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# York Lodge Residential Home

## Inspection report

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### Overall summary

The inspection was carried out on 14 July 2014 and was unannounced. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

York Lodge is a care home providing accommodation for up to 22 people. There were 20 people living at York Lodge on the day of our inspection. The home provides care and support to older people some of whom live with Dementia. The home is located in a residential area and accommodation is provided on three floors. York Lodge has been operating since 1986.

There is a Registered Manager in post. A Registered Manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. In this home the registered manager is also joint owner/provider.

The registered manager and staff working at the home had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom.

The relatives and staff we spoke with gave positive comments about the management team such as: "They are very good and always have time for you." "I think we are well supported." "They respond quickly."

On the day of our inspection we saw people looked well groomed and clothing was clean. We spoke with the relatives of two people who told us: "(My relative) always looks neat and tidy if they spill something staff will help them to change." "(My relative) has their hair done each week and always looks clean and smart."

We spoke with health professionals who visited the home on a regular basis and received positive comments. One health professional told us: "They always have the person ready for when we visit." "I have never had any cause for concern."

People told us they could choose how to spend their days and we saw people moving freely around the home. We looked at a sample of care plans and saw people's preferences were recorded.

We looked at a sample of three staff recruitment files. We saw these records contained a Disclosure and Barring Scheme (DBS) check and references from previous employers. This showed the provider had taken appropriate measures to ensure the staff employed to work at York Lodge were suitable and had the necessary skills and experience needed to support people.

# Summary of findings

The staff we spoke with told us they received training to support them in their role. This included; moving and handling, infection control and safeguarding vulnerable adults. We spoke with staff who told us the training was good and gave them the knowledge and skills required to carry out their job. The staff we spoke with confirmed they received supervision and an annual appraisal. We looked at a sample of staff files and saw documentary evidence that supervision was taking place.

We spent time observing the interactions between staff and the people they supported. We saw staff approach was respectful and compassionate. People told us that the staff were all very nice. Comments included: "They (staff) are lovely they will do anything you ask." "They (staff) are kind and gentle."

We observed part of the lunchtime meal service and found people received the support they needed and were encouraged to make choices about what they had to eat and drink. People who lived at the home told us: "I don't want for anything they are very good and if I need help they (staff) are there." "They (staff) are a nice group of girls."

We found people had an assessment of their care needs before they were admitted to York Lodge.

Staff were in the process of changing the care plan format but between the old and new format we could see care plans were personalised and highlighted people's preferences about how they would like their care and support to be delivered.

Care plans were regularly reviewed and where necessary updated to reflect peoples' changing needs. The staff we spoke with were familiar with peoples' care needs which enabled them to deliver the appropriate level of support.

We saw evidence to show people had access to health and social care professionals such as; dietitians, dentists, GP's and district nurses.

We were taken on a tour of the building and saw all communal areas and with permission, a sample of people's bedrooms. We saw the home was clean, hygienic and generally well maintained.

# Summary of findings

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

We always ask the following five questions of services.

### **Is the service safe?**

We felt this service was safe. We saw the recruitment process was robust and included taking references from previous employers and obtaining a Disclosure and Barring Scheme (DBS) check. This was to ensure staff at York Lodge were safe to work with vulnerable people.

We spoke with care staff who were aware of their responsibilities to keep people safe and knew how to recognise and respond if they witnessed or suspected any abusive practice. The staff we spoke with told us they were confident the management team would listen and respond appropriately to any safeguarding concerns they might raise.

People who live at the home told us they felt safe and were happy with the care and support they received from staff. We saw there were policies and procedures in place designed to protect people from harm. We saw documentary evidence to show staff had received training in relation to safeguarding vulnerable people.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We saw policies and procedures were in place and the manager was able to explain the procedure for submitting an application to the local authority.

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### **Is the service effective?**

We felt this service was effective. We saw that care plans contained information about people's preferences and interests. Nutritional assessments and dietary needs were recorded. There was documentary evidence to show community health and social care professionals were involved with people's care. Care plans were being reviewed on a regular basis and updated where people's care needs had changed.

The staff we spoke with told us access to training was good and they felt well supported by the management team. We saw training certificates in staff files and on display in the home. Staff told us the training they received had equipped them with the knowledge and skills necessary for the work they undertook.

Staff told us they received on the job and formal supervision and we saw documentary evidence to confirm this. This gave staff the opportunity to discuss their role, training needs and any issues or concerns they may have with regard to the people they care for.

People told us they were happy living at the home and thought the staff were caring and compassionate.

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### **Is the service caring?**

We felt this service was caring. We spent time observing the interactions with people who lived at the home. We saw staff were sensitive, patient and caring. Staff provided support at the person's own pace taking time to explain what they were doing.

We heard staff asking people what they wanted to do and providing the appropriate support.

We observed staff approached people with respect and respond in a timely manner to requests for assistance.

We spoke with five people who lived at the home who told us staff were polite, caring and considerate. Comments included: "They come as quickly as they can if I need them." "I don't have to wait long." "They work hard and will do anything for me." "They are all very nice."

The two relatives we spoke with told us: "They (staff) are really good, there is always something going on." "They (staff) are always bringing drinks or ice lollies round." "The staff are fantastic."

# Summary of findings

## Is the service responsive?

We felt this service was responsive. We saw there was a complaint policy and procedure in place and the people we spoke with knew who they would speak to if they had any concerns. The manager told us they had not received any complaints from people who lived at the home or their representatives.

People were able to take part in a variety of activities either in the home or in the local community. There was a mini bus available to enable people to take part in activities such as the singing group and visits to local country parks and museums.

People were supported to maintain relationships with friends and relatives. We spoke with two relatives who confirmed they could visit whenever they wished and were made welcome by staff. People told us they were encouraged and supported to make their own decisions and to participate in activities. Staff told us risk assessments were carried out for activities outside the home.

## Is the service well-led?

We felt this service was well led. The registered manager carried out staff supervision and there were systems in place to gather people's views and share information. Relatives told us they received a questionnaire so they could express their views and opinions about the home. We saw copies of completed questionnaires in people's care plans and we saw comments were positive. The registered manager told us they took account of any comments and used them to improve the service.

There were no resident meetings but the owner/manager told us he spoke with people on a daily basis. During the course of our inspection we observed the manager spending time speaking with people and it was clear there was a good rapport between them.

We spoke with health and social care professionals who regularly visited the home including GP's, district nurses and social workers. Comments were positive and included: "the staff are switched on and know about (the patient)."

Audits were carried out in relation to infection prevention and control, the environment and the medication systems. This helped the registered manager make sure that systems in place to keep people safe were working as they should be. We looked at accident and incident records and found that the appropriate action had been taken to reduce the risk of similar incidents happening in the future.

The relatives and staff we spoke with told us there was an open door policy and the manager was visible and very approachable. The relatives and staff we spoke with told us the registered manager dealt with any concerns or complaints they had as and when they arose.

# York Lodge Residential Home

## Detailed findings

### Background to this inspection

We visited York Lodge on 14 July 2014 and spent time interviewing staff, looking at their care from the time they moved into the home, conducting observations and reviews of records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

The last inspection of this service was carried out 26 September 2013 at that inspection the service was judged to be compliant with all of the outcomes inspected.

This inspection was unannounced and was carried out by one inspector. Before we visited the service we spoke with officers from the council and the infection control and prevention nurses to gain their views of the service. In addition we reviewed all the information we hold about the service which included: any statutory notifications (these are events and changes that providers and their registered

managers are required to notify CQC), information received from members of the public or complaints. We found statutory notifications were sent by the manager in a timely fashion.

We asked the provider to complete a Provider Information Return (PIR a pre-inspection questionnaire we ask providers to complete the information provided is used to help plan our unannounced inspection). The PIR had not been returned by the time of our inspection because the inspection was arranged at short notice. We discussed this with the registered manager who told us the document had been started and would be returned to CQC.

On the day of our inspection we spoke with five people who lived at York Lodge, two relatives who were visiting, two visiting health care professionals, the registered manager, care manager whose role was to support the manager and supervise staff, provider and four members of the staff team. In addition; following the inspection we contacted four GP practices, the district nursing service, the local authority monitoring and review officers and social workers to ask for their opinions of the service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe in the home. We spoke with four people who lived at York Lodge and two people's relatives. Comments included: "I have no concerns about (my relatives) safety." "I feel safe; they (staff) are very nice." "I don't worry about (my relative) I know they are safe."

Risk assessments had been carried out in relation to falls, nutrition and moving and handling to minimise the risk of accidental harm. However, we observed one person being assisted to transfer from an armchair to a wheelchair by two members of staff. The staff used an underarm (drag lift) a technique that has the potential to cause harm and should not be used. We discussed this with the registered manager and care manager who told us staff always used the stand hoist provided to transfer this person. The registered manager told us they did not understand why the stand hoist had not been used he said he would speak to the staff concerned and arrange training updates.

We found medicines were stored safely and only administered by staff that were appropriately trained. Medication administration records were up to date with no gaps in recording. This demonstrated people were receiving their medicines in line with their doctors' instructions. The people we spoke with told us they were not kept waiting for their medication.

The Mental Capacity Act 2005 is a law that protects and supports people who do not have the ability to make some decisions for themselves. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We saw policies and procedures were in place and the registered manager was able to explain the procedure for submitting an application to the local authority.

The registered manager told us that in response to the recent supreme court judgement in respect of DoLS they were working closely with Trafford Social Services department to ensure everyone who lived at York Lodge had a full mental capacity assessment. The manager told us where necessary best interest meetings would be arranged. At the time of our inspection none of the people

living at York Lodge were subject to a DoLS authorisation. We saw information about advocates was available in the home (advocates help people to have a say in their own lives).

There were contracts in place to demonstrate equipment was regularly maintained and serviced to minimise risks to people who lived at the home. We saw that safety equipment such as fire alarms and emergency lighting were tested on a regular basis and personal emergency evacuation plans (PEEP) were in place for each person. These were displayed in the office and identified which people would require physical assistance in the event of an emergency evacuation of the building.

We asked the registered manager how they decided on staffing levels. They told us staffing was based on dependency levels which were under constant review and staffing would be adjusted if required to meet people's changing needs. We looked at the staff rotas for the week before and the week of the inspection and saw staffing levels were consistent. Where there was sickness or leave shifts were covered by the home's staff. This was to provide consistency of care for the people who lived at the home.

Staff we spoke with and records we saw confirmed recruitment and induction practices were robust. Records showed most of the staff had been employed at the home for between two and 25 years. We spoke with staff about the recruitment process and were told: "I have been here since the home opened and had to give references and get a police check." "I completed an application and had to provide references and get a CRB check (Criminal Records Bureau)." This was confirmed when we sampled staff files. We looked at a sample of recruitment files that confirmed appropriate safety checks had been carried out.

We spoke with the activity organiser who told us they had a detailed induction when they started work which included; fire safety, health and safety and working alongside more experienced staff.

There was a policy and procedure in place relating to safeguarding vulnerable people and whistle blowing (speaking out about abuse). We spoke with staff that were clear about their role and responsibilities in relation to keeping people safe from harm. The staff we spoke with were able to describe various types of abuse and how to report their concerns. Staff told us they would inform the registered manager, if the registered manager was not

## Is the service safe?

available they would contact the local authority safeguarding team or CQC. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

Staff told us they were confident the management team would listen to their safeguarding concerns and would take appropriate action to protect the people in their care. We looked at a sample of staff training files and saw staff had received training in safeguarding vulnerable people.

# Is the service effective?

## Our findings

People's relatives and a social care professional told us that people's needs had been assessed before they moved into the home. We saw evidence that people who lived at the home or their representatives had been involved in the development of their care plans. We spoke with two relatives who told us: "We were asked about (my relatives) preferences when they were writing the plan." Care plans included a record of people's preferences so staff had the information to be able to provide care and support in the way the person wanted. A new style of care plan was being introduced and at the time of our inspection; work was underway to transfer information into the new format. Whilst this was being done both care plans were in use so the staff had all the information they needed to support people.

Peoples' healthcare needs were assessed and there were records to show people had access to a general practitioner (GP), district nurses, dieticians, chiropodist, speech and language therapists and specialist consultants.

We contacted four GP practices and comments included: "The staff are "switched on" and know about the patient the GP is seeing." "No requests are made for inappropriate or late visits." GP's told us people were seen in private and there were always enough staff available to assist them when they visited. We observed staff treated people with respect and worked in a way that maintained people's dignity. We spoke with relatives and healthcare professionals who told us staff were respectful and caring. Comments included: "They are lovely with (my relative)." "I have never witnessed any bad practice they (staff) seem really caring."

People who lived at York Lodge told us if they were unwell the staff would arrange for them to see their GP. People told us: "They get the doctor if I am not well." We spoke with relatives who told us: "They (staff) let me know straight away if they need to get the doctor, I am well informed." "There are never any surprises; (the manager) rings me to let me know if there are any concerns." There was documentary evidence in care plans to show the staff worked closely with health and social care professionals to ensure people received the care and treatment they needed.

We saw nutritional needs were assessed and people's weight was monitored. If there was a significant change in a person's weight referrals had been made to the dietician. Where people were assessed as at risk of weight loss we saw they were receiving appropriate support to maintain healthy weights. We saw a record was kept to enable staff to monitor people's weights. Where people had been identified as at risk of weight loss their meals and drinks were fortified with full fat milk, cream and butter to provide additional calories. We observed the lunchtime meal being served. We saw staff were observant and where people needed support this was provided discreetly and in a sensitive way. People told us if they did not want the meal the cook would prepare an alternative. We spoke with the cook on the day of our inspection who confirmed they would always offer an alternative to tempt the person to eat.

People who lived at York Lodge were able to choose where they spent their time. We saw some people preferred to sit in the small reception area whilst others preferred to stay in the lounge or conservatory. There was also a quiet room where people could spend time with their visitors or if they wanted to sit quietly and relax.

We were taken on a tour of the building and with permission looked at a sample of people's bedrooms. We saw bedrooms were personalised in accordance with people's individual preferences. We saw people were able to bring items of furniture with them when they moved into the home such as; wardrobes, chairs and chests of drawers. This was to help people feel more at home with familiar belongings around them.

People told us they were happy living at the home and thought the staff were caring and compassionate. The staff we spoke with told us they had undergone an induction that included shadowing more experienced staff and core training in safe working practices. We saw staff had attended training such as; National Vocational Qualifications at level two or above, Dementia care and infection prevention and control. This meant staff had the skills, experience and knowledge to provide the care and support people needed. Staff told us they received on the job and formal supervision and we saw documentary evidence to confirm this. This gave staff the opportunity to discuss their role, training needs and any issues or concerns they may have with regard to the people they care for.

# Is the service caring?

## Our findings

The registered manager told us they carried out an assessment prior to admission to make sure staff could meet the person's care needs. In addition where people had a social worker a copy of the multi-disciplinary assessment (an assessment made by a team of health and social care professionals) was also in the care plan and provided staff with additional information about the person.

The care manager, whose role was to support the registered manager and supervise staff, told us they were in the process of introducing a new care plan format. We saw care plans were in varying degrees of completion with information in both the old and new format.

We saw the new care plans contained information about the person's life history and their preferences such as: prefers female carers and female GP's. This showed the person's wishes and comfort in relation to choice, privacy and dignity were taken into account.

The care manager showed us a health action plan that had been developed for each person. This contained detailed information about people's health care needs and how to support people to remain as healthy as possible.

Some people were unable to speak to us due to their complex needs. Where this was the case we spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive way. People told us the staff were always kind and polite. The

people we spoke with told us staff were kind and caring. Comments included: "They (staff) are very kind to me." "I can do whatever I want really." "They (staff) treat me with respect." "It is okay, they (staff) are okay."

We saw people were smartly dressed and looked well groomed. We spoke with relatives who told us: "(My relative) always looks nice, hair is neat and clothes are clean and fresh."

We saw staff were patient; they approached people with respect and worked in a way that maintained people's dignity. For example; where staff were assisting people they explained what they were doing and why, toilet doors were closed when in use and staff knocked on doors before entering. We saw where staff were offering assistance they worked at the person's own pace and did not rush people. Throughout our inspection we saw staff approached people and asked if they needed or wanted anything. This showed staff were sensitive to people's needs and welfare.

We spoke with staff that had a good understanding of people's care needs. We saw that there was a good rapport between people living at the home and staff. During our inspection we observed light hearted banter between the people who lived at the home and staff. People told us: "They (staff) are very good and we have a laugh." The staff we spoke with told us: "I have worked here for years and I love it, I really enjoy working with the residents."

The people we spoke with told us that staff responded quickly to call bells. Comments included: "I don't have to wait very long at all." "They (staff) come as quickly as they can."

# Is the service responsive?

## Our findings

The home employed an activity organiser who arranged in-house activities such as; reminiscence, sing-a-longs and quizzes. When we arrived (unannounced) at the home we saw there was a reminiscence activity in progress and before lunch a chorister arrived for a sing-a-long session with 12 people joining in. In the afternoon four people went out to the town centre for coffee and a walk. We spoke with relatives who told us: "They (staff) are always doing something." "I often pop in and (my relative) has gone out to Urmston, they really enjoy it."

The activity organiser told us they kept a record of activities people had attended and there was a notice board displaying photographs of recent trips and parties. We spoke with people who lived at the home who told us: "There is always something going on." "They (the registered manager) have a mini bus and he often takes us out." The owner provided a minibus so people could attend clubs and go on outings within the local community. We spoke with people who lived at the home and their relatives who told us: "(My relative) is taken out in the minibus on a regular basis." "They provide so many activities for people, it is fantastic." "(The registered manager) is always arranging outings, we go to the shops or to the park. I am very happy." "We go out singing twice a week I really like that." "If we are not going out on the bus someone will walk into town with me."

During our inspection we observed people taking part in a variety of activities such as: a reminiscence session and singing. We spoke with a chorister who visited the home on a regular basis to sing with people. They told us: "The staff are great, I have seen very positive interactions, they have a good rapport with the residents." "The staff are caring, it is a really positive place." "People take part because they want to." "They provide a lot for people there is always something going on."

The registered manager told us that where people wished to attend church or receive a home visit from their minister of choice this was arranged. We spoke with relatives who told us: "(My relative) can have the priest visit if they want them."

Throughout the course of our inspection we saw people were offered choices about how to spend their time and what they would like to eat and drink. People told us they could get up and go to bed whenever they wanted and this showed people were able to make their own decisions and choices.

We saw records to show relatives had been involved in developing people's care plans by providing information about preferences and the person's work and life history. This gave staff a good understanding of the person their background and what is important to them.

The relatives we spoke with told us they could visit at any time and were made to feel welcome when they visited. They told us they were kept informed about any changes to their relatives care needs, hospital appointments or any accidents or incidents. This was confirmed in the accident reports we looked at where we saw records to show that relatives had been contacted.

We spoke with a marketing and review officer and a social worker from the local authority who told us they carried out regular visits to the home. They told us the registered manager was responsive to suggestions for improvement.

We looked at how the service managed complaints. We found there had been no formal complaints made in the past 12 months. The registered manager told us they would rather address any concerns as and when they arose. The people we spoke with told us they would tell a relative or the registered manager if they had any concerns and they thought the manager would listen to and take action to address their concerns. One person told us: "I would tell (the registered manager) he would sort it out."

The relatives we spoke with told us they had received a questionnaire asking for comments on the service their relative received. We saw completed questionnaires were held on file and comments were positive and included: 'We are generally very happy with the care.'

# Is the service well-led?

## Our findings

There was a registered manager in post who was also joint owner. From our observations, we saw the registered manager was approachable and the service had a positive and open culture. This was confirmed in discussions with people who lived at the home, staff, relatives and health care professionals. The registered manager told us: "I have an open door policy all the residents, relatives and staff have my mobile phone number." "The staff always have access to support and there is a manager on duty at weekends."

Our observations of how the registered manager interacted with the people who lived at the home and their relatives showed us the leadership of the home was good. In addition the feedback we received from other health and social care professionals were very positive about the management of the home. The care manager told us due to people's complex care needs they did not hold residents meetings but spoke with people on a daily basis.

Health care professionals we spoke with told us: "We are contacted in a timely manner and are always supported when we visit the home."

Relatives and staff told us the registered manager was "Hands on." "Eyes everywhere." People who lived at the home told us the manager often took them out in the mini bus. Comments included: "(The registered manager) is lovely he takes us everywhere in the bus." "He (the manager) will do anything for us." "(The registered manager) always has time to chat to me." "I can always speak to him (the registered manager) he makes time for us."

There were four care staff and a care manager on duty. We discussed with the registered manager how staffing levels were determined. The registered manager told us staffing levels were based on people's care needs and regularly reviewed. On the day of our inspection we considered the staffing levels to be sufficient to meet the needs of the people who lived at the home.

We saw staff meetings were held but were not regular (there had not been a staff meeting since October 2013) but staff told us they were kept informed of any changes. The care manager told us a staff meeting was planned for 17 July 2014. Staff told us any important information was

given during the daily handover at the beginning of their shift. There was a care manager who was responsible for ensuring people attended hospital appointments, allocating duties and planning rotas.

Staff told us they felt well supported by the management team and although staff meetings were held infrequently they received a detailed handover at the start of each shift. In addition information was handed over as and when it arose. Staff told us; "There is an open door policy and we can speak to (the registered manager) at any time, we have contact numbers for them."

The staff we spoke with confirmed they received supervision and we saw documentary evidence to confirm supervision was taking place. The manager told us they or a member of the management team were always on duty to provide on the job supervision.

The staff we spoke with told us they felt the registered manager was approachable and listened to what they had to say. Comments included: "I have worked here for years and I think that says everything, if I was not happy I would not still be here." "I love it here it is a really happy place to work."

The registered manager told us they had a business continuity plan in place for use in the event of an emergency. If there was an emergency that resulted in the building being evacuated a local nursing home would provide temporary shelter until other arrangements could be made.

We saw there were systems in place to maintain the fire alarm system, a daily check of the emergency call system, water temperatures, hoists and the passenger lift.

There was a system of audits that included; the kitchen, environment, medication, infection control and equipment. We saw care plans and risk assessments were reviewed and amended to reflect people's changing care needs.

Accidents and incident reports were recorded and securely stored in the office and audited by the registered manager. The care manager told us where recurrent falls were reported referrals to health care professionals were made to help reduce the risks to the person. We looked at the accident and incident records and saw there had been no recurrent falls.