

Black Swan International Limited

York House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection that took place on 02 August 2016.

York house is a residential care home that can provide up to 43 people with accommodation and personal care. At the time of the inspection, 34 people were living in the home.

There was a registered manager at the service. 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.

People were happy living at York House. They received care and support that was based on their individual needs and choices. This was provided to them by kind, compassionate, caring and polite staff who knew them well and who treated them with dignity and respect.

There was an open and transparent culture within the home. People and staff could openly voice their opinion if they wished to without hesitation. They could be confident that they would be listened to and that any concerns would be acted upon. People were supported to make their own decisions about the care and support they received.

People were safe living in York House and there were enough staff to help them when they needed support. People received their medicines when they needed them and risks to people's safety had been assessed and actions taken to reduce the risk of them experiencing harm.

People received enough to eat and drink and were supported by the staff to maintain their health. They were encouraged to participate in activities that were of interest and meaningful to them to enhance their quality of life.

Good leadership was in place that provided staff with the necessary support and training to make sure people received good quality care. The provider had effective systems in place to monitor and improve the quality of care that people received. People could be confident that where any shortfalls were identified that action would be taken to address these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to protect people from the risk of abuse and harm.

People were enabled by the staff to take informed risks so they could live their life as they choose.

There were enough staff to provide people with support when it was required.

People received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff had the required knowledge and skills to provide people with effective care.

Staff asked for people's consent before providing them with care.

People received enough food and drink to meet their needs. They were also supported by the staff to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate.

People were listened to and their opinion mattered. They were asked how they wanted to be cared for and were treated with dignity and respect.

People's independence was encouraged.

Is the service responsive?

Good ●

The service was responsive.

People's needs and preferences had been assessed and these were being met.

People were encouraged to participate in activities that they enjoyed.

People knew how to complain if they needed to and any concerns and complaints raised had been investigated.

Is the service well-led?

The service was well led.

There was an open and transparent culture within the service where people and staff felt comfortable to raise concerns. People and staff felt valued.

The quality and safety of the care provided was effectively assessed and monitored and people were involved in developing the service.

Good ●

York House

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 2 August 2016 and was unannounced. One inspector and an expert by experience carried out the inspection. 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 provider completed a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required by law to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

On the day we visited the home, we spoke with seven people who lived in the home, three visiting relatives, five staff members, the deputy manager, the registered manager and the provider's regional manager.

The records we looked at included four people's care records and other records relating to their care and five staff training records. We also looked at records in respect of how the provider and registered manager monitored the quality and safety of the service.

Is the service safe?

Our findings

The provider had systems in place to protect people from the risk of abuse and avoidable harm. All of the people we spoke with told us they felt safe when staff provided them with care and support. One person said, "Yes I feel very safe living here." Another person told us, "The staff make you feel safe, they are very good."

The staff we spoke with understood the different types of abuse that people could experience. They demonstrated they knew how to report any concerns if they needed to. This included reporting them to outside organisations such as the local authority. The registered manager was also clear about how to deal with any safeguarding issue should it arise. The staff gave people information about how to raise concerns outside of the provider if they felt this was necessary.

The provider told us in their provider information return (PIR) that they had assessed risks relating to people's safety. We found this to be the case. Risks such as falls, supporting people to move, eating and drinking and the development of pressure ulcers had all been assessed. There was clear information within people's care records to provide staff with guidance on what they needed to do to reduce these risks. The registered manager had regularly reviewed these risks to make sure the actions required were appropriate. The staff members we spoke with had a good understanding of how to minimise risks to people's safety to protect them from harm. For example, one staff member told us how they made sure that people had the appropriate equipment in place to reduce the risk of them developing a pressure ulcer.

The staff respected people's rights to take informed risks if they wished to. For example, one person was diabetic but liked to eat foods that contained sugar. The staff had explained the possible consequences of this to them but they chose to take this risk. Another person understood that using a certain type of equipment when walking meant that their risk of falling was increased. However, they still chose to use the equipment. This demonstrated that people's right to make their own decisions were respected.

During our observations, we saw that each person had access to a call bell at all times. These were portable and ensured that people could request support from staff at any time. Staff made sure that people's call bells were always within their reach. One person who had moved from the communal lounge to the dining area to have their lunch realised they had forgotten to bring their portable call bell with them. Without prompting, a staff member noticed this and brought it to them so the person had the re-assurance of being able to alert the staff if needed.

The staff had recorded any incidents or accidents that had occurred. The registered manager had then assessed them in an attempt to reduce the risk of them re-occurring. For example, seeking advice from specialist healthcare professionals to help reduce the risk of people experiencing falls.

The staff we spoke with understood how to deal with emergency situations. They gave us a good account of what they would do if they found someone unwell or if the fire alarm went off. They told us they had been trained in first aid and fire safety and would seek assistance from the emergency services if needed.

The provider told us in their PIR that risks in relation to the premises had been assessed and regularly reviewed. We found this to be the case. We also saw that the emergency exits were well sign posted and kept clear and that fire doors were kept closed. The equipment that people used, such as hoists, had been regularly serviced to make sure they were safe to use.

There were enough staff to meet people's needs and to keep them safe. All of the people, relatives and staff we spoke with confirmed this.

We observed that there was always a staff member present within the communal lounge areas of the home to make sure that people were safe. For the majority of the inspection, the staff answered people's call bells in a timely manner. However, between 9.30am and 10.30am we did see that some call bells took over five minutes to be answered. We spoke to the registered manager about this. They told us they had recognised that during the morning and evening, when people were getting up or going to bed, on occasions they had to wait a bit longer for assistance. The registered manager had therefore recently recruited two new members of staff to the home who were about to commence work. The registered manager was confident that this would reduce the time that some people had to wait for assistance during these times of the day.

The registered manager had calculated how many staff were required to work in the home. They had calculated this based on people's needs. They said that staffing levels were increased if needed and that existing staff, the registered or deputy manager covered any unexpected staff shortage.

One member of staff we spoke with had recently been recruited to work at York House. They told us about their interview process and confirmed that two references in relation to their character and past work performance had been sought before they started working in the home. They had also completed a Disclosure and Barring Services check to make sure they were safe to work with older adults in a care environment. This demonstrated that the provider made the appropriate checks before allowing staff to work within the home.

People received their medicines when they needed them. They were given to people in a safe way. One person said, "I have my tablets four times a day and the staff know how to apply a cream to my legs." Another person told us they received their pain medicine when they needed it.

We checked four people's medicine records. All of these indicated that people had received their medicines as intended by the person who had prescribed them. This included medicines such as Warfarin which sometimes required a different daily dosage to be given during the week.

People were given the opportunity to administer their own medicines. The registered manager had assessed this with the person and they were supported to do this safely if they wished to.

There was clear information in place to assist staff to give people their medicines safely. This included information about people's allergies and guidance on when to give people medicines that were for occasional use.

Staff who gave people their medicines had received training on how to do this safely. The registered manager had recently assessed their competency to do this. We saw that the staff had contacted the GP where people had not taken their medicines. This had resulted in people receiving their medicines in alternative ways such as in liquid form, to make sure the person received the medicine that they needed.

Is the service effective?

Our findings

People received care and support from staff who had the knowledge and skills to provide them with effective care. All of the people we spoke with told us they thought the staff were well trained. One person told us how the staff made them feel very safe when they used the stair lift to go down to the communal dining room. They said, "The staff know what they are doing." Another person said that the staff were always very careful when they supported them to move with the aid of a hoist.

The provider told us on their provider information return (PIR), that new staff received comprehensive induction training. We spoke to a new member of staff about their experience of their induction training. They told us that the training they received had been effective. They explained that it had involved them shadowing a more experienced member of the care team until they were confident they could work on their own. They told us they had been given plenty of time to build their confidence.

All of the staff we spoke with said they felt they had received enough training to provide people with effective care. They told us they had received training in subjects such as supporting people to move, safeguarding people from harm and infection control. The training consisted of both computer and classroom based learning. All staff said they thought the delivery of the training was good. Some staff had received training in other subjects such as how to give people insulin.

The registered manager had regularly assessed the staff's competency to provide people with safe and effective care. The staff told us they received feedback following these checks so they could improve their practice if they needed to. During our observations we saw staff following good practice which indicated to us their training was effective.

All of the staff told us they had regular supervision meetings. Supervision enables staff to discuss their performance and any further training they require. It also gives them the opportunity to talk about how they want to develop their care practice further. The staff said they felt very supported by the management team at York House. The staff told us that they were being actively encouraged to develop within the service which they were pleased about.

The staff obtained consent from people prior to them receiving care. All of the people we spoke with told us staff requested their consent before they performed a task. The relatives we discussed this with agreed.

The registered manager and the staff told us that the majority of people living in the home had capacity to make their own decisions most of the time. However, they were aware that some people had fluctuating capacity. The staff had therefore received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA.

All of the staff we spoke with understood how to apply the principles of the MCA 2005 to their daily care practice if they needed to. They were clear that if the person could not consent to any aspects of their own care, that any decisions they made on behalf of the person had to be in their best interests. The registered manager had assessed that some people living in the home were being deprived of their liberty. They had therefore made an application to the local authority for the necessary authorisation. The registered manager was regularly reviewing this to make sure they were using the least restrictive measures possible.

People's care records contained information about what decisions people were able to make and for those that they required support with. The staff knew how to support people to make decisions such as showing them different types of clothes to wear so they could choose.

The staff supported people to eat and drink sufficient quantities to meet their needs. All of the people we spoke with told us the food was of good quality and that they enjoyed it. One person said, "The food here is excellent." Another said, "You get large portions but you can leave some if you want to." A further person told us, "It is nice and homely cooking."

The staff offered people a choice of meals and drinks. One person said, "They [the staff] accommodate your choice, whatever you want." We saw that if people did not like what was offered then alternatives were made for them. We observed the lunchtime meal and saw that the staff supported people to eat and drink if necessary. They asked people if they wanted more food when they had finished their meal to make sure they had received enough to meet their individual need.

The staff gave people drinks regularly and people could help themselves to these within their rooms. Tea, coffee and cold drinks were served to people who chose to be within the communal areas of the home. One person told us that they regularly received a drink and that if they wanted more, they just had to let the staff know who would then bring them one. The person added that the drink was always served as they preferred. One relative told us how they had seen staff offering people ice lollies and encouraging them to drink during the recent spell of hot weather. They told us that this had impressed them. Some people enjoyed an alcoholic beverage with their lunch.

Snacks were available throughout the day including cakes which people could help themselves to if they were hungry. One person told us, "There are biscuits, sweets and lovely sponge cakes, both cooks are very good."

The registered manager asked people regularly for their opinion about the food. The feedback received was consistently good with people expressing how nice they thought the food was. Where people had special dietary requirements we saw that these were being met. The chef told us that the communication from the staff about people's food likes, dislikes and special diets was good. This enabled them to make sure people received the right type of food to meet their needs.

The registered manager had assessed the risks associated with people not eating and drinking enough. They had taken action where people had been identified as being at risk. For example, they monitored people's food and drink intake to make sure it was enough for their individual needs. Relevant healthcare professionals' advice had also been sought such as from the GP or a dietician.

The staff supported people to maintain their health. One person told us, "The doctor visits very regularly, I am very lucky with that." Another person said, "I recently had my eyes tested."

One relative told us that they had been waiting for their family member's hearing aid to be replaced. They felt that this was taking a long time to sort out but added that they had spoken to the registered manager about this and were aware that the matter had been reported to the relevant healthcare professionals.

Records we looked at showed that the staff contacted healthcare professionals in a timely manner when there was a need for their advice. They supported people to attend healthcare appointments when necessary. This included with GPs, district nurses, chiropodists and dieticians.

Is the service caring?

Our findings

The staff had developed positive and caring relationships with people living in the home. All of the people we spoke with told us the staff were kind, caring and compassionate. One person said, "Oh yes, the staff are always very kind." Another person told us, "The staff are very nice. Always polite and very kind. They will do anything for you."

People told us that the staff knew them well. One person said, "Yes they [the staff] know me well. They spend time with me and we have a chat. They know what I like and don't like and always try to accommodate that." Another person told us, "They [the staff] come and see me. They know what I like to eat. They seem interested in me as a person."

From our discussions with staff it was clear they knew the people they provided care for. This included people's likes, dislikes and routines. The registered manager and deputy manager both also demonstrated that they knew people well. People looked comfortable engaging with the registered manager and the staff. We observed lots of friendly chatter and laughter between the staff and the people they provided care and support to.

During the lunchtime meal, the staff were seen to assist people who needed help to eat and drink in a patient and kind manner. They stayed with the person and spoke with them using a quiet and friendly tone. People were seen to be enjoying their meal and smiled regularly at the staff. When explaining what food choices were on offer, the staff got down to the same level as the person they were speaking to and waited for their response before moving on.

People were actively involved in making decisions about their care. All of the people we spoke with told us they felt able to make decisions about the support they received. One person said, "I'm asked what I want. I can get up when I want, eat in my room if I want, everything is here that I need."

The provider told us on their provider information return (PIR), that the staff regularly offered people choice and we found this to be the case. The staff we spoke with understood the importance of offering people choice and allowing them to make decisions about their own care. We saw and heard staff regularly offering people choice about how they wanted to spend their day. For example, whether they wanted to join in activities, sit in a communal lounge or spend some quietly time in their own rooms. These choices were respected.

The registered manager regularly reviewed people's care with them and their relative if required. This was to make sure that people were involved in making decisions about their care. We saw that people had been able to make choices about the furniture they had in their rooms. Items such as photographs and ornaments were in place to make the room personal to them.

People told us that their independence was encouraged. One person said that they had a specially designed cup so they could continue to have a drink independently. During lunchtime we observed that plate guards

were in place where required to help some people eat independently. When people moved into the home they were asked if they wanted to administer their own medicines themselves. Some people did this which enhanced their independence.

The staff treated people with dignity and people's privacy was respected. All of the people we spoke with told us they felt treated with respect by the staff. One person said, "They [the staff] knock on my door and ask to come in. They are always very respectful."

We saw the staff knocking on people's doors before entering their room. Without exception the staff were heard to be polite and respectful when they spoke with people. The staff we spoke with explained to us how they protected people's privacy and dignity. One staff member said they protected people's dignity by keeping them covered when supporting them with personal care.

Is the service responsive?

Our findings

The staff provided people with personalised care that was responsive to their own individual needs. All of the people we spoke with told us that this was the case. One person who preferred to spend most of their time in their room told us, "They [the staff] always make sure I have what I need near me. If I drop anything they will come and pick it up for me." They also told us that they were supported to get up and go to bed at a time of their choosing each day.

Another person told us how they had fallen out of bed when they first moved into the home. They said the staff had been very responsive to this and had discussed with them ways to help reduce the risk this happening again. They told us, "The staff acted promptly and listened to my suggestion to fit small bars at the end of the bed. I haven't fallen out of it since!" They added, "When I first moved into the home I asked for a female carer and that is what I always have."

Throughout the inspection we observed staff being responsive to people's individual needs. For example, supporting people with personal care when they requested it, providing snacks and drinks and engaging with activities. Records showed that people received baths and showers at a frequency of their choice.

The provider told us on their provider information return (PIR) that before people moved into York House, an assessment of their needs and preferences had been conducted with them. A relative had also been involved if necessary. We found this to be the case. This information had then been recorded within people's care records and plans of care had been written to give staff guidance on how to provide people with individualised care. We found the information within people's care records was clear and gave a good account of the care each person wished to receive.

The staff we spoke with told us that the care records gave them enough information to provide guidance on what they needed to do to meet people's individual needs. They all told us that they were able to deliver care consistently to people. They also said that the registered manager communicated any changes in people's needs to them in a timely manner so they could give people the support they required.

The home employed an activities co-ordinator. They were responsible for supporting people to take part in activities that complemented their individual hobbies and interests. During the inspection we saw some people enjoying a painting activity. An outside entertainer also visited to reminisce with people about the past which again, people were observed to enjoy.

The staff made people aware of the activities that were on offer each day and were encouraged to participate if there was something of interest to them. These activities included exercises, Zumba and regular visits from outside entertainers. People told us that barbeques were regularly held outside in the garden during the summer months. Tablet computers had recently been purchased that enabled people to access the internet and communicate with their relatives if they were unable to visit.

For those people who did not wish to participate in group activities, they told us they enjoyed pursuing their

own interests such as colouring, painting, reading the newspaper or a book. One person told us how they liked to do knitting in their room. They also said that the staff had allocated them the role of folding serviettes. They told us this was important as it gave them a purpose. They said, "It makes me feel that I am doing something useful."

Activity provision was a regular item on the residents meeting agenda and people were often asked for their opinion on how this could be improved. Some suggestions such as themed evening meals had been made. Plans were in place to hold these events.

One person told us how some people used to go out into the community to visit local attractions. They were aware that this had stopped as the driver had retired and a replacement had been difficult to find. They told us this was a shame as they had enjoyed these excursions. We spoke to the registered manager about this. They told us they were aware that some people missed this opportunity. Therefore they had made enquiries with another local service regarding the possibility of arranging some trips out to the coast. They were hopeful that this would happen so they could meet people's needs in relation to this request.

Some people who preferred to stay in their rooms told us that the staff would regularly take time to have a chat with them which they enjoyed. They also said that friends and family were encouraged to visit regularly and that they could visit whenever they liked. The relatives we spoke with confirmed this.

People told us they did not have any complaints but that they felt confident to raise any issues with the staff member or the registered manager if they were unhappy about anything. One person said, "I don't have any complaints at all."

The staff gave people a copy of the provider's complaint policy to keep in their rooms. This information was also displayed within the communal area of the home for people to access if they wanted to.

The registered manager had recorded both verbal and written complaints. These had been fully investigated and feedback had been given to the person who had complained. We were therefore satisfied that the provider routinely listened to people and acted on their concerns.

Is the service well-led?

Our findings

All of the people we spoke with told us they were happy with the care and support they received from the staff at York House. One person told us, "I am very happy living here." Another person said, "The care is very good, I couldn't ask for more." All of the people we spoke with and visiting relatives said they would recommend the home to others. All of the staff said they would be happy for a relative of theirs to receive care within the home.

There was an open and transparent culture within the home. People told us they knew who the registered manager was and that they felt the service was managed well. One person told us, "I know the manager. [Manager] is very good. They come and see me each morning and bring me a cup of tea which I appreciate." People said they had no hesitations in speaking to the registered manager or the staff if they were concerned about anything.

When people moved into the home, they received some information that they could keep in their room. This included a copy of the last CQC inspection report so people could see for themselves how the home was performing. Copies of the last resident and relative meeting and outcomes from this were also included as were the results of the latest surveys of people's feedback. We also found that the information the provider had given us in their provider information return (PIR) prior to the inspection gave us an accurate picture of the care being provided at York House. This again demonstrated an element of transparency.

All of the staff we spoke with told us they enjoyed working at York House. They said they worked well as a team, that their morale was good and that the registered manager was approachable. They echoed what people had told us and said they could raise concerns with any member of the staff team or the provider if they felt worried about anything. They added that the registered manager listened to them and took action if necessary.

The staff were clear about their roles and responsibilities and we observed that good leadership was in place. The registered manager regularly walked around the home talking to people who lived there and providing staff with guidance. They helped the staff when needed to make sure that people received the support they required. The registered manager often arrived at the home very early in the morning so they could provide care to some people. They told us this was important so they could develop a rapport with people and make sure that the night staff were happy in their work and completing their tasks as required.

Our conversations with the registered manager showed us they were passionate about providing people with choice so they could live their lives as they chose too. They had instilled this passion within the staff to ensure that people received individualised care to meet their needs.

The registered manager and provider assessed and monitored the quality and safety of the care provided and the systems in place to do this were effective. These included audits which were regularly conducted in respect of people's medicines, nutrition and care records. Where any shortfalls had been identified, the registered manager had addressed these. The completion of staff training and their competency to provide

effective and safe care had also been regularly monitored and re-training given if necessary.

The registered manager reviewed the number of staff working on each shift to make sure there were enough of them to meet people's individual care needs and preferences. Incidents, accidents and complaints were monitored and analysed so that the registered manager could learn from them and improve the quality of care that was being provided if necessary.

The regional manager regularly visited the home to provide support to the registered manager and the staff. They also conducted a number of audits to satisfy themselves that people received safe, good quality care. Both the registered manager and the staff told us the provider was supportive of them and responded well if they required any additional resources within the home.

The registered manager and provider were continually looking for ways to improve the care and support that people received. People were asked regularly for their feedback about different aspects of their care such as the food provided, activities on offer and what they thought about the staff. This was done through speaking to people each day, resident and relative meetings and questionnaires. Where suggestions had been made by people, these had either been implemented or were being explored by the registered manager.

Improvements to existing systems to monitor the quality and safety of the care provided had been made. The registered manager told us that they had recently introduced daily checking of people's pressure care equipment to make sure it was working correctly. We saw records to confirm this.