

Mrs Pat Ireland

# York House Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

The inspection was unannounced and took place on 29 September 2015. York House is a small family run residential service for up to three older people some of whom might be living with dementia; at the time of inspection two people were using this service. This service is an annexe of a larger adjoining service; although registered separately both services are operated as one service. York House consists of two small self-contained ground floor flats which are used currently for single occupancy. People in these flats are more independent, they require minimal assistance from staff, and their needs are better suited to a smaller setting.

The registered provider who also manages this service had taken a leave of absence and the service was managed by an interim manager. Health and social care professionals viewed both York House and the adjoining service as one service their comments indicated that the present management arrangements for the service as a whole including York House were working well. The interim manager was in the process of varying the registration to join York House with the adjoining service, and to submit a new registered manager application for the larger service when this has been re-registered. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

# Summary of findings

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 last inspected this service on 11 June 2014 when we found the provider was meeting all the regulations.

This inspection highlighted that some improvements were needed to ensure people were kept safe by staff with the right knowledge and skills. Staff were provided with a wide range of training but were not accessing this fully. Nearly 75% of the staff team were still to complete all their essential training.

The premises were well maintained and equipment serviced regularly. Routine checks and tests of fire alarm and firefighting equipment were mostly happening but emergency lighting had not been checked in recent months. Fire drills that took place were not always recorded. Individual fire evacuation plans were in place and were supported by risk assessments, however, we have asked that these assessments and evacuation procedures along with expected frequency of emergency lighting checks be reviewed with the local fire service; this is to ensure that safety measures in place meet the legal requirements.

The interim manager undertook regular spot checks and audits at the service, but these had not been sufficiently comprehensive to pick up some of the shortfalls we have identified from this inspection for example, staff recruitment, staff training records and emergency lighting tests.

Appropriate checks were made of new staff to ensure they were suitable but there was a need to ensure that recent good practice of ensuring full employment histories were obtained or any gaps explored were sustained with all future staff recruitments. There were enough staff with the right attitudes to support people with their care and support. Medicines were well managed.

People were treated with kindness and respect, they said they felt safe and all their needs were attended to by staff when and if they required it. Relatives told us that staff had the right attitudes. The accommodation and flexible staff support gave people a sense of security with the independence they wanted. Visitors said they were

always made welcome and there were no restrictions to their visiting. People were protected because staff understood how to protect them from abuse and how and to whom they would report their concerns to.

Staff were provided with induction in line with the new nationally recognised Care Certificate to give them an awareness of how to work with people correctly. They also had access to advanced specialist courses to enhance their knowledge and skill level. More than 50% had achieved nationally recognised qualifications at level 2 or 3 in health and social care. They said they felt supported and motivated by the interim manager.

Systems were in place to ensure people ate and drank enough and their specific dietary needs were catered for. Their health was monitored, staff referred them for health treatment, and they were supported by staff to access healthcare appointments.

Staff supported people to make decisions. The interim manager ensured the service provided was compliant with the principles of Mental Capacity Act 2005 and was aware of the need to use best interest discussions and Deprivation of Liberty Safeguards authorisations should the need arise in future.

People and relatives told us they were asked to comment about the service people received. They felt able to raise concerns if they needed to and the majority were confident these would be dealt with to their satisfaction.

## **We have made two recommendations:**

**The provider should consult with the Fire Service regarding the frequency of emergency lighting checks and whether evacuation plans for people in the annexe flats meet the requirements of the current fire legislation contained within the Regulatory Reform (Fire Safety) Order 2005**

**The provider should ensure that staff recruitment records contain the information specified in regard to gaps in employment histories.**

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

# Summary of findings

## 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 always safe

Arrangements for evacuation and frequency of emergency lighting checks needed to be checked with the fire service. There was a need to sustain recent good practice in regard to scrutinising the employment histories of prospective staff.

Medicines were managed well. The premises were clean and well maintained. Equipment used for the care and support of people was serviced regularly. Contingency plans were in place in the event of an emergency.

There were enough staff to support people. Staff understood how to recognise abuse and their role and responsibilities for protecting people and reporting concerns.

Requires improvement



### Is the service effective?

The service was not always effective

Records showed that less than 75% of the staff team had completed their essential training.

Staff were provided with individualised information about how to support people whose behaviour could be challenging. People were supported to access routine and specialist healthcare. People's nutritional needs were assessed to ensure they were not at risk; they made their own choices about what they ate and drank and where.

People made their own decisions. Staff worked to the principles of the MCA 2005. Staff received a nationally recognised induction programme. The interim manager undertook regular observations of staff competency.

Requires improvement



### Is the service caring?

The service was caring

Staff showed kindness, compassion and an understanding of people's needs. People were treated with dignity and respect by staff.

The environment and support systems available enabled people to maintain their independence, staff were available to assist as and when needed. Staff were vigilant without being intrusive.

Visitors were made welcome, and people's representatives were kept informed about their wellbeing and consulted about their care

Good



### Is the service responsive?

The service was responsive

Good



# Summary of findings

People had individualised plans of care that took into account their personal preferences, they and their representatives were consulted about their care and support.

People were able to occupy themselves doing things that interested them but could also participate in the activities provided in the adjoining service if they wished.

People and relatives were confident of raising concerns and that these would be dealt with.

## Is the service well-led?

The service was not consistently well led.

Improvements were needed to the depth of spot checks and audits conducted by the interim manager to identify and act on shortfalls identified at inspection. There was no system to record provider visits, and the areas checked by them or the actions identified from these.

Staff said they were well supported and that they felt motivated by the interim manager.

People, their representatives, staff and other stakeholders were given opportunities to express their views through surveys or meetings. Relatives and representatives said they felt they were consulted and kept informed.

**Requires improvement**



# 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 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 29 September 2015 and was unannounced. Due to the size of the service the inspection was conducted by one inspector so this was not overly intrusive of people's privacy.

Before the inspection we checked the information we held about the service and the service provider. We viewed notifications and complaints and previous reports. A notification is information about important events which the service is required to tell us about by law. The provider had not been requested to complete a Provider Information Return (PIR) before this inspection. 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. They had already submitted a PIR for the adjoining service and we reviewed some of this information which applied to both services.

We spoke with both people using the service. We met one of their relatives and spoke with a second relative on the telephone. We had previously received feedback from a visiting training professional for staff that supported people at York House and the adjoining service. On the day of inspection we spoke with two care staff and the interim manager and deputy manager.

We looked at three staff recruitment records, two care plans with associated risk information and health care needs information and guidance for staff. We looked at accidents and incident reporting, we viewed records of staff induction, training and supervision, risk assessment information, premises and equipment maintenance records, audits of service quality, staff and resident meetings minutes and emergency and contingency planning for the service.

We contacted three health and social professionals, from clinical commissioning group, and adult social care safeguarding and commissioning to gain their views. They viewed York House and the adjoining service as one service; they spoke positively about the services and had no concerns.

# Is the service safe?

## Our findings

People told us they felt safe and were lucky to live in accommodation that enabled them to retain some of their independence but also gave them the security of having staff available when they needed them. A relative told us “She is 100% safe, we are very happy with her care, staff ensure she gets her medication when she should and that she eats and drinks enough. Her accommodation is always kept clean”.

People were protected because the interim manager had arranged for regular servicing checks of the fire alarm and firefighting equipment to ensure this remained in good working order. Weekly routine tests of the fire alarm were completed most weeks by staff, monthly checks were made of the emergency lighting system but these checks had not been undertaken since 15 June 2015.

Individual personal emergency evacuations plans (PEEPS) were in place for both people, these took account of their specific needs and security measures that required the external doors into the individual bedsits to be locked at night. Because there was a risk that people would not be able to get out, we have recommended that these plans be reviewed with the fire service to ensure the existing arrangements meet current fire legislation requirements.

People were protected from the risk of harm from other people because staff showed an understanding and awareness of abuses people could be subject to; they were able to describe how they would protect people and report their concerns both within and outside the organisation and had received updates around the safeguarding procedure from the interim manager. Some staff were still to receive formal training in safeguarding adults and we have addressed shortfalls in training elsewhere in the report. Staff were aware of the whistleblowing policy and were confident of using this to report concerns about staff practice. Staff said they had confidence that the interim manager would support and protect their confidentiality in using this procedure.

Medicines were managed well. Only trained staff administered medicines. We observed this was done carefully and correctly ensuring the right medicine was given to the right person, staff told us and we observed they now wore tabards to show they were administering and should not be disturbed. Medicines were kept securely.

Storage was tidy with good stock rotation. A drugs fridge was used and temperatures were monitored and recorded for this and for medicines stored in the medicine cupboard and the medicines trolley. Procedures for the receipt and disposal of medicines were completed properly and overseen by the interim manager. A record of medicine errors to analyse and track trends and patterns was also maintained and this showed actions taken including where needed disciplinary action against individual staff.

Fire drills were conducted and the interim manager said that she also undertook a walk through with staff to ensure they understood the evacuation procedure and staff confirmed this. Care staff told us they could ask for these walk through drills at any time but these were not recorded. Staff had received fire training, fire risk assessments were in place and all staff knew the evacuation procedure and assembly point. Emergency plans for events that stop the service were in place to inform staff so they knew what actions to take to keep people safe.

Staff practice and the risk reduction measures in place helped to create a culture of safety and there were a low level of accidents within the service. Accident reports showed that staff took action in a timely and appropriate way to ensure people who had an accident received the right treatment or intervention within the service or from health professionals to ensure their wellbeing.

People in York House had minimal support needs at this time. Staff were on call and available to provide assistance when people requested it. People told us that they were happy most of the time with their own company and doing things they wanted to do, however, they liked to have the option of going into the adjoining service when they wanted to make use of the facilities there. They and their relatives confirmed that staff popped in on a regular basis to check on their welfare but were not intrusive and this suited them.

The service was visibly clean with no unpleasant odours, and there were daily, weekly and monthly cleaning schedules. Staff told us they had access to gloves and aprons and stocks were monitored to ensure these did not run out. The interim manager conducted an infection control audit every six months, and undertook spot checks where shortfalls were highlighted these were made known to staff to address immediately.

## Is the service safe?

The environment was safe for people to live in. The premises were well maintained and staff reported that repairs were undertaken quickly. All electrical, gas installations and equipment used for the support of people was serviced by external contractors to the required intervals to ensure this was maintained in good working order.

People were protected against the risks of receiving support from unsuitable staff because recruitment checks undertaken ensured staff selected were safe and had suitable qualities and experience to support people. Staff records showed that checks had been undertaken with regard to criminal records, proof of identity and previous conducts in employment and character references. Two out of three staff records showed some gaps in employment histories but the most recently employed staff record showed that a full employment history had been obtained and indicated that there was ongoing improvement to make the recruitment process more thorough. The failure to ensure that full employment histories are obtained is a breach of Regulation 19 (3) and schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Risks to people from their environment or as a result of their own care or treatment needs were assessed. Risk reduction measures were implemented and staff provided with guidance on how to support people safely. These were kept updated and reviewed. For example, one person at risk of falls had a live feed camera installed in their lounge; this was turned on at night by staff and relayed to a screen in the adjoining service. We checked and this was switched off during the day and staff confirmed this. Sensory mats were also installed to alert night staff if people got out of bed and might need support. People were aware of and happy with these measures which they felt gave them a sense of reassurance, they felt they could continue to live relatively independently in the knowledge that if they fell or needed support staff would be alerted to this.

**The provider should consult with the Fire Service regarding the frequency of emergency lighting checks and whether evacuation plans for people in the annexe flats meet the requirements of the current fire legislation contained within the Regulatory Reform (Fire Safety) Order 2005**



# Is the service effective?

## Our findings

People told us they were always asked about what they wanted to eat for their meals and where they wanted to eat them. They told us that when they were unwell staff called the doctor and they felt their routine health needs were well attended to. They said that staff showed the right attitudes and were very kind; they said that staff understood how they wanted their care delivered and always asked them.

A visiting health professional told us "These are staff who want to learn, not because they have to". A training advisor told us "It was very satisfying that staff here want to learn because they know it is helpful for them". However, the PIR and training records showed that with the exception of emergency first aid and moving and handling, less than 75% of staff had completed or updated essential basic training; this would update their knowledge and skills and help ensure their support of people was in keeping with current best practice. There was a failure to ensure that all staff attended and completed their required essential training, this is a breach of Regulation 18 (2) (a) Of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff were available to support people to health appointments and records showed people accessed a range of health care professionals based on individual needs. Care records showed staff were vigilant in checking health related needs, for example, bowel charts, continence issues, skin integrity, and food and fluid intake. A relative told us that staff were quick to arrange an introductory visit to the G.P when they first moved in, and had also made arrangements for them to see a chiroprapist. They said that staff were vigilant in ensuring their relative had their routine blood tests for the medicines they were taking.

Staff had received Mental Capacity Act 2005 (MCA) training; the interim manager understood and ensured care was delivered in accordance with the principles of the MCA. Staff said that they assumed people had capacity to make everyday decisions for themselves. Staff understood capacity could fluctuate and that for some more complex decisions, people might need help to make decisions in their best interests with help from their relatives and/or representatives. No one at York House was subject to a

deprivation of Liberty safeguards (DoLS) authorisation, but lasting Power of Attorney authorisations were in place to help with decisions about their finances and care. DoLS concerns decisions about depriving people of their liberty, so that they can be given the care and treatment they need, where there is no less restrictive way of achieving this.

The people we spoke with said that they usually ate their lunch in their own accommodation; they had been provided with a laminated menu and chose their meals from this. People's preferences were taken account of in the development of the menu. Nutritional assessments undertaken highlighted anyone at risk. Some people had special diets and these were catered for. Records showed that people were referred as needed to dieticians or the speech and language team (SALT) to address nutritional and eating problems. People were able to make small snacks for themselves and said their visitors usually made hot drinks when they visited, but did not do so themselves and cooker hobs were turned off for safety reasons. People were happy with this arrangement.

The staff training programme showed that thirteen out of 22 care staff that provided support to people in York House and the adjoining service had completed nationally recognised vocational qualifications at level 2 or 3. Staff told us they also had access to some enhanced courses in dementia and medicines overseen by a college to further improve their support of people.

New staff completed an induction programme at the start of their employment; this followed the nationally recognised Care Certificate standards. Induction included shadowing other staff, familiarising themselves with people's care needs and with policies, procedures and routines. New staff said they completed a workbook to show what they had learned and this was assessed and marked by the interim manager, who assessed their overall competency through probationary meetings.

Staff received support to understand their roles and responsibilities through supervision and annual appraisal. Supervision consisted of one formal face to face review with a number of observations of practice by the interim manager to assess staff competency, staff felt this gave them confidence that they were supporting people correctly.



# Is the service caring?

## Our findings

People told us that staff were kind and they and their relatives told us that staff treated them with kindness and respect. People said staff respected their privacy and right to choose whether they wanted to stay in their own accommodation or not. One person told us “This is a lovely place to be. I can be independent most of the time but if I need anything I just have to ask”. I can get out, have visitors, and come into the lounge (of the adjoining service) if I want company and sit and have my meals, I couldn’t ask for more”. A relative told us they felt that staff were caring and lovely in the way they supported people, they said that a staff member always gave their relative a hug before they went off shift.

People in York House wished to retain a degree of privacy although staff checked on them at intervals throughout the day; they said they felt lucky to have been able to have the security provided by the presence of staff 24 hours a day with the ability to retain their privacy and independence. We observed the interim manager bringing over the laundry to one person and asking if it was okay to put this away in their cupboard. People were asked if they wanted to speak to us and if the person was busy we returned when it was more convenient for them.

People’s accommodation was personalised with personal items brought from their family home, they had their own lounge/dining areas and these were furnished with settees and dining tables that suited their needs. Each flat was personalised to reflect the tastes and interests of the person living there.

People had their own bathrooms and they told us that staff supported them with some of their personal care in the privacy of their own accommodation. One person told us how they liked the special bath they had with the built in seat because they could sit in it safely whilst staff helped them shower.

Staff were passionate about ensuring this service maintained its “Homelike” atmosphere. One said “It is their home, not a hospital; you don’t want it all clinical do you”? The interim manager said “Our priority is to ensure they receive the best care”.

Staff said they tried to involve people and support them to maintain independence within the limitations of their abilities. People structured their day around what they wanted to do and could choose whether they wanted to see other people or not, they could watch what they wanted on the television, or put on a film of their choice, or listen to their own music. They were provided with kettles in their kitchens where they or their relatives could make drinks if they chose. They could keep food in their food cupboards and make snacks for themselves if they wanted. A relative confirmed that although people received good quality meals, and were provided with hot or cold drinks and cakes and biscuits at intervals during the day, they provided a stock of additional preferred snacks to which gave their relative a sense of independence because they could help themselves to these at any time when they wanted to.

Relatives told us they were always made welcome and those who had the legal authorisation to act as representatives were consulted and kept informed about people’s individual care needs and progress.

# Is the service responsive?

## Our findings

People told us they chose whether they wanted to participate in activities held in the main home or not. They said staff always invited them and made sure they were aware of what entertainment was on. They said they enjoyed being quiet reading their books and magazines, and completing crosswords and puzzles, they also had televisions and could also play DVDs and music of their own. They said they just liked to do what they wanted to do and had the flexibility to take part in events in the main house or not as they wished. One person said they could sit out in the garden or courtyard if they wished when the weather was good or go for a walk in the garden or courtyard. They said that they were looking forward to the completion of a lawn area outside of their patio doors.

We spoke with both people about how they had come to live at the service, both said that as circumstances had lent a sense of urgency to their placement, they had not been able to visit first been informed about the service and possible placement by relatives or representatives. The interim manager said that discussions and assessments about people's needs were undertaken prior to their moving in and records showed information gathered for assessment purposes. A relative told us that the service had sought reports and information from their relative's previous service to ensure their needs could be met.

One person said they had initially been in the larger of the two units but had moved to their present accommodation which was a little smaller; they said they had been fully consulted about this and was happy with this arrangement.

The deputy manager told us that after people moved in, initial risk assessments were completed for all aspects of the persons support, these informed the development of the care plan. This was planned with the person or/and their relatives following their admission to the service and

after staff had been able to make a closer assessment of the person's needs. Care plans were personalised and looked at what people needed and wanted in the way of support to live their daily lives. In addition to health sections, care plans contained a reminiscence section where people could talk about their life history to give staff a holistic view of the person as a whole and not just their care needs.

Care plans provided staff with information and guidance about the support people needed with their day to day personal care, social interaction, leisure interests, night time support including continence management, and future wishes. Staff said that any changes to the plan that they observed were highlighted to the interim manager and the plans were amended. Otherwise care plans were reviewed each year with the person and their relatives/representatives. Our observations showed that staff were knowledgeable about people and things that had been or were important to them; they used this to engage people in conversation.

There was a complaints procedure available for everyone; this was also displayed in the entrance to the main home through which York House could be accessed. People were confident about raising concerns with the interim manager or other staff if they needed to but this had not been necessary. Relatives told us they felt able to raise any concerns with staff or the interim manager who they found approachable. There was a complaints log for recording of formal complaints received but the interim manager advised us that none had been received this year so far. A comments box with forms for making comments was provided in the entrance hall. The interim manager acknowledged that there had been a few minor concerns expressed by relatives and although she did not keep a log of these she did retain all correspondence relating to these and was able to access this easily to show the actions taken.

# Is the service well-led?

## Our findings

The registered owner and manager of York House was also a director of the company operating the adjoining service. She was unable to actively continue managing this service but would retain oversight of the service as a provider. The management of York House fell to the interim manager of the adjoining service St Valery. The interim manager acknowledged that her management of York House and the adjoining service needed to be formalised and was in the process of arranging this.

Social and Health care professionals when asked to comment about the service viewed York House as part of the adjoining service. As a whole the services were well thought of in delivering good quality care, and also for working with people who sometimes had complex needs linked to their dementia. Staff were proud that the whole service had a reputation locally as a good place to work; they said it was a “homely home, not an institution”. A relative told us “there is no other place like it in the Ashford area and as a health professional myself I know it is very highly regarded amongst health professionals with whom I have contact”.

The interim manager conducted a series of audits. These were for cleaning, kitchen and catering, and for the most part these had worked well. Audits in regard to staff related matters, and health and safety audits to ensure for example that emergency lighting checks were completed, had not been highlighted through internal quality assurance checks; these required review to avoid similar shortfalls in future. The registered owner was not ensuring that their oversight and visits to the service to check day to day operation were recorded or that issues they may have raised had been actioned. There was a failure to ensure that systems that assess monitor and improve the quality and safety of the service were sufficiently comprehensive and this is a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they found the training they received good and said, “We all do it including management.” A training advisor told us that she was “impressed that training was led from the top down not just the care staff were expected to complete it”.

Staff told us that they felt well supported and found the interim manager always available and easy to talk with. Staff thought the interim manager was appreciative of their efforts and made this known to them in different ways. They were included in annual surveys and asked for their feedback and ideas for improvement. Staff meetings were usually held twice per year, records showed these were comprehensive and covered not just practical tasks that staff needed to be aware of or adhere to, but also reflected on support offered to specific individuals, and reminded staff of their responsibilities to train and follow procedures. Points raised by staff were also addressed and actions in response taken and made known to them.

Systems were in place to seek feedback from a wide range of stakeholders, including people, their relatives and external stakeholders, such as health or social care professionals. These were being analysed and an action plan developed from any comments or issues highlighted. People told us they felt listened to through their resident meetings but also felt able to express their views at any time to the interim manager or any of the staff.

Staff had access to policies and procedures, which were contained within a folder and was held in the service. These were reviewed regularly and kept up to date by the provider. Staff understood the vision and values for the service and covered this within their initial induction to the service, they clearly demonstrated that this was embedded in their every day care practices in the support they gave to people and the attitudes they displayed.

The interim manager was an active participant in the Kent Care Homes Association and also attended Clinical Commissioning group meetings for providers; this ensured they were kept informed of changes that could impact on how they provided care and support to people.

Services that provide people with health and social care are required to notify the Care Quality Commission (CQC) of important events that happen. The interim manager ensured that they reported notifiable incidents to the commission when required, and had responded to and submitted requests for information from the Care Quality Commission on time.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There was a failure to ensure that systems that assess monitor and improve the quality and safety of the service were sufficiently comprehensive and this is a breach of Regulation 17 (2) (a)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There was a failure to ensure that all staff attended and completed their required essential training, Regulation 18 (2) (a)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

There was a failure to ensure that full employment histories were obtained for staff Regulation 19 (3) and schedule 3.