

M Dunne and Miss C Dunne

York House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

York House is a residential care home providing accommodation for persons who require personal care to up to 13 people. The service provides support to people with mental health needs. At the time of our inspection there were 13 people using the service, 3 of whom needed support with personal care.

People's experience of using this service and what we found

Risks to people had not always been assessed and staff did not always report incidents. The registered manager had not ensured enough staff were trained in medicines administration and competency checks were not completed.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We found there was room for improvement to involve people in decisions about their care and with promoting their independence.

People and their relatives were happy with the care provided. However, people had very limited support with activities, and no one had any goals. Staff were not trained in end-of-life care and there was no information about people's wishes at the end of their life in their records. At the time of our inspection no one required end of life care.

The systems to monitor the quality of the service were not robust. The registered manager lacked oversight of incidents. They were responsive to our concerns and worked well with other professionals. People, their families and staff spoke positively about the staff and manager.

Staff received training and supervision. People were involved in menu planning and given choices of what they ate and drank.

People's care plans included details of their communication needs. There was a complaints procedure which people were aware of.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (27 July 2016).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement and Recommendations

We have identified breaches in relation to risk assessments, incident management, staff training and competency checks, personalised activities and governance processes. We found no evidence during this inspection that people have experienced harm from these concerns.

We have made a recommendation related to mental capacity assessments.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

York House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

York House is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. York House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 16 November 2023 and ended on 29 November 2023. We visited the location's office/service on 16 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. Due to technical problems, the Provider Information Return (PIR) was not available at the time of the inspection. A PIR is information providers send us 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.

During the inspection

We spoke with 1 person who used the service and 2 relatives about their experience of the care provided. We received feedback from 6 members of staff including the registered manager, deputy manager and care staff. We reviewed 3 people's care files and 2 staff personnel files. We also reviewed records relating to managing the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate: This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager had not ensured staff were aware of all risks to people. Some risk assessments were missing or lacked detail and some conflicted with information in the care plan. For example, a person's care plan stated they were at risk of choking and staff were to encourage them to eat slowly. This information was not in the risk assessment and staff we spoke with were unaware; they told us this person tended to eat in their room, meaning staff were not able to monitor this.
- People's files did not always include enough guidance for staff. A person had information about diabetes in a health risk assessment which stated they did not allow blood sugars to be checked. Staff were not trained in diabetes and there was no guidance for staff on how to recognise the person was deteriorating due to blood sugar levels. The nutrition risk assessment did not mention the diabetes. Following the inspection, we were told staff did receive training in diabetes, but we saw no evidence of this.
- The registered manager had not completed a risk assessment for staff lone working at night. Night staff spot checks had recently been implemented; these did not include the name of the staff working or the time the check was completed.
- Staff did not always report incidents. We reviewed people's daily records and identified a behaviour related incident which occurred in the community; this had not been reported and there were no behaviour charts to monitor potential increases or new behaviours. Two incidents had been reported; these had not been investigated and there was no evidence of what had been done or lessons learned shared with staff. This meant we were not assured action had been taken to help prevent the incidents occurring again.

Information about risks to people was not always completed and incidents were not managed well. This was a breach of regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with were able to describe the incident reporting process. A member of staff said, "There is a form which you have to fill in; where it happened, what action you took, anyone involved. Body map etc."

Staffing and recruitment; Using medicines safely

- The service did not have suitably trained staff at night. There was 1 member of staff on shift at night, but they were not trained in medicine administration. This meant if someone needed medicines overnight, there were no trained staff to administer it. A member of staff told us, "For nights, one person is not enough because anything can happen, I am concerned about the nights to be honest."
- The registered manager did not complete staff competency assessments for the administration of medicines. Following the inspection, they sent us a template they had started to use and told us this would be done quarterly.

The provider had not ensured people were always supported by staff with the appropriate training and competency. This was a breach of regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had not ensured staff were always recruited safely. We reviewed 2 staff files and found 1 did not include full employment history.

We recommend the service review their recruitment process to ensure full employment history is obtained with any gaps explained.

- The service's recruitment process included Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had enough staff to care for people safely during the day. There were 2 care staff, and the registered manager and deputy manager were in the home during the week for additional support, such as attending appointments with people. A relative told us, "From what I can gather when I have visited there are at least two staff around providing support and care."
- The registered manager provided out of hours on-call support. They told us if additional staff were needed at the weekend to accommodate people's plans this would be arranged.
- People received their medicines as prescribed. A relative said, "From what I understand medication is given daily and support provided by staff."

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy. This did not include contact details for safeguarding referrals to be sent to. Following the inspection, the registered manager amended this.
- Staff received training in safeguarding and were able to describe types of abuse. They told us they would report any concerns to the registered manager.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. There were 2 freezers and a fridge kept in the laundry room. The risk of storing food in the laundry had not been risk assessed. The registered manager told us staff were always there when people did their laundry and if any was soiled it was in a red bag to avoid the risk of contamination.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- The service supported visits from people's relatives and professionals in line with current guidance.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

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.

- The registered manager had not ensured mental capacity assessments were completed or held best interest meetings for decisions. We found a person was given enough tobacco for the day, to prevent them smoking it all at once. Their capacity related to this decision had not been assessed.
- Staff lacked understanding in restrictive practice. The kitchen door was locked due to concerns about people's hygiene; less restrictive options had not been considered.
- A person lacked understanding around a medical condition they had, meaning they did not follow dietary advice. Staff made meals and drinks for them to ensure dietary advice was followed. There was no capacity assessment for this and options which could avoid reducing the person's independence had not been considered.

We recommend the provider ensures capacity assessments and best interest decisions are completed for any restrictions and these are reviewed regularly.

Staff support: induction, training, skills and experience

- People were not always supported by staff who were trained to meet their specific needs. Staff had not received additional training in the mental health or physical conditions people had. However, staff told us they felt they had received enough training to carry out their roles. A member of staff told us, "Yes, I have

enough training in my role, due for more next year."

- Staff received supervision. They told us they found this helpful. A member of staff said, "Yes, it's very useful, you can say your concerns if you are happy with your hours, you can voice it out."

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

- People's dining room experience was task oriented. There was no interaction from staff and whilst alternative meals were available, this was only when people requested them, rather than being asked. However, people were aware they could ask for something else if they wanted to.
- People could choose what they ate and drank. Menu planning meetings were held, and dietary requirements were accommodated. A person told us, "Staff make my food. We all get together; we all choose what we want." A relative said, "I know they sit down weekly and plan menus and if something like a special occasion they put on a buffet with a cake for all residents."

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

- The service lacked homely features throughout communal areas. There were very few pictures or photographs. However, a relative told us, "[Person] has their own room with good facilities the room is very clean and the home throughout."
- People's rooms were personalised. We saw people had collections, such as vinyl records and photos in their rooms.
- People had access to a large garden with plenty of seating. There were two seating areas inside, one with and one without a television, meaning people had the choice to sit quietly if they preferred. There was also a quiet room which could be used for visitors.

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

- The registered manager completed the initial assessment of people's needs. This included their physical and mental health needs as well as any communication or sensory needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion, and ethnicity were identified as part of the assessment.

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

- The registered manager or deputy manager attended appointments with people. A relative told us, "If [person] needs a doctor or dentist, they have taken them when necessary."
- People's records showed dates they had seen other professionals. These included dentists, opticians and chiropractors.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Staff were more focused on tasks than people and their wellbeing. During our visit we did not observe any social interactions between staff and people. People's daily logs contained descriptions of their moods and behaviour but no evidence of how staff responded to this. For example, a person was described as anxious and agitated but not if any, reassurance had been offered by staff.
- People and their families were happy with the care provided. A person told us, "I'm being cared for; I get my meals cooked for me. I think we all like living here. I have no thoughts of moving on." A relative said, "They care very well for [person] and they feel at home."
- Professionals gave positive feedback about the service. We were told, "I have always found them to have the best interest of their clients at the forefront of the care they deliver. [Manager] is always available, very knowledgeable about all the clients and their needs and always kind."

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

- People's records did not demonstrate how they had been involved in decisions staff made about their care. We found decisions made for people were considered to be in their best interests, but this was not supported by evidence of involving people.
- People's relatives felt people were supported with making decisions about their care. A relative told us, "There is always staff that would support personal decisions and choices and take this into account."

Respecting and promoting people's privacy, dignity and independence

- Staff did not always promote people's independence. The documentation we reviewed, and our observations showed staff tended to do the cooking and housework without involving people and made drinks for them. However, a member of staff told us, "I encourage [person] to strip the bed, I will be there with them, but they will put them in the basket and bring to the washing room. [With another person] we do the same." A relative said, "They are supported to be independent but need help and encouragement around this."
- People were well presented, and their privacy and dignity were maintained. A member of staff told us, "If you give them a shower, check the water level, that it's hot, get the towel and all their stuff. Keep them covered."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives were not always involved in care planning. The registered manager told us staff completed care reviews with the person, but we did not see any evidence of this in the files we reviewed. A relative told us, "I have not been involved in care planning there is nothing to be discussed at this time." However, another relative said, "My relative has been here for a number of years, and they understand their likes and dislikes."
- People did not have any goals. We were told this was because people did not want to do anything, such as activities. No consideration had been given to creating goals to support people to improve their daily living skills and involvement in household tasks.
- People were not supported to maintain or develop interests and hobbies. During our visit, no activities were planned, and people were sitting in communal areas with no stimulation. Their activity timetables included things which were not activities, such as having a bath or smoking.
- The registered manager told us activity options were limited due to people's finances. They also told us people lacked interest in activities. We saw a meeting had been held and plans made leading up to Christmas. Whilst people could make suggestions for what they would like to do, activities tended to be done as a group, rather than personalised.
- Staff interactions with people were task focused. We observed staff cleaning and preparing meals for people without involving them.
- People's relatives were not involved in how people spent their time. A relative told us, "I have no information on daily support." Another relative said, "I am not aware of the day to activities that take place."

The service did not always support or encourage people to take part in social activities relevant to their interests. Their care was often task-focused and did not consider their whole life needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- Staff did not receive training in end-of-life care. At the time of our inspection no one required end of life care.
- People's files did not include details of their wishes at the end of their life. The registered manager told us this had been discussed with a person and their relative and plans made. However, they had not yet had those discussions with the other 2 people and their relatives. They had requested it to be included for discussion at their annual review.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included details of their communication needs. This included guidance for staff such as not asking leading questions and keeping conversations clear without overloading information.
- Staff were able to describe how they communicated with people when they became distressed.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which people were aware of. At the time of the inspection, no complaints had been received.
- People's relatives confirmed they felt able to raise concerns. A relative told us, "I have never had to make a complaint; my relationship with the manager is very good and also with other members of staff."

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager did not have a process to identify and reduce restrictive practice. Where people were restricted, their records did not have rationale for this; mental capacity assessments were not completed and there was no documentation for how best interest decisions had been reached. This meant the provider could not be assured people had been given the maximum opportunity to understand the decision or whether the least restrictive option was made.
- The registered manager's systems to monitor the quality of the service were not robust. The audits we reviewed had not identified some of the issues we found. For example, gaps or conflicting information in people's care plans and risk assessments.
- The registered manager did not have oversight of incidents at the service. We identified some were not reported by staff and when they were, no investigations were completed.
- There was no tracker to monitor themes from incidents. This meant there was a risk incidents were more likely to re-occur as learning had not been identified and shared.

The service's quality assurance systems and processes were not effective to monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they planned to ensure action plans were included with incident reports and shared at staff handover meetings.
- The registered manager had some awareness of their responsibilities to submit relevant notifications appropriately to CQC. We shared the guidance related to this to ensure all notifications were made as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had not ensured staff promoted people's independence and supported them to engage in meaningful activity. People did not have any goals to monitor this. This meant people may have limited quality of life.
- People and relatives we spoke with were mostly complimentary of the service and staff. A relative told us, "I am very happy they take good care of her and are kind." Another relative said, "It has been lovely that

[person] has been placed at York House and I am very happy with the care they receive" They also said, "My communication with the manager is very good."

- Staff spoke positively about working at the service and they felt supported by the registered manager. A member of staff said, "I receive support from the managers of the service and know who to contact should I have concerns. [Manager] is very understanding and supportive. Another staff member told us, "I really enjoy it. I get on with the residents and the staff."

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

- Staff attended monthly team meetings. These included reminders for staff to complete training and people's daily logs. In the minutes we reviewed there was no discussion about specific people and no evidence of staff input to the meeting.
- People attended residents' meetings. Staff confirmed people felt safe and knew how to raise concerns. We saw no evidence of people's input to the meeting.
- The registered manager issued annual surveys for feedback on the service. We saw some examples of these, but no evidence of any analysis of the results or any action taken in response to improve the service.
- People's relatives described good communication with the service. A relative said, "If [person] has been unwell, they would contact me regarding this." Another relative told us, "York House don't give very much information with updates but if we need information, we can give them a telephone call at any time."

Continuous learning and improving care

- The registered manager was responsive to the concerns we raised. Following our feedback, they started to make improvements which included implementing staff competency assessments and revising their audit program.

Working in partnership with others

- The service worked well with other professionals. We were told, "I have a one to one with the manager every week to discuss any concerns and the staff are very good at letting me know of any concerns." Another professional told us, "They work extremely well with the local Community Mental Health Team, myself and the local GP Surgery attached to York House."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The service did not always support or encourage people to take part in social activities relevant to their interests. Their care was often task-focused and did not consider their whole life needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Information about risks to people was not always completed and incidents were not managed well. The provider had not ensured people were always supported by staff with the appropriate training and competency. This was a breach of regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service's quality assurance systems and</p>

processes were not effective to monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.