

Yorklea Limited

# Yorklea Nursing Home

## Inspection report

15-17 York Road  
Manchester  
Greater Manchester  
M21 9HP

Tel: 01618629338  
Website: [www.yorklea.co.uk](http://www.yorklea.co.uk)

Date of inspection visit:  
29 April 2019  
03 May 2019

Date of publication:  
29 May 2019

## 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

About the service:

Yorklea is a care home for older people and people living with a physical disability. The home provides nursing accommodation and personal care for up to 35 people. There were 28 people living at the home when we completed the inspection.

People's experience of using this service:

People and their relatives spoke fondly of the staff and the care provided. People said staff were kind and caring and provided them with care and support that showed they were respected and promoted their dignity and privacy.

The home was well supported by community health professionals and they spoke highly of the home and the care provided.

People were supported with their health when their needs changed and referrals to other services were completed promptly.

Risk assessments and care plans were person centred, organised and easy to follow.

There was equipment in use to support pressure care, but this wasn't being used correctly and staff didn't have required guidance to follow in care plans. This was addressed following the inspection through training, the care plans were updated to include the required setting of each person's mattress and a daily mattress audit was introduced.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood how to support people who were unable to make decisions for themselves and sought their consent to provide care and support to meet their needs.

Staff received regular training, had breakpoint reviews which included a one to one discussion and reviewed changes in policies.

People had sufficient meal choices and had a positive dining experience. The chef took pride in making well presented, home cooked meals and devised menus based on people's preferences. There was an effective system in place to meet people's dietary needs, but documentation required strengthening to ensure an audit trail was maintained when people had specialist dietary requirements.

There was an enthusiastic activities coordinator at the home who completed one to one activities and group-based events based on people's abilities.

The registered manager sought feedback through regular meetings, surveys and visitors described being able to call in and speak with the registered manager anytime as their door was always open.

There was a range of monitoring systems in place as the registered manager continued to strive for improvement. We found them to be receptive to feedback during the inspection and when issues had been identified, we received an update following the inspection to detail how this had been addressed.

Rating at last inspection:

Good and the last report was published 01 November 2016.

We found the service continued to meet the characteristic of Good in all domains at this inspection.

Why we inspected:

This was a planned inspection based on the previous rating for the home.

Follow up:

We will continue to monitor information and intelligence we receive about the home and re-inspect the home in line with our inspection timescales for Good services. However, if we receive any information of concern, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Yorklea Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The first day of inspection was completed by one adult social care inspector and an assistant inspector from the Care Quality Commission (CQC). The second day was completed by one inspector.

#### Service and service type:

Yorklea is a care home. People in care homes receive accommodation and nursing or personal care as one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced. This meant the service did not know we would be visiting on this day.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection and inform our judgement.

During our inspection, we reviewed three care files, five medicine administration records (MARs), three staff

files including recruitment, training and supervision, as well as records relating to the oversight and governance of the home; environmental assessments, audits, policies and procedures.

We spoke with the registered manager, team leader, nurse, care staff, chef and activities coordinator. We also spoke with two visiting health professionals, two people living at the home and three visiting relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People living at the home and their relatives told us they didn't have any concerns regarding people's safety. A person said, "I don't have any concerns, it's a quiet home and there isn't one member of staff I don't like." A relative said, "[Person's name] is really happy and settled. I don't have any worries at all."
- The home was well supported by visiting health professionals who provided an additional layer of scrutiny and support to the home. A health professional said, "We have no safeguarding concerns here, people receive a good quality of care."
- There was an effective system in place for staff to recognise and raise safeguarding concerns. Policies and procedures were up to date and accessible.
- Individual risks to people had been assessed and care plans were structured, organised and contained control measures to manage risks.
- The registered manager maintained oversight of accidents and incidents in the home and took appropriate action following events to prevent re-occurrence.
- Equipment was in use to support pressure care, but staff didn't have required guidance to determine the air flow mattress settings. We checked three mattresses and found one person's was not on the correct setting which should have been determined by their weight. Following the inspection, the registered manager updated us to inform us; staff had received training on airflow mattresses, individual care plans contained mattress setting guidance, weight guide labels had been placed on pumps and daily audit checks had been implemented.
- Environmental risk assessments were completed, and the building and equipment was maintained. This included; fire risk assessments, lifting equipment, bed rails, water temperatures, outlet checks, gas and electricity.

Staffing and recruitment

- People told us there were sufficient numbers of staff on duty to meet their needs. A person said, "I feel there are enough staff. I don't wait longer than five to ten minutes to answer the call bell. I sleep well but I know night staff check in on me too."
- There was an effective system in place to calculate staffing and we observed sufficient numbers of staff deployed during the inspection.
- The registered manager continued to carry out relevant employment checks prior to new staff commencing in employment at the home.
- The registered manager maintained oversight of nurses registration and they were supported with the revalidation process to maintain their professional competency and registration to practice.

Using medicines safely

- Medicines were managed safely by suitably trained staff.
- Fridge and room temperatures were monitored and recorded daily to ensure medicines were stored in accordance to the manufactures directions.
- Medicines Administration Records (MAR) were completed in full to confirm that people had received their medicines as prescribed. Medicine stocks were checked and tallied.
- Audits were carried out to check accurate records were maintained and medicine systems were effective.

#### Preventing and controlling infection

- Staff had received training around preventing and controlling infection and had access to personal protective equipment (PPE) which included; aprons and gloves.
- There were hand wash signs in bathrooms to promote effective hand washing and alcohol hand gel dispensers were accessible through the home.
- Routine cleaning was carried out and infection control action plans completed and implemented.

#### Learning lessons when things go wrong

- The registered manager was actively involved in all aspects of the service and were keen to learn from experience and make improvements to enhance the service and experiences of people.
- Accidents and incidents were investigated, and lessons learned shared with the staff team.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had an organised system in place to manage DoLS applications and maintained a record of all communication with the local authority in relation to referrals, assessments and outcomes.
- People subject to DoLS authorisations were effectively supported and monitored.
- Staff sought people's consent before undertaking care tasks and people confirmed they maintained control and autonomy over their lives. A person said; "Everything is my choice, they ask me before doing anything. They're considerate too and know how I like things. I like my door open but when they test the fire alarms it closes. A member of staff always comes up after the alarm and opens the door again for me."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had participated in an initial assessment of their needs and preferences prior to moving in to the home.
- Assessments considered all areas of the person's health and social care needs. Care plans were easy to follow and contained person-centred information to ensure people's needs were met in line with their preference.
- Staff applied learning in line with best practice, which led to good outcomes for people and supported them to have a good quality of life. Staff demonstrated they knew people well and how best to meet their needs.

Staff support: induction, training, skills and experience

- A person said; "The staff know what they are doing. They all seem well trained. Even the newest staff know

what to do."

- All new staff were provided with an induction consisting of both e-learning, practical sessions and shadow shifts until competent to undertake care shifts unsupervised.
- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Training received was appropriate to people's needs and the requirement of the role. All staff received training mandatory to the service and there was also best practice training available which included; dementia end of life care, person centred values and venepuncture.
- Care staff had formal qualifications in care such as national vocational qualifications (NVQ) or diploma qualifications to underpin their care practice. Nursing staff had systems in place and a file for reference to support their re-validation.
- Bi-monthly supervision was provided which were called breakpoint reviews. Records confirmed that, training needs, care, policies and procedures were all covered as part of this discussion. An annual appraisal was also completed which looked at performance for the previous year and set goals for the forthcoming year.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed using universally recognised tools and people's weight was monitored frequently with timeframes determined by the person's needs.
- People were encouraged and supported to maintain a healthy diet. The chef prepared home cooked food and took pride in the presentation of meals.
- At each meal there were three choices and we saw people's preferences were catered for.
- There was an effective system in place to manage specialist diets and the chef and all the staff spoken with were confident when asked about people's individual needs, preferences, likes and dislikes.
- People requiring specialist diets had their meals recorded by staff and the chef but the latter was discarded after three months and meant an audit trail wasn't maintained. This was discussed during the inspection and the system amended to address this.
- Mealtimes were relaxed and support with meals was carried out at the person's pace, with praise and gentle encouragement to eat a little bit more.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- A health professional told us, "It's always a pleasure to come here. Staff always know the residents, their current needs and their background. Staff are helpful at gathering information and proactive at getting anything you request done. This care home could be a role model for other care homes."
- Prior to us undertaking the inspection, a health professional had written to the registered manager saying, 'I just wanted to pass on my praise for the staff at Yorklea. I have reviewed a resident today who was admitted with quite nasty wounds. Not only was I greeted with professionalism and assisted throughout. I also saw a significant improvement in the wound condition from a fortnight ago and therefore can only relate this to good nursing care and following the plan I had put in place.'
- The home was well supported by other healthcare professionals. During the inspection we observed the home was visited by the care home team (a team of nurses who visited the home twice a week and provided additional support and oversight) and GP.
- Care records showed that when there were concerns about people's health, they were referred to appropriate healthcare professionals. For example, dieticians and speech and language therapy (SaLT).
- People were registered with a local GP and people had access to podiatrist, optician and dentist.
- Home visits were arranged for people unable to attend community appointments.

Adapting service, design, decoration to meet people's needs

- There was an ongoing refurbishment and action plan to maintain the environment. This was done in consideration of people's needs and preferences.
- The home was situated on three floors and was accessible by stairs and a passenger lift.
- A lot of people living at the home were nursed in bed but there were adequate communal facilities including a lounge and dining area on the ground floor.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The atmosphere in the home was positive and friendly. Staff were upbeat and motivated to make a difference.
- People spoke fondly of staff and visitors commended the staff and the care provided at the home. Comments included, "The staff are happy and motivated. I have nothing but praise for the care provided", "I love it here and [my relative] does. [My relative] is always in top spirits. The care staff are great. I have no concerns at all" and "The care here is great. All the staff are nice, kind and pleasant."
- A number of compliments had been received in the last few months. These included, 'God bless you all for the endless compassion you demonstrate' and 'Thank you for helping us make the best of such a hard situation and the care and compassion you have shown over the last 2 and a half years.'
- Equality diversity and human rights (EDHR) was at the heart of what the staff strived to achieve. People's identity and lifestyle choices were recognised and respected.
- Staff were observed to be considerate and patient when engaging with people. Staff asked people whether they wanted their window open, door, additional blankets etc.
- Staff were attentive to people's needs and when a person shouted out for support or assistance this was promptly provided.
- When people showed signs of distress, we observed and heard staff singing to them. People calmed and sang along, settled following the reassurance and comfort provided.

Supporting people to express their views and be involved in making decisions about their care

- A person told us, "I never feel rushed by the staff. They listen to me and the registered manager pops up for a chat with me and to make sure things are okay." A relative said, "[Relative's name] is happy, quite a lot of staff who speak their language -they always have staff that can help to translate. They don't hesitate to speak it, they are happy to involve themselves so my relative is heard."
- We saw staff took the time to speak with people and responded promptly and appropriately when people needed additional support.
- People were given choices appropriate to their needs and were active participants in planning how their needs were met.
- Relatives told us the staff included them in care planning and decision-making and felt well communicated with regarding their relative's needs.
- Resident and relative meetings were held, and surveys sent to encourage feedback about the home.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff knocked on doors before entering bedrooms and

sought people's consent before providing care. We observed one person asked the staff to return later and this was respected and accommodated.

- People's independence was encouraged, and people were supported to do as much for themselves as possible.
- Confidentiality was maintained, and care records were kept securely. Staff were discreet when discussing people's care needs.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A health professional said, "The home is very responsive and proactive at referral and ensuring people's needs are met."
- People continued to receive personalised care, which was focussed around their individual needs and wishes.
- People were encouraged to be involved in planning their care and we saw care plans were person centred to identify people's specific needs and how staff met them.
- People's care was reviewed regularly and when there was a change in needs this was captured and responded to.
- People had a communication section in their care files which detailed their ability to communicate and their preferred method of communication. We saw that staff had worked on promoting communication with people who had difficulty expressing themselves. People had been supported with obtaining hearing devices to enhance their hearing and the home had picture charts and books for people to be able to point too. Staff also had access to an iPad which had previously been used to support translation when English hadn't been the person's first language. Literature could be obtained in different formats when required.
- The activities coordinator for the home was involved in making and painting jewellery boxes when we undertook our inspection. We also observed them attending and supporting people on a one to one basis in people's bedrooms.
- The activities coordinator engaged families in events and was animated when telling us about the summer fayre and families donation and contribution to the day by manning the stalls. Entertainers were scheduled, and religious occasions and festivals celebrated.

Improving care quality in response to complaints or concerns

- Relatives told us. "The registered managers door is always open. I feel I could pop in anytime if I had a concern" and "I haven't got a concern. I could speak to the registered manager if I did though."
- There was a visible complaints process and people and their relatives confirmed knowing who to speak with if they wanted to raise a concern.
- Regular meetings were held to encourage feedback and the registered manager had recently analysed the surveys and was in the process of formulating an action plan to respond to the survey outcome to drive areas for improvement that were identified.

End of life care and support

- The home had documentation in place to capture people's wishes when nearing the end of their life, should they be prepared to discuss these.

- Staff had completed the Gold Standards Framework for end of life care so people who wanted to remain at the home when approaching the end of their life, could do so safely and with dignity.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Everyone we spoke with said they had confidence in the management and told us the home was well-led. A healthcare professional said, "The home is very well managed, the residents always look well cared for. The home has a positive reputation amongst professionals."
- A person told us, "The registered manager is great, they make me laugh and they always come up and see me, the home is exceptional, I wouldn't hesitate to recommend it." Relatives said, "I would recommend this home to everyone and I have done" and "They are welcoming to relatives. They offer a drink and even offer afternoon meals."
- Staff were motivated and committed to delivering high quality care. Staff were confident when conversing about people's needs and understood how people wanted their needs to be met.
- Staff spoke highly of the registered manager and felt they were recognised for their contribution to the home.
- The provider had invested in wellbeing days, staff were able to receive a massage to alleviate stress or participate in Pilates.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home had an established registered manager who was knowledgeable about people's needs and familiar to people living at the home. They understood their legal requirements and were open to change and keen to listen to other professionals and seek advice when necessary.
- Yorklea had submitted all relevant statutory notifications to us as required. This ensured we could effectively monitor the service between our inspections.
- The previous inspection report was displayed upon entry to the home.
- Audits continued to be effective to measure health, safety, welfare and people's needs.
- Yorklea continued to have quality assurance checks and audits via their local authority quality assurance team. Feedback was positive regarding the standards of care provided and we were told when issues were identified, action had promptly been taken to improve the service.
- We found the registered manager was proactive and any minor issues identified during the inspection were promptly actioned. This included, training and a system being implemented to ensure airflow mattresses were used correctly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics



- Regular staff meetings continued which provided staff an opportunity to discuss people, their needs, risk assessments, policies and procedures as well as any other business. Outcomes from the meeting were actioned promptly.
- The registered manager was visible about the home and people spoke of them being approachable and that they would be able to discuss anything with them.
- Surveys were sent to visiting professionals, residents and relatives to ascertain their views about the quality of care provided.

Continuous learning and improving care; Working in partnership with others

- Positive examples of partnership working continued, which evidenced the links that had been formed with other healthcare services and the wider community. This included medical teams and professionals supporting people living at the home.
- The registered manager attended forums and accessed training to ensure they were up to date with best practice.