Regulations. We found two occurrences since the last inspection which should have been notified to CQC.

We found the provider partnership running York Lodge at the time of the inspection, one of whom was the registered manager, did not have the necessary skills and experience to do so properly.

People told us they sometimes had to wait for care workers to assist them at busy times. The registered manager had employed a dependency tool which showed there were enough staff to meet people's needs, and our observations supported this, except for the occasions when a number of people required support at the same time. However, this was at the current level of service quality, which was not always person-centred.

At the last inspection in October 2015 people gave us positive feedback about the quality of the food served at York Lodge but said they were not given a choice of foods. At this inspection the feedback was similar; people liked the food but not everyone said they got a choice.

Care workers respected people's privacy and dignity; however, we noted issues with confidentiality relating to use of a computer in the dining area when people were present.

The cleanliness of the home had much improved since the last inspection. We saw handwashing basins had been installed where they were required and gloves and aprons were available in the areas care workers needed them.

People were supported by the home to maintain their holistic health and we saw the home had made environmental improvements to better support people living with dementia.

People and their relatives told us the staff were caring. Care workers could describe people well as

individuals, the home's atmosphere was relaxed and there was friendly banter between the people and the care workers.

We saw people's access to activities had improved and the home had recruited a second activities coordinator. People told us they enjoyed the activities on offer.

People told us they had never complained about the service but knew what to do if they needed to. We saw the registered manager had treated a relative's negative survey feedback as a complaint and resolved it properly.

The atmosphere and culture at the home was much improved. The managers each knew their own roles and responsibilities.

The registered manager had worked with the local Clinical Commissioning Group and had contracted consultants in human resources, health and safety and care delivery in order to identify and implement improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

We found medicines were not always administered and recorded properly. Recruitment procedures were not robust.

Most hazards identified at the last inspection had been addressed and the home was now clean. However, we found some very hot radiators that still lacked covers to protect the people and an extension lead on a stair landing which people could trip over.

People who had been assessed as at risk of pressure ulcers had no care plans to mitigate those risks. We witnessed a potentially dangerous moving and handling procedure.

Is the service effective?

Requires Improvement ●

The service was not always effective.

At the time we inspected, the service could not evidence the training staff had received or if any was overdue. This was because training records were being transferred from a paper-based to electronic system.

The registered manager had assessed each person's capacity to consent to living at York Lodge, but no other capacity assessments had been undertaken. It had therefore not been established if people thought to lack capacity could consent to care and treatment.

People told us they liked the food but not everyone felt they had a choice. We saw people had access to a range of healthcare professionals.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People and their relatives were still not involved in care planning. We observed care staff discussing people's personal information whilst updating electronic records in a dining area when people

were in earshot.

People and their relatives told us the staff were caring. People said they could get up and go to bed when they wanted and that staff respected their privacy and dignity.

We observed there was a relaxed and contented atmosphere at York Lodge. People told us they liked the care staff and we heard laughter and banter between the people and staff during the inspection.

Is the service responsive?

The service was not always responsive.

Paper care records had not improved since the last inspection. The home got a new electronic care record system in January 2016 but when we inspected, not all records had been transferred. This meant the recording of information about the people was not done consistently.

The system of weekly baths was not person-centred. Some people told us they wanted to bathe more often. The home could not evidence when people had last been supported to bathe.

People told us they enjoyed the activities provided at York Lodge and we saw people who lived at the home now had the same access to activities as people using the home for day care.

People and their relatives told us they had never complained to the service, but they knew how to if they needed to.

Requires Improvement 

Is the service well-led?

The service was not well-led.

Not all issues raised at the last inspection had been addressed. Systems and processes to ensure compliance with Regulations had not been fully established. The provider partnership running the home lacked the skills and experience to do so properly.

The registered manager had failed to make statutory notifications to the Care Quality Commission. Accurate records of care and treatment and decisions taken in relation care and treatment were not maintained.

The registered manager had worked with the local Clinical Commissioning Group and private consultants to identify

Inadequate 

improvements the home needed and was working with them to make changes.

York Lodge Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 13 and 14 June 2016. The inspection team consisted of one adult social care 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. The expert by experience on this inspection had been a carer for an older relative.

On this occasion we did not ask the registered provider to complete a Provider Information Return (PIR) before the inspection.

Before the inspection we reviewed the information we held about the service. This involved contacting Healthwatch Trafford, the local authority safeguarding team and officers from the local clinical commissioning group (CCG). We did not receive any information of concern from Healthwatch Trafford or the local authority safeguarding team. We had been liaising with CCG officers since our last inspection in October 2015. They had supported the registered manager to try and improve the service and gave us positive feedback about the progress the service had made. After the inspection we contacted one other healthcare professional involved with the people using the service but they did not respond.

During our inspection we spoke with 11 people who used the service and three of their relatives. We spoke with the registered manager, the care manager, the housekeeping manager, the cook and three care workers.

As some of the people using the service were living with dementia, we made observations during the two

days we were there to try and understand their experience of living at the home.

As part of the inspection we reviewed four people's care files, three care workers' recruitment records, supervision and appraisal records, nine people's medicines administration records, audit and monitoring records and other documents relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe at York Lodge. One person said, "I do feel safe. I like to stay in my room", a second person told us, "I'm safe here, no trouble at all. I have no concerns and if I did I would just go to the office", and a third person said, "I'm safe and secure. Nothing to worry about." Relatives also said their family members who used the service were safe. One relative told us, "Yes, [my relative] is fine. We have no concerns about her being here and we know who to talk to if there's a problem", and a second relative said, "My family all seem happy with [my relative] living here."

People told us they were happy with the way the home supported them to take their medicines. One person said, "I get my regular medicine on time", and a second person commented, "Yes I get my regular medicines on time. Look – they're here now. It's fine."

At the last inspection in October 2015 we found a breach of the Regulations because the home had no protocols for medicines people took 'as required' and body maps for topical creams lacked full instructions. 'As required' medicines are those which people take when they feel they need them or have certain symptoms, so staff need a protocol which describes when the person should take the medicine, how they will communicate they need the medicine, the maximum dose per day and how often they can be taken. Topical creams can be regular or 'as required'; body maps include instructions on when, where and how often they should be applied.

At this inspection we found topical creams had body maps and some 'as required' medicines had protocols. However, we found some 'as required' medicines were being given regularly instead of when people felt they needed them. For example, one person was prescribed a barrier cream 'as required'. On 13 June 2016 we saw on their Medicine Administration Record (MAR) the cream had been applied twice a day since 23 May 2016 when the current MAR started, even though 'apply when required' was written on the MAR. There was a body map for the cream which also described the cream as 'PRN' (which means 'as required'). Some staff had signed and dated a table on the back of the body map and we could not tell if these represented times when the cream had been applied in addition to those times recorded on the MAR or a care worker had signed both for the same application.

The same person was prescribed a laxative medicine to be taken once or twice per day. There was no protocol for this medicine and we saw on 13 June 2016 that the MAR had been signed once a day at breakfast time since 23 May 2016 when the current MAR started. A dot had been added to the MAR alongside the breakfast time row, which would indicate to care workers that this medicine should be taken by the person every day at that time, rather than 'as required.'

Another person was prescribed a pain-killing gel to be applied topically. We saw on their MAR it was to be applied 'when needed up to three times a day.' The MAR showed the gel had been applied twice a day, at the same times, since 26 May 2016, and between 23 and 26 May 2016, three times per day. Coloured dots had been added to the MAR alongside three rows, indicating to staff the gel should be applied three times a day; a body map said the gel was to be applied three times a day at set times. Neither the body map or MAR

said what the gel was for and there was no 'as required' medicine protocol. We saw some care workers had signed the back of the body map and the MAR to say the gel had been applied, and it was not possible to tell if these were applications in addition to that recorded on the MAR or duplicated signatures. This person also had a topical cream prescribed 'as required' which was being applied twice a day at the same times on a regular basis, according to signatures on the MAR.

We asked the care manager why people were receiving medicines prescribed 'as required' on a regular basis. They told us it was because they knew the people needed the medicines regularly and that putting coloured dots on the MARs made sure people got their medicines from the care workers. We asked what would happen if the coloured dots were removed from the MAR and creams were listed 'as required', the care manager commented, "Let's just put it down there like that and we'll see what the outcome is: it (the cream) won't get put on them at all!" This meant the care manager was amending MARs and body maps to make 'as required' medicines regular because they did not trust the care workers to administer medicines properly. The possible outcome of this is people receiving 'as required' medicines regularly when they did not need them.

We saw another person was prescribed a topical cream 'as required' on their MAR and they also had coloured dots which suggested to care workers that the cream should be applied regularly. 'R' for refused had been added to the MAR and on the table on the reverse care workers had recorded the person had refused the cream because they did not need it. We asked the care manager why care workers were recording refusal of an 'as required' medicine, as standard practice is to record administration and to record nothing if 'as required' medicines are not needed. They said they did not trust the care workers to ask people if they needed creams and other 'as required' medicines and asking them to sign the MAR would make them more likely to offer them.

During the inspection we saw the care manager contacted a number of people's GPs to ask if certain of their medicines could be prescribed on a regular basis rather than 'as required.' This is the correct process as GPs or other qualified prescribers are responsible for deciding how a person should receive a medicine.

The issues with medicines administration constituted a continuing breach of Regulation 12 (1) and (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at other aspects of medicines management as part of the inspection, including controlled drugs and homely medicines, and found no other issues or concerns.

At the last inspection in October 2015 we noted several safety hazards around the building, including uncovered radiators which were extremely hot, a carpet with holes that could trip people up, extension leads and equipment in corridors and a wobbly bannister rail. At this inspection we found equipment was safely stored and the carpet had been replaced. We also saw the wobbly bannister had been fixed and one radiator on the ground floor had a new cover. However, other downstairs radiators, including one in the corridor outside the two lounge areas were uncovered, and too hot to touch for more than a few seconds. We also saw an extension lead on a stair landing that could present a trip hazard. We brought this to the attention of the registered manager and he turned down the uncovered radiators to reduce the risk to the people and said he would remove the extension lead. However, this meant at the time of our inspection whilst improvements had been made, some hazards which could harm people remained.

This was a continuing breach of Regulation 12 (1) and (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in October 2015 we found issues with how the service managed identified risk, as individuals assessed as at risk of pressure ulcers did not have care plans in place to mitigate those risks. Since the last inspection, the home had implemented an electronic care records system and was in the process of transferring people's care records across from the old paper-based system. For this reason we checked the electronic and paper-based records of four people at this inspection. We found each of the four people had been assessed as being at risk of pressure ulcers and yet none of them had a person-centred care plan in place. Two of the people had an electronic record which did include a care plan on skin integrity, but they contained generic statements and potential actions the home could take, rather than actions specific to the person. We noted none of the people currently residing at York Lodge had pressure ulcers, which demonstrated staff were aware of people's pressure relief needs and met them. We saw people had pressure-relieving mattresses and used pressure-relieving cushions. The registered manager described how the service had worked with community nurses to reduce the risk of pressure ulcers to a person with restricted mobility. We saw measures were being taken and these were documented. This meant that although appropriate action was being taken to manage people's risks of developing pressure ulcers, the care planning documentation staff needed to guide them was still lacking.

At the last inspection we found problems with care planning and incident recording for people who had behaviours that may challenge others. We saw the Antecedent Behaviour Consequence or ABC forms completed to try and understand the triggers of people's behaviour in order to better support them were not completed fully. At this inspection we saw four incident forms on the care records system for one person who at times displayed these behaviours. The forms were not completed fully, in that the incidents were recorded but the second part of the form which should detail the outcomes and action plan for future incidents was blank for each form. We also noted this person did not have a behavioural support care plan, so that care workers would know how to support the person when they displayed behaviours that may challenge others. We asked the registered manager about the incomplete incident forms; he said it was due to lack of training on the electronic system and this was planned for the week of our inspection. He also told us incident forms would be checked as part of the new audit procedures the home had put in place and behavioural support care plans would be created as the electronic care records system was populated.

At the time of our inspection people were not protected from unsafe care as proper risk assessments and care plans to mitigate risks were still not in place. This was a continuing breach of Regulation 12 (1) and (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we observed staff supporting people to move safely using equipment. However, we witnessed one incident where a person who could not bear their own weight properly was assisted to walk down some steps by two staff members. Staff were supporting the person by their armpits, which was not safe for the person or the staff. Halfway down the steps the person became unable to weight-bear altogether, so the staff members had to lift the person by their armpits back up the steps to a chair. This was a dangerous and potentially painful manoeuvre for the person, although they seemed unharmed as a result. The care manager also witnessed the incident and said they would speak with the staff involved; we informed the local safeguarding authority because we were so concerned.

This example of unsafe moving and handling was a breach of Regulation 12 (1) and (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in October 2015 we were concerned about the number of staff available to support the people and concluded care workers spent more time with people using the home for day care than with the people who lived at the home. Night and day care staff were also assigned cleaning and laundry duties which reduced the amount of time they spent with the people. We recommended the registered manager

employed a dependency tool which could be used to calculate the number of staff needed to meet the needs of the people living at the home.

At this inspection we asked people if they thought there were enough staff and the feedback was mixed. People said, "Some (staff) tell you if you have to wait for something because they are seeing to someone else and they are busy", "I think there are enough staff", "Sometimes we wait for food and sometimes it's cold because they have to serve in three different places, the conservatory and two dining rooms, with only about three staff", "Not enough staff to take us to bed", "There are enough staff and there is always someone around to talk to", "I get up okay at 8.30 for breakfast but sometimes I am kept waiting when they are busy because there are not enough staff." Staff we spoke with also gave mixed feedback, one staff member said, "I think there should be more", and, "I feel we could do with an extra person", whereas two other staff members told us they thought there were sufficient staff. One of these said that since the last inspection the home had employed extra staff to do cleaning and laundry, which meant care workers could spend more time with the people. The home had employed a second activities coordinator, so there was one working 40 hours per week who also assisted with people's personal care and a second who worked 26 hours per week, but did not assist with people with personal care. We also noted a cook was on duty both days we were there, which meant the housekeeping manager could be more hands on with the people. We saw all members of the management team assisting at mealtimes and helping to support the people during the day throughout the inspection.

Since the last inspection in October 2015 the registered manager had employed a dependency tool which considered each individual's care needs as well as the experience and roles of each staff member. We saw the tool was updated regularly and it indicated there were sufficient members of staff employed to support the people to deliver the current level of service quality. Our observations over the two days generally supported this and we noted staff spent time with people who lived at the home and those coming for day care equally, by holding activities in different parts of the home. We did see there were times when people needed to wait for support, such as when getting up in the morning and when several people asked to use the toilet at the same time. We saw that when this happened, staff apologised to people and asked them politely to wait and then assisted them as soon as they could. However, as detailed in the Responsive section of this report, care was not always person-centred. Dependency tools and staffing levels should ensure people can receive individualised care.

At the last inspection in October 2015 we found parts of the building were dirty and the registered manager had not complied with actions raised by the local NHS Trust's infection control audit. At this inspection we found the building was clean and tidy and smelled fresh. The flooring and cupboards in the downstairs bathroom had been replaced and were found to be clean and people's laundered clothing was no longer stored in there. People's topical creams were now stored in lockers, toilets were checked and cleaned throughout the day and waste bins containing used continence pads had lids. We also saw new handwashing facilities had been fitted and personal protective equipment, such as gloves and aprons, was available where it was needed. When we asked people if the home was clean they told us, "I think the place is very clean", and, "The place is very clean as far as I can see." A member of staff commented, "Everyone's a lot keener on cleaning and all that." This meant the registered manager had made significant improvements and we saw the home was now clean.

We reviewed the records for health and safety checks, including moving and handling equipment, the lift, emergency lighting and evacuation routes, and they were all in order. Each person had a personal emergency evacuation plan or PEEP, the fire alarm was checked weekly and regular fire drills had taken place. Staff we spoke with could describe the different forms of abuse the people they supported might be vulnerable to and said they would report it appropriately. This meant the building and equipment was safe,

staff knew how to protect the people from abuse and information could be presented to the fire service in the event of a fire or other emergency so individuals could be evacuated from the building.

Is the service effective?

Our findings

We asked people and their relatives if the staff were well trained. One person said, "Trained? I think they do, yes", and a relative told us, "The carers seem trained and seem to know what they're doing." Care workers we spoke with said they had attended some training within the last year, for example, moving and handling and infection control, but could not say when they had last attended other training, such as safeguarding and end of life care.

The care manager was responsible for training, so we asked them for the matrix which showed what training each member of staff had received and when it was next due. The care manager explained training records were in the process of being added to the new electronic care document system; they showed us some information had been added and some was still in paper form. According to the paper documents system, nine of the 21 staff employed by the home had completed moving and handling training in February 2016, but the care manager said the remaining staff had not had training booked for them yet. The paper records showed five staff members had received first aid training in 2015, but the care manager was unable to confirm when the other staff members had received first aid training, when it was due or if it was overdue. According to the paper records 14 staff members had fire safety training in February 2016; the care manager said the other seven staff members may have done it as part of another training module but was not sure. At the time of inspection, the care manager could not evidence what training the staff had received, what was planned and whether any training was overdue. This meant it was not possible to tell if staff had received the training they needed to support the people safely.

This was a breach of Regulation 17 (1) and (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

At the last inspection in October 2015 we found capacity assessments for DoLS had been completed by the local authority and the home had made applications for DoLS to the local authority when it had been deemed they were required. At this inspection we found the service had undertaken assessments in April 2016 for people thought to lack capacity to ascertain whether they could consent to living at York Lodge. The registered manager was in the process of completing DoLS applications for the people found to lack capacity; however, at the time of our inspection nearly seven weeks after the assessments had been made, eight DoLS applications to the local authority were still outstanding. This meant people found to lack

capacity were being deprived of their liberty without authorisation.

This constituted a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in October 2015 we found the home had not completed capacity assessments or made best interest decisions for the people known to be living with dementia for aspects of their care such as receiving personal care or the administration of medicines by the home on people's behalf. The four paper and electronic records we inspected showed capacity assessments for these aspects had not yet been done. The registered manager told us these would be completed as each person's paper care records were added to the new electronic care documentation system and a care worker told us they were going to be trained to undertake capacity assessments. However, at the time of our inspection, capacity assessments and best interest decisions had not been completed for people known to live with dementia.

Staff we spoke with during the inspection were unsure about how the MCA impacted upon the people they supported. Two care workers said that a person's relatives, their social worker or GP made decisions if a person lacked capacity; they were unaware of the process for best interest decision-making. All staff we spoke with described obtaining consent for personal care or medicines administration by explaining information or giving choices. The registered manager was unclear about what constituted a deprivation of someone's liberty, for example, that the use of sensor mats, CCTV and bed rails may need to be included on DoLS applications, depending on why they were being used. This meant staff at the home lacked the knowledge they needed to support people in line with the relevant legislation.

The issues with MCA and DoLS constituted a breach of Regulation 11 (1), (2) and (3) and a continuous breach of Regulation 17 (1) and (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The week prior to our inspection, nine staff members, including all of the management team, had enrolled on a safe handling of medicines course; we saw the rest of the staff were to enrol in August 2016. At the time of our inspection the cook was doing a course on food preparation and hygiene and the care manager had just started a leadership and management qualification. The care manager told us, "I like learning something different. It's important to keep up to date." This showed us the service supported staff to undertake additional qualifications.

We saw the service had access to an electronic training system. Care workers the home had employed who were new to health and social care had been signed up to the system to do the Care Certificate. The care manager said records were checked on a weekly basis to see what progress staff members had made with training courses and we saw this information was recorded. The care manager explained that when all training records had been added to the care records system they planned to discuss progress with the individual care workers during their supervision sessions. This meant care workers new to health and social care were enrolled onto the Care Certificate and the care manager had a means to track their progress.

Care workers told us they received regular supervision and an annual appraisal. We saw the care manager had recently switched to the new electronic care documents system for arranging and recording these meetings. The system allowed other members of the management team to add comments or items for the care manager to discuss with staff at upcoming meetings; we saw this had been used by the registered manager to provide feedback to the care manager about one member of staff. This meant care workers were supported by the care manager via regular one-to-one meetings and that other members of the management team could contribute to them.

We asked people what they thought of the food at York Lodge. One person told us, "The food is quite good", a second said, "The food is great, I can't grumble. I get plenty to eat and drink", and third person commented, "I've never been hungry. I enjoyed my lunch today. The food is OK, I am satisfied with it."

We observed mealtimes at York Lodge during the two days of inspection. People were offered a range of options at breakfast, the main meal was served at lunchtime and a lighter meal was served late in the afternoon. Our expert by experience ate lunch with the people using the service. They found the food to be good quality and plentiful, and observed the people eating with them seemed to be enjoying their meals. We spoke with the cook about the dietary needs of the people living at York Lodge and found they were aware of which people had specific needs, such as diabetes. They were knowledgeable about how to prepare foods for those with swallowing problems or who needed to gain weight. The cook also knew the food preferences of each person and we saw this was documented by the home. The kitchen area was clean and tidy and we saw the service had been awarded five stars out of a possible five during their most recent food hygiene inspection in January 2016.

At the last inspection in October 2015 we noted people were not provided with a choice prior to meals being served, so we asked people if this had changed. They told us, "No choice, never had a choice", "You get what you are given", "We have a choice and I'm satisfied with it. If I don't like it they don't get annoyed and I have something else", and, "I do get choices because I don't eat some of the food and they give me things like soup and sandwiches." We noted the home had moved to a four-weekly menu since the last inspection and observed the cook speaking with each of the people after breakfast using a folder of photographs to show the lunchtime choices. One person said of this, "They don't usually ask us about choices for food. That book of pictures is not normally shown, that's for your benefit, but the food's generally not too bad." This meant that although the feedback on the quality of food remained positive, not all people felt they were offered a choice.

We asked people if they had access to other healthcare professionals, like GPs or community nurses, and they said they did. People told us, "We can get a doctor without any problem", "I can get a doctor if I want one," and, "I've seen the doctor today." Care records showed people had seen a range of healthcare professionals, such as GPs, community nurses, an audiologist, dieticians, podiatrists and phlebotomists (healthcare workers who take blood samples). Relatives we spoke with said their family members at York Lodge saw other healthcare professionals. They told us, "[My relative's] been here a few years and if she's ill they've got it sorted", and, "Yes, she's seen a doctor and they've sorted out her feet and audiology for her." During the inspection we observed the care manager communicating with people's GPs and there was a visit by the pharmacist who supplied medicines for the people at York Lodge. This showed us people were supported by the home to have access to healthcare.

At the last inspection in October 2015 we noted the home was not dementia friendly, in that signage was lacking, people's bedroom doors only had numbers on and carpets were heavily patterned, which meant they could be hard to navigate by people living with dementia. At this inspection we saw picture signage was in place around the home and people's bedrooms had their name and photograph on, if they wished. A large area of carpeting downstairs had been replaced with one with a minimal pattern and there was a plan in place to develop memory boxes to stimulate people's memory and promote discussion. The management team also described a 'dementia tour', a course provided by an external trainer to the staff in May 2016. It aimed to give care workers an idea of what it was like to live with dementia by restricting sight and hearing, and giving the learners tasks they could not understand. The management team said the experience had been hugely beneficial and the trainer had already been booked to come in again. The care manager said of their experience, "I can relate it to some of the people here. I learned that everyone's dementia is different." This meant the service had become more dementia friendly since the last inspection

and had plans to make further improvements.

Is the service caring?

Our findings

People told us the care workers at York Lodge were caring and their relatives agreed. One person said, "Yes, they are very caring. They talk to me and listen to any problems I have. They are very good", a second person said, "Yes, caring, they are all right in that respect. They always speak to me and listen to what I have to say and I have nothing to complain about how they treat me with dignity and respect", and a third person told us, "The staff are very kind here and I have a laugh with them." Relatives told us, "The environment is nice and friendly and [my relative] likes it here", "The staff are really caring with [my relative]", and, "I can see for myself in the way [my relative] looks and acts, she is smiling and really happy and the staff seem really friendly."

At the last inspection in October 2015 we found people and their relatives (with the person's permission) were not involved in planning their care. At this inspection we noted a care plan audit in May 2016 had found the involvement of people in their care planning was 'partial' and people's relatives were yet to be involved. We asked the registered manager how people were consulted about the care they received. He said that aside from giving people questionnaires about the home, they were still not involved in planning their care, and neither were their relatives. The registered manager said he intended to involve each person and their relatives (with the person's permission) in their care planning by holding a meeting with them. This was to be part of the process of transferring people's care plans from the paper system to the new electronic system. However, we saw none of the people whose care plans had been transferred to the new system had been invited to a care planning meeting. This meant the people of York Lodge were still not involved in planning their own care.

This was a breach of Regulation 9 (1) and (3) and a continuous breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in October 2015 we observed occasions when staff members had been disrespectful when either communicating with, or about, people using the service. At this inspection, all of the interactions we saw were polite and respectful. It was clear staff knew the people well as individuals and we heard laughter and friendly banter between the people and staff. This included the three members of the management team, who we saw assisting at meal times and chatting in a relaxed fashion with the people during the inspection.

People told us they could get up and go to bed when they wanted to and could choose if they wanted to get involved in activities. We saw people looked cared for and were dressed in clean, well-fitting clothes; people could access a hairdresser who visited the home regularly. One person told us, "Yes, once I get up I choose what to do. I go for breakfast or like today I go to the hairdresser", and a second person told us, "I can stay up when I want to but I usually go to bed around 10 o'clock. If there is a late programme I want to watch there's no problem in me staying up to watch it. They are very good."

Care workers described how they respected people's privacy and dignity and gave them choices. One care worker said, "Personal care: we do it in private with the doors locked", and went on to describe being

discreet when asking people if they needed medicines such as laxatives. Throughout the inspection we observed care workers providing people with choices and supporting them in an unhurried manner. One person told us, "I find it quite rewarding living here and they respect my privacy and independence."

One issue we did raise with the registered manager at this inspection was the siting of a computer terminal in the dining room. On the second day of inspection we saw a member of staff use the computer to update people's care plans whilst sitting alongside one of the people who lived at the home. The member of staff was then called away and left the computer unattended and open at a person's records for over five minutes. Later on the same day, two members of staff sat at the computer discussing and updating people's care records within earshot of three people who used the service. This meant care staff were not always respectful of people's privacy and confidentiality.

At the last inspection in October 2015 we recommended the home provided people with information on advocacy services and ensured referrals to advocates were made if people needed them. At this inspection we saw details of advocacy services were prominently displayed on the wall in the dining area. The registered manager said the home had not needed to refer any of the people to advocates in the months prior to our inspection as family members had provided individuals with this type of support.

None of the people at York Lodge were receiving end of life care at the time of our inspection. We noted the new electronic care document system included a care plan for end of life wishes and the care manager said this would be used to record person-centred plans for people approaching the end of their lives.

Is the service responsive?

Our findings

At the last inspection in October 2015 we found a breach of the Regulations because risk assessments and care plans were not fit for purpose. After the inspection the registered manager purchased a new electronic care records system to replace the paper-based system and the home started migrating records across to it in January 2016. At the time of this inspection in June 2016 this process was still not complete so we looked at two people's paper records and two people's electronic records.

We found there had been no improvement to the paper records system. Both paper records we looked at had assessments which showed people were at risk of falls but there were no care plans in place containing control measures to mitigate those risks. One person living with dementia had no dementia care plan; another person who had a mental health condition had no relevant care plan for it. The purpose of assessment and care planning is to document people's individual needs so care workers can support them in the right way. Not having care plans therefore meant people's needs may not be being met.

The two records on the electronic system were better, in that assessments and care plans were in place for aspects such as falls, mobility, continence and dementia. However, we noted both care records contained gaps or included generic information, rather than person-centred details relating to the individual. This was noted earlier in this report with reference to pressure area care. The registered manager said information was still being added to people's records and uploading an entire record took a long time. However, the electronic system had been in place for over five months at the time of our inspection and we found eight people's records were less than 50% complete, and of those, three were less than 10% complete. This meant care workers had needed to access two different systems to find people's care plans for several months. The care manager said the deadline set for when the migration of information would be complete was the end of June 2016.

We asked care workers how often they read people's care plans. One told us, "Not very often to be honest. I do for a new person", and a second care worker said, "I don't really get much chance to read them. I use the report book." This meant even if care plans were in place, the care workers may not read them so people's needs may not be met.

Assessments and care plans were not fit for purpose. This was a breach of Regulation 9 (1) and (3) and a continuous breach of Regulation 17 (1) and (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in October 2015 people told us they only had a bath once a week and some wanted one more often. We also noted in the records that one member of staff was assisting up to 16 people to bathe in one day, which suggested people would be rushed. At this inspection we asked people about the support they received to have a bath. One person said, "I can't have a bath when I want to, no", a second person told us, "I do get a bath where I can relax. I would like more but beggars can't be choosers", a third person said, "I'd like a bath more than once a week but they don't have enough time to do it", and a fourth person said, "I have a bath once a week and I wash myself." We asked to see the bath records but the

registered manager said they had stopped recording baths in a book about two months prior to our inspection, so we checked the daily care records for three people to see when they had last had a bath. At the time of our inspection care workers were writing electronic and paper records for each shift as the transition to the electronic system had not been finalised. According to the electronic records, none of the three people had baths for a month prior to our inspection; paper records were available for each person for the two weeks prior to the inspection and no baths were recorded in this time. Further investigation on the electronic record showed one of the three people had two showers in the month prior to the inspection and one person had one shower in that time. We noted on the rota that on two days a week one staff member was rostered to help people have a bath, so we asked a care worker if people could bathe on any other day of the week if they wished to. The care worker told us, "People can ask for baths whenever they want. If it's not those days we'll fit it in somewhere."

We spoke to the registered manager and care manager about people's access to baths and the lack of recording of baths on the electronic and paper records. The registered manager said it was a recording issue and people did have baths, and the care manager said, "They were all done last week, I know that for a fact." This statement and feedback from the people showed their access to baths was still restricted to once a week and the lack of recording meant it was not possible to evidence when people had last bathed. This could be a problem for people living with dementia as they may not be able to ask for a bath or say when they last had one.

The structured system of bathing did not reflect a person-centred approach to care. This was a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in October 2015 we noted activities focused on people who attended York Lodge for day care, and did not always involve people living at the home, particularly those living with dementia, to the same extent. At this inspection we asked people about the activities on offer. People told us, "There are activities. There is a singer coming today or there is TV and radio", "I like the singing and the hairdresser is in today", and, "I like to go out and they accompany me for safety." They also told us their visitors could come any time and were always made to feel welcome. Relatives commented on the activities at York Lodge. One told us, "[My relative] doesn't like to go out much but she likes the singing and she likes sitting with the other women and reminiscing", and a second relative said, "She likes to go out on the trips they do to the park and shops and the staff encourage her to go but she doesn't really get involved in other activities." Since the last inspection people and their relatives had been asked to feedback back on the activities provided by the home. We saw a relative of a person who was not observed to be involved in activities at our last inspection had written, "Whenever I have seen [my relative] involved in activities she always seems very happy." Minutes of a home meeting attended by people and their relatives in December 2015 had recorded people had asked for trips to the zoo, Lytham St Annes, Blackpool, a local water park and out shopping. At the time of our inspection, all the trips had happened, except for the zoo which was being planned. One relative had written to the registered manager to say, "At York Lodge [my relative] is so happy and is always fully engaged in all the brilliant activities you provide. She still talks about the lovely time she had in Blackpool and loves the singing you do."

On the first day of inspection a singer came to the home. All of the people were invited to join in and the activity was held in a sitting area mostly used by people who lived at the home, rather than those attending for day care. On the second day there was a reminiscence activity in the conservatory area where day care people tended to sit, but people who lived at the home were asked if they wished to join in. People also went out in the home's mini-bus to a local garden centre and the registered manager told us he wanted to get a new mini-bus with wheelchair access so more of the people at York Lodge could go out. We noted a second activities coordinator had been employed since our last inspection; we saw both were busy

interacting with people throughout the two days we were there. This meant the people living at York Lodge and those attending for day care now had equal access to activities which they enjoyed.

People and their relatives told us they had never made a formal complaint, but that they would do so if they felt it was necessary. One person said, "I've never complained really but I would imagine they are approachable, yes", and a second person told us, "[The registered manager's name] and [housekeeping manager's name] are the managers and they are very approachable. If I have a complaint I am not frightened to speak to them, but I don't have any complaints."

At the last inspection in October 2015 we could not inspect the complaints file because it could not be located during the two days we were there. At this inspection the registered manager could produce the complaints file and we saw he had also started a compliments file, both of which we saw were audited and analysed for trends each month. No formal complaints had been made since our last inspection, however, we saw concerns raised by a person's relative in the most recent home survey had been recorded, investigated and resolved by the registered manager as if it were a formal complaint. This had included liaising with the person's wider healthcare team for feedback and writing to the relative to inform them how the situation had been resolved. This meant people knew how to complain if they wanted to and the registered manager took action to resolve concerns as well complaints made about the service.

Is the service well-led?

Our findings

We took enforcement action after the last inspection and placed the service into special measures. This included serving warning notices that explained to the provider what improvements needed to be made within a six month period. At this inspection we checked to see whether the improvements had been made. We found some aspects had been addressed either fully or were in the process of being actioned, whilst other improvements had not been made as evidenced by the ongoing breaches of the Regulations identified in this report. This meant the provider had failed to comply with the warning notices that had been served.

This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in October 2015 we found a breach in the Regulations as a result of inaccurate and poor record-keeping. This related to incomplete recruitment records, and the completion of night records and food and fluid balance charts by care workers. At this inspection we saw food and fluid balance charts and repositioning charts for people needing pressure relief when they were in bed were stored in the kitchen; we checked them several times during the inspection. We noted food and fluid balance charts for three people were complete for breakfast and lunch for the seven days prior to the inspection but that at teatime on two days the food and drink people had been offered was recorded, but not how much they had taken. The cook told us they logged the food and drinks people were served at breakfast and lunch and then made a note of what was left when the dishes and cups returned to the kitchen. We discussed the omissions with the care manager. They told us the system worked well when the cook was on duty; however, as the tea meal in the afternoon was served and documented by the care workers, the records were occasionally missed.

Three repositioning charts were kept in the kitchen; each said the person needed to be assisted to change position in bed every two hours. The records we saw were not complete. For example, according to the records, one person was assisted to reposition twice in the early hours of 11 June 2016, not at all on 12 June 2016 (the record was blank) and three times on 13 June 2016. A second person's records were all blank for the same dates. We checked records for all three people for the early hours of 14 June 2016 just before 5pm that day and all three records were blank. We looked on the electronic records system in case their repositioning was recorded there and there were no records kept.

We discussed these examples of poor record-keeping with the registered manager and care manager. The care manager said they were aware of the issues with documentation and were seeking to resolve it via upcoming supervisions with care workers. The registered manager checked the care record system for the person with blank repositioning charts and said their care plan did not state they needed to be supported to change position in bed, and he noted the person was known to get up for the toilet independently and so was unlikely to require this level of support. This meant whilst some improvements with documentation were seen, there were still gaps and inconsistencies in recording which could indicate that people were not receiving the support they needed.

At the last inspection in October 2015 we raised concerns about the way new staff were recruited, because interviews were not recorded and it could not be evidenced whether gaps in people's employment history had been investigated, as is required by the Regulations. At this inspection we looked at recruitment records for two recent employees. We saw one staff member employed in 2016 was related to all of the management team. This staff member's application form had no dates of previous employment, there were no job references and the interview record form had been completed by them, rather than by the manager conducting the interview. The home had checked with the Disclosure and Barring Service (DBS) to make sure the staff member had not been barred from working with vulnerable groups. We spoke to the registered manager about what we had found and he said he had known the new staff member and been related to them for many years, but did agree a full recruitment record was still required. The other new staff member had only one reference which was incomplete and did not evidence who had provided it, as the name given did not correspond with the reference provided on the application form. The registered manager agreed the reference was not complete and said he had asked the care worker to supply a second reference, but they had yet to do so. The other documents relating to this employee's recruitment were present in their file, including a DBS check. However, we noted this care worker was already working at the home, including on a one-to-one basis with people by assisting them to bathe. This meant the recruitment procedures at the home had not improved and as such, were still not sufficiently robust.

We raised this issue with the registered manager and he informed us a human resources company had been used to review their current procedures and provide the home with all the necessary forms and checklists needed to ensure the recruitment of new staff complied with the Regulations. The company would also provide ongoing support with safe recruitment and any disciplinary issues there may be. We saw this documentation had arrived the week prior to inspection and so had yet to be implemented.

Issues with documentation constituted a continuous breach of Regulation 17 (1) and (2) (c) and (d) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we checked whether the registered manager was reporting notifiable incidents to the Care Quality Commission (CQC) as is required by the Regulations. These can include deaths, when the police needed to be called and serious injuries. According to the accidents and incidents recorded at the home there were no serious injuries that should have been reported; however we noted on the Clinical Commissioning Group's action plan for the home an officer had visited the home on 7 June 2016 and advised the registered manager to report a recent accident to CQC. At the time of this inspection we had not received notification of a serious injury so we asked the registered manager about it. He said a person had fallen and broken a bone a week prior to our inspection and he intended to notify CQC about it. We asked to see the accident form for the injury and were told one had yet to be completed. The registered manager could describe the accident in detail, the person's current health and the measures put in place to prevent a future reoccurrence; however, the lack of documentation meant a contemporaneous record had not been kept for this person as is required by the Regulations.

Failure to report a serious injury to CQC was a breach of Regulation 18 (1) of the Care Quality Commission (Registration) Regulations 2009.

In addition to the serious injury, during the inspection the registered manager told us one person had died at York Lodge since our last inspection and he had not notified CQC. He said he was not aware he had a regulatory duty to notify CQC of such events. We provided him with guidance on the subject and asked all relevant notifications were made in future.

Failure to report a death to CQC constituted a breach of Regulation 16 (1) of the Care Quality Commission

(Registration) Regulations 2009.

The provider of York Lodge is a partnership of two individuals, one of whom is the registered manager. At the time of this inspection CQC found the provider partnership lacked the skills and experience to run York Lodge properly. This was evidenced by the continued breaches of regulation relating to the safe treatment of the people and the governance of the home, the new breaches we identified at this inspection and the lack of knowledge demonstrated by the registered manager in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

These failings constituted a breach of Regulation 4 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in October 2015 we were concerned about the lack of clarity around the three managers' roles and responsibilities. We could not identify clear lines of accountability and observed confusion and conflict between the management team; the registered manager lacked oversight of the service as a whole. As a result, people, their relatives and other healthcare professionals we spoke with were unsure who to speak with about specific issues they might have. A knock on effect of this lack of accountability was most areas of the home were not audited and there was no quality assurance being undertaken.

At this inspection we found there had been some improvement in these aspects of the service. The registered manager had been working with officers from the local Clinical Commissioning Group (CCG) on a service improvement plan. This had involved several visits by officers to meet with the registered manager and check on progress. We spoke with officers from the CCG and they gave us positive feedback about the progress made with the action plan and the registered manager's commitment to making the service better. One officer said of York Lodge, "It's moving forward and getting better." The registered manager had also employed two consultants to help identify areas the home needed to improve; one focused on care and the other on health and safety. The health and safety consultants had performed an inspection the week prior to our inspection and had provided an action plan and some information booklets for staff. The care consultant's inspection of the home was based upon the Care Quality Commission's principles and they had provided an action plan which the registered manager was working his way through. We saw there were several follow-up meetings planned for the care consultant to come and audit progress. This showed us the registered manager was now committed to improving the service for the people who used it.

Since the last inspection the management team had agreed areas for responsibility and we saw these were clearly displayed on the wall at the home. The registered manager said he was now doing supervisions with the other managers and they were meeting regularly to discuss the running of home; there were now team meetings for the other staff. We observed the atmosphere was much more relaxed, each manager was clear about what they were responsible for and the registered manager could demonstrate better oversight of all aspects of the home.

The registered manager had started doing regular audits of all relevant parts of the service, including health and safety, complaints and compliments, care plans, pressure ulcers, moving and handling equipment and people's weights. A regular medicines audit was undertaken by the care manager and we saw this was much more comprehensive than at the last inspection. The registered manager had oversight of medicines management as all audit outcomes were logged on a summary spreadsheet which listed the outcome of the audit and any actions that were needed. For example, the registered manager was using the new care record system to check how often people had seen the GP or community nurse, or had used 'as required' painkillers, in order to ensure referrals to other healthcare professionals had been made if they needed to

be. In one case we saw this had led to a GP referral and change in a person's regular medicines. This meant there was better oversight of medicines management at the home; however, we did identify ongoing medicines concerns as discussed earlier in this report.

Since the last inspection the housekeeping manager had assumed responsibility for seeking feedback on the service and there had been two residents and relatives meetings and two surveys of the people, their relatives and healthcare professionals visiting the home. Feedback had been sought on all aspects of the service, including the food, activities, whether people knew how to complain and if the roles of the three managers were understood. We saw the feedback received had been positive. Comments from relatives included, "The easy-going, happy atmosphere is excellent", "I have observed good interactions with staff and residents", and, "I have seen regular checks are made on [my relative] to avoid bedsores etc." Comments from healthcare professionals included, "Staff very accommodating", and, "Keep up the great work." The registered manager said moving forward the plan was to do quarterly surveys of a sample of the people living at the home and to continue with regular residents' and relatives' meetings. This meant a system of seeking feedback was now in place so the management team could assess people's satisfaction with the service and identify any areas for improvement.