Tri-Care Limited

York House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection of York House took place on 5 May 2016 and was unannounced. We previously inspected the service on 16 July 2014. The service was not in breach of the Health and Social Care Act 2008 regulations at that time.

York House is a purpose built care home providing care for up to a maximum of 36 older people some of whom are living with dementia. The home stands in its own grounds with an enclosed garden and car parking. On the day of our inspection 35 people were living at the home.

The service had a registered manager in place. They were the registered manager for two locations and the deputy manager had been managing the home since October 2015 due to the registered manager concentrating their time at another location. A new manager had recently been appointed for York House. It was their second day of employment when we inspected the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home told us they felt safe. Staff had received training in safeguarding vulnerable people and understood the action they should take in the event a person was at risk of harm or abuse.

Risk assessments were in place for people although due to the style of the document the information recorded did not always contain much detail.

Staff recruitment was thorough and included a number of pre-employment checks to ensure potential candidates were suitable to work with vulnerable people.

Medicines were managed and administered safely to people by staff who had relevant knowledge and skills.

The registered provider had a system in place to ensure staff received an induction and training when they commenced employment and training was periodically refreshed for all staff. There was an on-going programme of supervision and appraisal although this was behind schedule due to the management changes.

Our discussion with the manager and staff showed they had an understanding of the Mental Capacity Act 2005 and how they would act in people's best interests if they lacked capacity to make decisions.

People were supported to eat and drink and were enabled to choose which meal they would like to eat. We observed lunch time on the day of our inspection, people enjoyed their meal and we found the atmosphere to be relaxed.

Everyone we spoke with told us staff were caring and kind. During our inspection we observed staff interactions with people were friendly but professional. Staff supported people to make choices and decisions for example when they got up, went to bed and what they had to eat and drink.

The post of activities organiser was currently vacant although some activities were still being provided for people who lived at the home.

Peoples care plans were person centred, recording likes and dislikes. Care plans were reviewed and updated at regular intervals.

People told us they knew how to complain in the event they were dissatisfied with the service.

The home was undergoing a management change but staff felt supported and the registered provider had ensured management support was provided for the home. There was a system in place to continually assess and monitor the safety and quality of the service provided however, this was not always completed regularly.

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.

People told us they felt safe.

There was a system in place to ensure appropriate recruitment checks were completed prior to staff commencing employment.

The management of medicines was safe.

Is the service effective?

Good

The service was effective.

Staff received induction and on-going training and supervision.

Where people lacked capacity, we saw evidence capacity assessments had been completed.

People were offered a choice of food and drink.

Is the service caring?

Good

The service was caring.

People told us staff were caring and kind.

People were able to make choices about their daily lives.

People's privacy and dignity was maintained

Is the service responsive?

Good

The service was responsive.

Activities were provided at the home.

Peoples care plans were person centred and provided details about people's likes and preferences.

People knew how to complain

Is the service well-led?

Requires Improvement

The service was not always well led.

Feedback was positive about the management of the home.

The registered provider had a system in place to monitor the quality of service people received but these had not always been completed.

Meetings were held with relatives and staff to gain there feedback.

York House

Detailed findings

Background to this inspection

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

This inspection took place on 5 May 2016 and was unannounced. The inspection team consisted of two adult social care inspectors 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. The expert by experience on this occasion had experience of working in health and social care.

Prior to the inspection we reviewed all the information we held about the service and we spoke with the local authority contracting team. We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the lounge and dining room areas observing the care and support people received. We used the Short Observational Framework for Inspection (SOFI), SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also looked at five care plans and associated records such as daily notes and medication administration records, three staff recruitment files, the training matrix and we reviewed records relating to quality assurance and audits, policies and procedures and other records relating to the day to day operation of the home. We spoke with seven people who lived at the home and four relatives of people who used the service. We also spoke with the operations manager, registered manager, manager, deputy manager, two senior carers, two carers, a cook, a domestic and an agency care worker.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Its lovely, everybody is really friendly and really nice, I feel safe here." Another person said, "It's like another home I'm settled and safe." When we spoke with one person, they said, "You get the ones who wander in and out of your room at night but I don't feel unsafe." This was discussed with the manager to enable them to investigate the issue and take any relevant action.

Staff told us they completed safeguarding training regularly and each staff member was able to tell us about different types of abuse and the action they would take should they have any concerns. Staff we spoke with also said they had no current concerns regarding people's safety and they were confident that if they reported any concerns to senior staff, appropriate action would be taken. Both the manager and the deputy manager were also clear about potential safeguarding concerns and understood their role in reporting, recording and taking appropriate action. We saw from the registered providers training matrix, of the 23 staff listed, only one staff member had not received safeguarding training within the last twelve months. This showed staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people who lived at the home.

Each of the care records we reviewed contained a range of risk assessments, these included; mobility, falls, weight and skin integrity, the risk assessments were reviewed at regular intervals. We noted the format of the risk assessments were tick box and the information within them was basic. For example, the moving and handling risk assessment did not refer to which loops should be used on a sling or the equipment required to support the person to access the bath. Having this level of detail helps to ensure staff have all the relevant information they need to reduce the risk of harm to themselves or the person they are supporting.

We saw equipment was in place where a risk had been identified, for example, sensor mats, high-low beds and pressure relieving equipment. However, we noted one person had bed rails in place to reduce the risk of them falling out of bed but when we reviewed their care plan, no risk assessment was in place. We fed this back to the manager and deputy manager on the day of the inspection and after our visit they confirmed the risk assessment had been put in place immediately.

The deputy manager told us all accidents and incidents were logged and they showed us a file which detailed this information. The operations manager told us they received a weekly report from the home manager which detailed any accidents or incidents. They also said the registered provider was trialling a new online system for recording accident and incidents. They explained this would also enable reports to be analysed which would ensure trends or themes were detected and enable staff to act upon the findings.

The home was well maintained. We saw evidence external contractors were used to service and maintain equipment, for example the hoist, gas safety and the fire detection system. We asked the deputy manager what action staff should take in the event of the fire alarm being activated. They told us a member of staff remained on each unit but all other staff attended the fire panel to receive instruction from the senior person in charge. They told us fire drills were held regularly and the online management system flagged up when staff needed to refresh their knowledge regarding the fire procedure. This showed the registered

provider had a system in place to ensure people and staff knew the action they had to take in the event of needing to evacuate the building.

The manager told us they had attended two interviews prior to being offered the post of manager at the home. They also said the registered provider had obtained references and Disclosure and Barring Service check (DBS) prior to the commencement of their employment. We looked at the recruitment files for three members of staff. Each file we reviewed contained a completed application form, written references from previous employers and evidence of a Disclosure and Barring Service check (DBS). This showed the registered provider had systems in place to reduce the risk of employing people who may not be suitable for the post.

We asked people if they felt there were enough staff to meet people's needs. One person said, "There are enough staff, they get you anything you want." One relative said the carers were 'over stretched' and a person who lived at the home said, "There are enough staff for me but not for what they have to do for some others."

Staff we spoke with told us the operations manager had recently reviewed the staffing at the home and increased the number of care staff to six between the two floors; this was an increase from five staff. Staff we spoke with felt this had been a positive move, making their work load more manageable. One member of staff told us there had been a high turnover of staff recently.

The deputy manager told us they were currently completing the recruitment process for two senior care staff and they were recruiting for an activities organiser as this post was currently vacant. They said staffing shortfalls were filled by agency staff and they tried to ensure regular agency staff were used to provide continuity for people who lived at the home.

We observed staff to be busy but not unduly rushed, people's needs were met in a timely manner and staff regularly checked on people's safety and welfare.

People's medicines were managed and administered safely. One person said, "They give me my pills at the right time."

The home had an electronic system for recording the administration of medicines. Each staff member who was authorised to administer medicines had a unique login which meant a record of who had administered the medicine was recorded on the system. We saw a monitored dosage system (MDS) was used for the majority of medicines with others supplied in boxes or bottles. There was a system in place to record all medicines when they were received by staff at the home. We checked the stock balance against the record of administration and found the stock tallied for the four medicines we checked.

The deputy manager told us senior staff received training in medicine administration and also how to use the electronic system. They said staff were observed over a period of three medicine rounds to check they were competent to administer people's medicines. When we spoke with a senior carer they told us about the steps they took to reduce the risk of an error with someone's medicine occurring. For example, ensuring they had the correct person, correct medicine and correct dose. They were also able to tell us what action they would take in the event of a medicine error occurring. This showed people received their medicines from staff who had the appropriate knowledge and skills.

The home was clean and tidy. We saw personal protective equipment (PPE) was available for staff to access and there was information about effective hand washing in communal toilets. We saw information in the

reception area informing people and visitors how to reduce the risk of infections spreading at the home. We also saw staff using disposable laundry bags to transfer soiled linen to the laundry area, we noted the laundry room had two doors to ensure that clean linen was not stored or transported in a way which could mean it became contaminated by soiled laundry. This showed the home was taking steps to ensure the people who lived there were protected from the risk of infection.

Good

Is the service effective?

Our findings

People told us staff were well trained. One person said, "They are well trained and good at the job." Another person said, "They (the staff) are marvellous, well trained, can't fault them at all." An agency worker told us, "Staff know what they are doing here". The agency worker also told us staff attended regular handovers to ensure relevant information was passed between shifts.

New employees were supported in their role. Staff explained all new staff completed basic training before commencing employment and then shadowed a more experienced staff member for a number of shifts. We spoke with an agency care worker, they said when they started working at the home a member of staff had shown them around the home and introduced them to other staff and people who lived at the home. The newly appointed manager told us the operations manager had been with them on their first day of employment, showing them where things were in the home. They also said there was a manager's induction programme they would be working through to help them to understand their role and responsibilities.

All the staff we spoke with told us they received regular training which included refresher training. Staff told us the majority of training was online although they also received a half day practical moving and handling training. Online training included fire, infection prevention and control and food hygiene. The deputy manager showed us how the online training system worked, we saw that when a new member of staff commenced employment, when their job role was inputted, the relevant training was automatically assigned to them for completion. The deputy manager also showed us how the system alerted the management team when staff needed to update their training. We saw an overview of all staffs training, this enabled us to see staff received regular and ongoing training.

The manager showed us a matrix on the office wall which listed the staff employed at the home and recorded when they had last received supervision. They said they intended to ensure staff received a mixture of individual and group supervisions. We reviewed the supervision records for three staff. We saw evidence of regular staff supervision, this being a mixture of 1:1 and group supervision. One of the staff we spoke with told us they had recently had their 1:1 supervision and they told us they felt this had been a beneficial process. There was also a matrix on the office wall which recorded when staff were due their annual appraisal. The manager told us these were behind schedule but they would be completed as they settled into their role. This showed there was a system in place to ensure staff received ongoing management supervision to monitor their performance and development needs.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw from the registered providers training matrix, staff received training in MCA and DoLS. Staff we spoke with also confirmed they had completed this training. The deputy manager told us people who lived at the

home had different levels of capacity and the manager was able to tell us the procedure they would follow in the event of a person not having capacity to make a specific decision. One of the staff we spoke with told us how they supported one person who lived at the home to make choices and decisions regarding their daily life. They were also able to tell us how they acted in the persons best interests when the person was not able to make daily lifestyle choices. This demonstrated staff were aware of their responsibilities regarding this legislation.

MCA assessments were evident in two of the care plans we reviewed. For example, one care plan contained a number of MCA assessments relating to the care and support the person required. Each assessment recorded the person lacked capacity to make decisions regarding these aspects of their care.

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) as described in MCA schedule A1 together with any conditions on authorisations to deprive a person of their liberty set by the supervisory body as part of the authorisation. The registered manager told us five people who lived at the home were subject to a DoLS authorisation. We saw a file which contained paperwork relating to each DoLS approval and a log of when each DoLs was approved and when it expired.

People spoke positively about the meals at the home; "The meals are good and in between, if you want a drink or something they will get it for you." "You can choose to eat or not, I'm keeping an eye on my weight but there's ample food with a good choice."

A tray of snacks was available in each lounge for people to help themselves throughout the day. We observed meal times on both the ground and first floor. There was a menu board on each floor which detailed the meals available that day. On the ground floor we saw there were enough staff available to provide a timely service to people. People were asked what they would like to eat and were asked about the individual components of their meal, for example which vegetables they wanted and if they required gravy. People were provided with both a cold and hot drink with their meal.

Staff were available at lunchtime and people received an appropriate level of support ranging from needing assistance to cut up their food to a staff member helping them to eat. This demonstrated people were provided with the assistance they required to enable them to eat and drink.

The cook told us they followed a four weekly menu plan but they altered this if a person either did not like or was not able to eat either of the daily choices. They told us about three specific diets they catered for and they showed us a board in the kitchen where this information was recorded.
The cook said they used products with reduced sugar and they also fortified foods with extra cream and full cream milk where needed. This showed the cook provided meals which were appropriate to people's individual needs and preferences.

People said external health care was easily accessed, one person said, "I go out to the opticians on my own but don't need a dentist I've got false teeth." Another person said, "The dentist comes here; you get a days' notice but it's hard to get your toe nails cut." A relative we spoke with said, "(Name of person) had a water infection, they sorted it and check that it doesn't come back. They get her blood checked and keep an eye on her."

We saw evidence in each of the care plans we reviewed that people had access to external health care professionals. For example, the G.P, district nurse and dietician. The deputy manager told us they used a

number of local surgeries to access GP's and they had a good relationship with each surgery. This showed people using the service received additional support when required for meeting their care and treatment needs.

There were bedrooms and communal areas to both the ground and 1st floor. The décor to the first floor was dementia friendly, for example the corridors were themed. One corridor had a seaside theme and another corridor had memorabilia and pictures of London and the royal family. Bedroom doors were painted a variety of colours and had the facility to record the name of the person whose room it was and place their picture on the wall, although a number of occupied rooms did not have information in place. Many of the rooms were personalised and contained pictures, photographs and personal mementoes. Outside the home was a secure garden with seating and a path which could accommodate a wheelchair user.

Good

Is the service caring?

Our findings

Every person we spoke with told us they liked living at York House, one person said, "It's hard to come into a home from your own place, but I love the place, love the girls, they are great". Another person said, "They are very kind and caring all the time, talking nicely to me and the other ladies".
A relative told us, "They (staff) always seem to be very kind and caring". A member of staff said they would be happy to let a relative of theirs live at the home, they also said, "It's all about individual care, its delivering a good service. I treat these people how I would want my parents to be treated,"

People who lived at the home were relaxed in the presence of staff, smiling and responding in a positive manner with staff. People looked clean, well-cared for and suitably dressed. All the conversations between staff and people who lived at the home were friendly but appropriate. We observed a member of staff speaking gently with one person who had just woken up and at lunchtime a carer was chatting to a person about their family and friends while supporting them to eat.

Staff we spoke with were knowledgeable about the people who lived at the home, they were able to tell us about individuals support needs, likes, dislikes and information about people's life history.
One person we spoke with said, "They are pretty good at remembering what you like." This showed people were cared for by staff who knew them well.

The deputy manager told us people made their own choices, for example, when they got up or went to bed. This was also echoed when we asked two other staff about the routine of the home. One person we spoke with said, "You can do what you want to do, stay in your room, come to the lounge. I decide for myself when I want a bath or when I want to go to bed." During the day we spent at the home we saw staff offering people choices and supporting people to make their own decisions. For example at lunchtime we observed a member of staff tell a person which fruit drinks were available. When the person struggled to comprehend the information, the staff member placed the three cartons of juice in front of the person and chatted with them to enable them to make their own choice.

A relative we spoke with said, "They treat her well, with respect and look after her dignity like taking her to her room to change her cardigan not just doing it in front of everybody." We saw staff knock on people's doors prior to entering. All the staff we spoke with were able to describe how they maintained people's privacy and dignity, for example, closing doors and curtains. One staff member said, "I inform them (people) about what I am doing." Another staff member told us how they used towels to cover people when they supporting them with personal care.

We saw peoples care records were kept in a locked cupboard, this helps to prevent unauthorised access to confidential information.

Staff were able to tell us how they enabled people to maintain their level of independence. One staff member said, "We don't do everything for people, we assist them." Another staff member said, "We offer people a face cloth, encourage them to do what they can and we do what they can't." Promoting

independence can improve people's wellbeing and quality of life

People's bedrooms contained personal pictures, photographs and memorabilia. One person said, "They have tried to make it like a home for me, I've got my pictures, the girls are very good." another person explained how they had their own bedding and easy chair in their bedroom which they had brought from their home when they came to live at York House.

Good

Is the service responsive?

Our findings

We asked people how they passed their time. One person said, "I can go out any time I like to get on a bus and go to town". People we spoke with were happy with the provision of planned group activities at the home, however, two people differed in their opinion, one person said, "I think they need more activities". Everyone reported the home was very flexible about visitors, one person said, "Everybody in the home are old friends and anyone can visit anytime".

A notice board in the reception area had information about National Activity Providers Association (NAPA). This is an organisation which provides training, information and good practice information to care providers regarding the provision of activities for people in care homes.

There was a sociable atmosphere in the home. On the first floor music was playing throughout the day. We saw a staff member place a flower arrangement on the dining table which had been made by a person during the morning.

The deputy manager told us the activities organiser post was currently vacant and they were in the process of recruiting to fill the post. They said staff were providing some activities for people and they also brought in outside entertainers, for example an exercise class was held on a regular basis at the home. We asked staff if they were able to provide activities for people and they said, "We do what we can. If we have a spare half hour we will play dominoes. We try to do things." They also told us about a recent event where someone had come to the home to do reminiscence work with people which they said had been 'very good' and people had enjoyed. Another staff member said, "We are helping until we get covered (recruit to the vacant activity role). In the last couple of days we have done a sing-a-long and watched a film."

The care plans we reviewed recorded the care and support people needed. They were person centred and reflected individuals likes and preferences. For example one care plan recorded how the person liked their hair to be done and informed staff what aspects of care the person could do for themselves. Having detailed care plans is important, particularly if people have memory impairments and are not always able to communicate their preferences.

We reviewed the records for one person who needed staff to change their position in bed to reduce the risk of them developing pressure sores. On the records we reviewed we found the recording sporadic and staff had used various sheets of paper to record the information. This made it difficult to clearly evidence the person had received the care they needed. Staff also recorded the dietary intake for this person. We saw staff recorded meals and drinks, including where the person had declined. However, staff had not consistently recorded where the person had been given mid-day snacks or drinks. We brought this to the attention of the registered manager on the day of the inspection who assured us they would address the matter.

We saw care plans were regularly reviewed. The deputy manager told us they tried to involve people and/or their families in the review of their care plans. The relatives we spoke with felt they were involved in their family members care plan, one relative said, "I'm involved in her care it's both ways and I'm involved in her

reviews." Reviews help in monitoring whether care records are up to date and reflect people's current needs.

We asked people if they were aware of how to raise a complaint if they were unhappy with any aspect of the service they received. One person said, "Any problems you can go to them, they are a nice bunch." A relative said, "If I wanted to complain I would go and see (deputy manager)." Another relative told us, "I have made a complaint and I was taken seriously not just fobbed off and it was a positive experience." However, one relative we spoke with said, "I have complained at her being all wet through just half an hour after she got out of bed, they sorted it and it hasn't happened again. I have also complained about the clothes, hers goes missing and she ends up wearing other people's stuff it's a silly thing really but it's frustrating". Following the inspection this was brought to the attention of the manager to enable them to look into this issue.

The manager told us there were no formal complaints but they were aware of one verbal complaint which was currently being investigated. This showed people were aware of how to raise a concern in the event they were dissatisfied.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in place, however, they were the registered manager for two locations and had been spending their time at the other location since October 2015. The registered manager came to the home on the day of the inspection when they were notified of our visit. The deputy manager had been managing the home with the support of the operations manager. A new manager had recently been appointed for York House; it was their second day of employment when we inspected the home.

There is a requirement for the registered provider to display ratings of their most recent inspection. We saw the registered provider had due regard for the duty of candour and the most recent inspection report rating was clearly displayed.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. During our inspection we did not identify any issues which the registered provider had failed to notify us about.

The registered manager spoke positively about the organisation and said they had worked for the company for four years. They said the operations manager visited the home regularly and during their absence from the home, the operations manager had visited York House at least weekly. The deputy manager also said they had worked at York House for 15 years. They felt the organisation was a good one to work for and they felt supported by the operations manager during the time they had been managing the home. Staff we spoke with told us the deputy manager had done 'a good job' managing the home. During the course of the inspection we found the management team and staff at the home were friendly and open in their discussions with us, information we requested to look at was easily located. This demonstrated an open and transparent culture at the home.

We found there were a number of systems in place to continually review the safety and quality of the service provided to people but these had not been consistently applied.

The registered manager told us there were a number of audits completed by staff at the home each month. We reviewed the audits for the home, including documentation, medicines, the premises and environment. However, we noted not every audit had been completed for each month of 2016, for example an audit of people's medicines had not been completed since February 2016. Only two care plans had been audited in February and none had been audited in March or April 2016. This was brought to the attention of the manager and they assured us this would be rectified for future months.

The deputy manager showed us a report which was submitted to the operations manager each month. We saw this recorded issues relating to staff, for example; recruitment, sickness and disciplinary matters and matters regarding people who lived at the home, such as accidents or incidents. The report also noted visits to the home by other agencies for example the local authority contract monitoring officer. The information

recorded feedback from the visits, matters which required addressing and a record of the action taken to rectify these issues.

The operations manager told us they completed an operational quality review visit on alternate months. We looked at the most recent report dated March 2016, the document followed the methodology of the Care Quality Commission in reviewing aspects of the service to ensure the service was safe, effective, caring, responsive and well led. Some comments within the report were highlighted 'yellow'; the deputy manager explained these were the matters which needed action to be taken. The deputy manager also told us the operations manager followed up on these issues at their next quality review visit.

Staff told us staff meetings were held but not regularly. The deputy manager told us the most recent staff meeting had been held in February 2016 and a new one was to be scheduled shortly with the new manager. We saw minutes from meetings held in February 2015 and 2016. Having regular staff meetings are an important part of the registered provider's responsibility in monitoring the service and assists in monitoring the standard of care and support for people who live at the home.

We asked people who lived at the home and the relatives we spoke with if they were asked for feedback about the service they received. None of the people who lived at the home could remember giving any formal feedback but one person said, "I have been asked for my opinion on how things are going." Relatives confirmed that meetings were held, one said, "I've been to three or four relatives meetings over the last two years and I have been asked for feedback." We saw evidence of minutes from relative meetings dated March and August 2015. We also saw a list of attendees from a meeting held in March 2016 but the minutes were still to be typed up.