York Homes (Dorset) Limited

York House Care Home

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

We carried out an unannounced inspection of York House Care Home on the 6 September 2016. The service had previously been inspected in September 2013 when it was found to be fully compliant with the regulations.

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

We spent time with people seeing how they spent their day and observing the care and support being provided. Most people were able to talk to us and reported that they were happy with the care and support they received. We saw people were treated with care and respect by the staff team who they approached for support without hesitation. People told us, "It's not like your own home, but staff are lovely and kind" and "Some carers are better than others, but on the whole they are very supportive." While people's relatives said, "The carers are, I think excellent" and "I think [my relative] is very happy and well looked after."

Staff knew people well and provided compassionate care and support throughout our inspection. People requested support from staff without hesitation and staff responded promptly to people request for support. We saw numerous examples of people and staff laughing and joking together and staff said, "We all have a good laugh."

The service was short staffed during the morning of our inspection as a member of care staff had become ill and had been sent home and staff were noticeably busy. Staff told us it was unusual for the service to be short staffed and commented, "It's normally four carers in the morning and four in the afternoon", "It's busy today" and "Today there are only three of us on, the fourth person does make a huge difference. Tomorrow there are five staff." We reviewed the services staff rota and found that the service was normally staffed by four or five care staff during the day and confirmed that the reduced staffing level on the day of our inspection was unusual.

The service did not employ staff with specific responsibility for organising activities. During the morning of our inspection there was a noticeable lack of meaningful activities for people to engage with. In addition in the early afternoon we observed that staff were unable to support people to go outside when they wished. These issues may have been a result of unexpected staff shortages. However, people told us activities within the service were limited and staff told, "It is frustrating when you can't respond immediately" and "In the afternoon between three and five they [staff] have more time to do things." We have made a recommendation about the provision of meaningful activities.

Staff understood their role in safeguarding people from abuse and had completed appropriate training to ensure they were sufficiently skilled to meet people's care and support needs. Staff told us, "We are all up to

date with our training". Staff recruitment processes were robust and designed to help ensure all new staff were suitable for work in the care sector. Once recruited staff received formal training and shadowed experienced staff before being permitted to provide care independently. In addition, staff new to the care sector completed six weeks of shadowing during which they were supported to complete the care certificate training designed to provide new staff with a good understanding of current best practice.

Records demonstrated staff had received regular supervision during which their performance was discussed and any additional training needs were identified. Staff told us, "I do feel supported" and "I've had supervisions, I raised some issues and they were dealt with straight away." Staff handover meetings were held at each change of shift to ensure staff were aware of any changes to people's needs. In addition larger staff team meetings were held regularly to enable information about the services performance to be discussed and allow staff to share information and any concerns they may have. Staff told us, "We do have staff meetings. We had a list of concerns at the last meeting and it was all addressed."

Assessments of risks had been completed and people's care plans included guidance for staff on the action they must take to protect people from identified risks. Where accidents or incidents had occurred these had been documented and fully investigated.

People's care plans had been developed from information gathered during the assessment process and regularly updated to ensure they reflected people's current care and support needs. These documents provided staff with clear direction and guidance and included information about the person's background, life history and interests. People received regular support from external health care professionals and any guidance provided, had been incorporated into people's individual care plans. Professionals told us, "The management and staff are open to ideas and suggestions" and "They are very good at following advice."

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and we noted that staff consistently offered choice and respected people's decisions. Appropriate deprivation of liberty applications had previously been made where the service had recognised that the care plan of a person who lacked capacity may have been restrictive.

People and their relatives provided mixed feedback on dining experiences in the service. Relatives told us, "I have been to worse restaurants." However, some people said, "My only gripe is that, when I sit down for lunch or tea, I have to wait a long time" and "We do not get a choice and the food is not always nice or enough." We observed the support provide at lunch time. Staff offered choices and the three course meals provided were appetising and freshly cooked. People told us their meal time experiences would be improved if the pace of service between courses was reduced. We observed staff removing plates immediately once people had finished eating which was not consistent with a relaxed dining experience. We discussed these observations with the registered manager who agreed to review the manner in which support was provided at meal times.

The service was well led by the registered manager supported by an effective system of three duty managers. Duty managers normally worked two consecutive day shifts and slept in the service on the night between their shifts in order to help ensure staff had immediate access to support if required. Staff took pride in their role and told us they felt well supported. Staff comments included, "Our first point of call is the [duty manager]", "[The registered manager] is good, very knowledgeable" and, "I know I can go to [the registered manager] with anything".

The service had effective quality assurance system in place designed to ensure both compliance with the regulation and to drive continuous improvements to the quality of care the service provided.

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. Although the service was short staffed due to illness during the morning of our inspection, we found this was unusual and there were normally sufficient staff available to meet people's needs.

Recruitment procedures were safe and staff understood local procedures for the reporting of suspected abuse.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective. Staff were well trained and there were appropriate procedures in place for the induction of new members of staff.

People's choices were respected and managers understood the requirements of the Mental Capacity Act.

People had access to external health care professionals to help ensure all their health care needs were met.

Is the service caring?

Good

The service was caring. Staff knew people well and provided kind and compassionate support.

People were treated with dignity and their privacy was respected.

Is the service responsive?

Good

The service was responsive. People's care plans were detailed and personalised. These documents contained sufficient information to enable staff to meet their identified care needs.

There were no staff with specific responsibilities for arranging activities within the service. During the morning of our inspection we noted a lack of meaningful activities for people to take part in.

There were systems in place to ensure any complaints received

were investigated and resolved.

Is the service well-led?

Good

The service was well led. The registered manager had provided staff with appropriate leadership and support and the staff were well motivated.

Quality assurance systems were appropriate and accidents and people's feedback was valued and acted upon.

York House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 6 September 2016 and was unannounced. The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in older people's care.

The service was previously inspected on 5 September 2013 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the 12 people who used the service, four relatives, five members of care staff and the registered manager. We also spoke with three health professionals about the quality of care the service provided. In addition, we used our Short Observational Framework for Inspection (SOFI) to observe the quality of interactions between people and care staff during the lunchtime meal. We also informally observed staff supporting people throughout the home. We inspected a range of records. These included four care plans, five staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe at York House Care Home and relatives said people were well looked after. Staff told us, "They are safe and all seem quite happy" and "People are safe and well cared for, I would not work anywhere else." Professionals said they had "no concerns" about the safety of people living at the service.

There were appropriate procedures in place to help ensure people were protected from all forms of abuse. Staff had received safeguarding training and understood their responsibilities in relation to protecting people from harm and all forms of abuse. When asked where they would find information about safeguarding procedures staff told us, "There is a folder in the main office with all the numbers in it." We examined this folder and found it included a copy of the service's safeguarding policy and accurate local safeguarding contact details. Staff were confident any incidents reported would be dealt with appropriately by the registered manager and one staff member said, "I know if an allegation was made it would be addressed."

People's care plans included detailed assessments of risk with clear guidance for staff on the actions they must take to protect people from each identified area of risk. The service recognised the importance of enabling people to maintain their independence and accepted that some people may choose to take risks in order to maintain their independence. Where risk assessment processes identified heighted areas of risk as a result of people's individual choices they were informed of these risks. People's decisions not comply with suggested risk management measures were formally recorded. For example, one person routinely chose not to use a recommended mobility aid and details of this person's decision were recorded within their care plan.

Where accidents or incidents had occurred, these had been accurately documented and investigated by the registered manager. Each month an analysis of accidents within the home was completed to identify any areas of increased risk within the service or people who had experienced an unusual number of accidents. Where increased areas of risk were identified people's care plans were reviewed and if appropriate additional risk management measures introduced to protect people from areas of additional risk.

All lifting equipment had been regularly serviced to ensure it was safe to use. We observed staff encouraging and supporting people to mobilise independently and using safe and appropriate manual handling practices where additional support was required.

Records showed necessary routine maintenance tasks had been completed. The service's lift had been regularly serviced and stair lifts were fitted to ensure people were able to access their rooms in the event that the lift was unavailable. Fire drills, water quality checks and electrical safety checks had been completed in accordance with current guidelines. Staff told us, "The fire alarms are tested every Monday. We tend to do drills when staff are not expecting them" The service's firefighting equipment had been regularly serviced to ensure its effective operation.

The service had no care staff vacancies at the time of our inspection and was routinely staffed by four care

staff throughout the day. Overnight two waking staff and a sleep-in duty manager were available to provide support if required. We reviewed staff duty rotas and found these staffing levels were routinely achieved and noted that on occasions each week five care staff were on duty in the morning. On the day of our inspection a staff member had become unwell during the early morning and had been sent home. This meant that the service was short staffed during the morning of our inspection. Staff told us this was unusual and said, "Four is plenty, three is not enough", "It is mostly four, We have had a hard summer but it is better now because we have some new staff" and, "It's normally four carers in the morning and four in the afternoon." One staff member told us, "Today there are only three of us on, the fourth person does make a huge difference. Tomorrow there are five staff, it is lush because you can do loads of things, take people out for a cup of tea or go to the market." People and their relatives had noted that staff were busy during the morning of our inspection and one person's relative commented, "The staff do not seem to have time to stop and listen when [the person] wanted to ask questions about her room, personal care or food etc."

The services recruitment procedures were robust. The identity of perspective staff members was confirmed and references were checked before they were offered employment. Disclosure and Barring Service (DBS) checks had been completed and a risk based system used to make employment decisions where disclosures were received. This helped ensure all prospective staff were suitable and safe to work in a care environment.

People's medicines were stored securely and there were appropriate storage facilities available for medicines that required stricter controls by law. Duty mangers were responsible for managing medicines and we found Medicine Administration Records (MAR) had been correctly completed and accurately recorded details of the medicines people had received. Some people chose to manage aspects of their own medicines and there were formal agreements in place between the service and these individuals which defined each parties responsibilities. Where people chose to manage their own medicines lockable cupboards had been provided for safe storage. People's care plans included full details of their medicines and body maps were used to record details of the areas to which topical creams should be applied. Staff told us "The medicines are audited and checked twice each month" and records showed actions had been taken to address issues identified during a recent audit by a pharmacist.

Staff told us, "We take pride in our home" and we found that the service was clean and well maintained and free of malodours. Cleaning equipment was stored securely when not in use and Personal Protective Equipment (PPE) was readily available and used appropriately by staff.

Good

Is the service effective?

Our findings

People were cared for by staff who understood people's needs and were skilled in delivering care. Staff spoke knowledgeably about people and demonstrated a detailed understanding of each person's individual needs and preferences. Staff files and the service's training records showed staff training had been regularly updated. Staff told us; "We are all up to date with our training" and "We do refreshers all the time."

New employees were required to go through an induction programme in order to familiarise themselves with the service's policies and procedures. This included some formal training and a period of shadowing experienced staff within the service. The registered manager told us that, for staff new to the care sector, the shadowing period normally lasted for six weeks. During this time staff were also expected to complete the care certificate training workbooks which is designed to provide staff new to the care sector with a good understanding of current best practice. One recently recruited staff member with previous care experience told us, "I did two weeks shadowing then I was well away." Records showed that three staff had successfully completed the care certificate and the registered manager told us that in future knowledge assessment tests would be used to assess the training needs of new staff with previous experience in the care sector.

Records showed staff received regular individual supervision meetings which had provided an opportunity to each staff member to discuss working practices and their training or development needs with the manager. Staff told us, "I do feel supported", "We have staff meetings every three months" and "I've had supervisions, I raised some issues and they were dealt with straight away." Team meeting were also held regularly by the registered manager. The minutes of these meetings showed they provided an opportunity for managers and staff to review the service's performance, share information about changes to people's individual care and support needs and identify any areas where improvements could be made. Staff told us, "We do have staff meetings. We had a list of concerns at the last meeting and it was all addressed" and "things do get sorted out."

People were regularly supported to access external healthcare professionals such as dentists, opticians, speech and language therapists, specialist nurses and GP's when necessary. Relatives told us, "If they have any concerns about [my relative] they arrange for the doctor to visit the same day." Health professionals told us the service made prompt and appropriate referrals. Their comments included, "The management and staff are open to ideas and suggestions" and "They are very good at following advice." Where health professionals had provided advice this was incorporated into the person's care plan.

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. The registered manager understood the requirements of the MCA. We observed that staff consistently respected people's decisions and choices. Where issues had been identified with people's ability to make individual decisions formal capacity assessments had been completed and guidance sought from appropriate health care professionals.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed appropriate applications had been made in the past when managers had identified that a person's care plan was potentially restrictive.

People were involved in the process of developing and reviewing their care plans and had signed these documents to formally record their consent to their plan of care. When staff approached people to provide care they explained what there were about to do and consistently sought the person's permission before providing assistance.

People and their relatives provided mixed feedback of their dining experiences. Relatives told us, "I have been to worse restaurants" and "[My relative] says the food is good and there is plenty of it." However, some people reported negative dining experiences with comments including, "My only gripe is that when I sit down for lunch or tea, I have to wait a long time" and "We do not get a choice and the food is not always nice or enough." We observed the care and support provided during the lunchtime period. People were offered choice and meals were served promptly. One person who declined their meal and who was known to be at risk of weight loss was provided with a variety of food options and gentle encouragement by staff. At lunch a three course meal was served and people appeared to be enjoying their food. Portions sizes were quite small but additional food was offered and provided to people who requested it. People told us their meal time experiences would be improved if the pace of service between courses was reduced. We observed staff removing people's plates immediately they had finished eating which was not consistent with a relaxed dining experience. We discussed these observations with the registered manager who agreed to observe and review the way staff provided support at meal times.

The cook had a good knowledge of people's preferences and dietary requirements. Snacks, fresh fruit and chocolate bars were available in the dining room throughout the day. In addition tea and freshly baked cakes were served between meals and people were able to request additional drinks throughout the day. One person's relative told us, "[My relative] has been told if he wants a cup of tea at three o'clock in the morning to just ring the bell and they will make one."

York House Care Home was a detached building with a sun terrace to the front and semi enclosed gardens to the rear. People's bedrooms were located over three floors. The service's lounge, conservatories, dining room and a small number of bedrooms were located on the ground floor with further accommodation accessed via a passenger lift on the first and second floors. Bedrooms were well decorated and been personalised with a variety of personal items and furniture. The registered manager told us, "We encourage people to bring in their own things". The building was well maintained and the lounge had been recently extended to provide additional space. However, during our tour of the building we found little evidence of dementia friendly adaptions to help people orientate themselves within the service.

Good

Is the service caring?

Our findings

People were relaxed and comfortable in their home and staff provided care with warmth and compassion. People told us, "It's not like your own home, but staff are lovely and kind" and "Some carers are better than others, but on the whole they are very supportive." Relatives told us the care staff were, kind, supportive and responsive to people's needs. Their comments included, "The carers are, I think excellent" and "I think [my relative] is very happy and well looked after." Health professionals consistently told us the staff team were "caring" and that they had no concerns about the quality of care the service provided.

The staff team was stable and staff knew people well and clearly got on well with them. We saw numerous examples of people laughing and joking with their care staff and noted that staff provided support with compassion and respect. Staff told us, "We all have a good laugh", "I like the one to one time, doing nails and things like that" and "It is not just task orientated here." People approached staff for support without hesitation and staff responded promptly to requests for care. Call bells were available in all bedrooms and staff responded quickly when this system was used to request support.

Staff took pride in the care and support they provided and described how people's conditions often improved once they moved into the service. One staff member told us, "[Person's name] was end of life but now he is back up and walking with a stick" and a relative said "[Person's name] was back to his old self, smiling and chatting more, which is so good to see."

Staff treated people respectfully and acted to ensure people's dignity was maintained at all times. Where staff offered support this was done discreetly and we noted that everyone appeared smartly dressed and well cared for. One person told us, "I can have a bath whenever I like, it is very relaxed here." Staff actively encouraged people to maintain their independence and we saw numerous examples of staff providing encouragement and reassurance to people while mobilising independently. A relative told us staff had demonstrated sensitivity while promoting their family members privacy and dignity.

Relatives were encouraged to visit regularly and people were supported to maintain and develop relationships that were important to them. On person's relative told us, "When we come to visit we are always offered tea and made very welcome."

People decisions and choices were consistently respected by the staff. Although the service did have scheduled meal times staff told us, "People choose when to get up or go to bed." On the morning of our inspection most people had chosen to get up prior to our arrival but some people chose to have a lie in and were being supported with their breakfast in the late morning.

Details of people's preferences and choices in relation to end of life care were recorded within their care plans. This including information on how and where the person wished to receive their care to help ensure staff were aware of and respected these choices. In addition, it was clear from records that people's religious and cultural beliefs were recognised and valued by care staff.

Good

Is the service responsive?

Our findings

People were encouraged to visit the service and stay for a trial period before deciding if they would like to move in. The registered manager told us, "Everyone is encouraged to have a trial week to see what they think." One person told us they had initially visited for a week before deciding to move in. Prior to any trial period staff discussed the persons needs and preferences with the person and their relatives, if appropriate, to help ensure the service would be able to meet their needs. During the trial period staff reviewed this information and their experiences of supporting the individual and this information was used to develop the person's detailed care plan.

People's care plans were informative, detailed and designed to help ensure people received personalised care that met their needs. Each person's care plan provided staff with information on their individual preferences, personal care needs, medical history and detailed guidance on the support the person needed with specific areas of care. Staff were also provided with information on people's life history and background. This information included informative life maps and other documents which included information about the person's family, work history, hobbies and current interests. This information was beneficial to staff as it helped them to understand how a person's background and experiences might influence their current care needs.

Where changes to people's needs had been identified by staff their care plan had been reviewed and updated to help ensure it provided current guidance on how to meet those changed needs. Staff said people's care plans were accurate and told us "They are constantly updated." Some people chose to be involved in the process of reviewing and updating their care plans and had signed these records to formally record their consent to the care as planned.

A formal handover meeting was held at each staff shift change. During this meeting staff shared information about minor changes to people's well-being, details of the care and support each person had received and highlighted any ongoing issues of concern. In addition detailed daily care records were completed by staff which included information on the care provided, staff observations and details of any activities the person had engaged with. In addition, separate records were maintained of information and guidance either requested from or provided by, visiting health care professionals.

One person told us, "I can go out whenever I like to with support." However, we saw that after lunch one person asked to go out for a walk but was told by staff they would have to wait until later in the day. The service did not have any staff with specific responsibilities for organising and arranging activities and during the morning and early afternoon of our inspection there was a noticeable lack of activities for people to engage in. This was because a staff member had become ill and had been sent home. This meant the service was short staffed and during the morning and this clearly impacted on the staff team's ability to provide meaningful activities. However, people told us activities within the service were limited and one person commented, "I have lost interest in my hobbies and there does not appear to be any interesting activities to get involved in." Staff said, "It is frustrating when you can't respond immediately", "It's busy today" and "With five staff you have time to spend with the residents, to take them out or to chat before

lunch." One staff member told us, "In the afternoon between three and five they [staff] have more time to do things." During the late afternoon, after a staff shift change when four care staff were on duty, we saw staff had more time to provide activities. We observed one staff member hosting a quiz which people were clearly enjoyed while other staff sat and chatted with people in communal areas.

We recommend that the service reviews its current activities arrangements and finds out more about best practice to ensure people were able to access meaningful activities when they wished.

The service regularly received compliments and thank you cards from relatives and friends for the quality of care the service provided. There were appropriate systems in place to ensure the small number of complaints received were investigated and appropriately resolved. The majority of people said they had no complaints about the service. However, a small number of people told us they felt uncomfortable raising issues and concerns with staff. We shared these concerns with the registered manage who assured us they would review systems to ensure people felt able to report concerns to staff.

Good

Is the service well-led?

Our findings

There was a clear management structure at York House. The service was led by the registered manager who worked full time at the service. The registered manager was supported by three duty managers who provided day to day leadership and support to the staff team. Duty managers normally worked two consecutive days at the service and slept at the service overnight between shifts to help ensure staff were always able to immediately access support and guidance if required. Staff told us they were well supported by their managers and commented, "Our first point of call is [the duty manager]" and, "I know I can go to [the registered manager] with anything".

Morale was high and staff clearly took pride in their role in supporting people. Staff comments included, "All in all, we are happy bunnies" and "We have a good reputation in the town, the doctors and the ambulance crews recommend us." Relatives told us, "I think [the registered manager] is very kind, very caring", "If I had to pick one [a care home] for me, it is the one I would pick" and "It is, I would say, a nice, well run home."

There was clear mutual respect between care staff and managers. Staff told us, "[The registered manager] is very nice" and "[The registered manager] is good, very knowledgeable." While the registered manager praised the commitment of the staff team. These comments included, "It is like a huge family, we all look after each other" and "The staff are brilliant, I can't fault them they are an absolutely great bunch of people." Professionals were also complementary of both the staff team and managers. Their comments included, "The managers are very good" and "I have no concerns at all."

The registered manager told us the provider was "a very supportive boss." They regularly visited the service and consistently responded favourably to requests for additional funding or resources for people's benefit. For example, significant building works had been recently completed in order to increase the size of the main lounge and thus provide more shared living space for people to enjoy.

The registered manager participated in local peer support groups and regularly attended a variety of training events to help ensure they were aware of any changes to best practice. In addition the registered manager was in the process of completing the level five diploma in care management.

Residents meetings were held at the service when necessary to help ensure people were involved in, and informed of, any significant changes planned within the service. The minutes of these meetings showed that, where people had raised concerns or issues these had been addressed and resolved. One person told us, "I do not attend meetings because there are no problems here."

Peoples experiences and feedback were valued. Each person was asked to complete a survey after their first month of living at the service. Survey responses were reviewed in detail and used to identify any initial problems people had experienced as well as to highlight things the person had found particularly beneficial. This information was shared with staff and included in people's care plans to help ensure people's care was provided in accordance with their wishes and preferences.

The town of Swanage was in the process of being endorsed as a dementia friendly town and the provider had agreed to the service being identified as a "safe haven". This meant staff would offer support and guidance to anyone with dementia related conditions who became lost and confused or disorientated in the town. This demonstrated the provider was committed to improving the lives of people living with dementia.

There were effective systems in place to monitor the services performance. The registered manager and duty manager completed regular checks to monitor the quality of staff paper work and ensure people's care needs had been met. In addition an external auditor visited the service regularly to complete an assessment of the service performance and identify any areas of improvement. Where issues were identified the registered manager ensured that appropriate actions were taken to address and resolve each issue promptly. This system was designed to ensure the service's compliance with the regulations and to drive continuous improvements in the standard of care provided.