Yorkshire Residential Care Limited

Gledhow Lodge

Inspection report

51-53 Gledhow Wood Road
Gledhow
Leeds
West Yorkshire
LS8 4DG

Tel: 01132667806

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

About the service
Gledhow Lodge is a care home providing accommodation and personal care. The home is registered to support up to 25 older people, at the time of this inspection the home were supporting. 12 people. Prior to our inspection the provider had made CQC aware they had made the decision to close and were working with the local authority to minimise as much as possible the impact, on people using the service.

People's experience of using this service and what we found
Governance and quality assurance systems and processes were inadequate in providing ongoing monitoring and driving improvement at the service. The registered manager and provider did not have effective oversight of the service. We identified a breach of regulation in this area.

Health and safety checks were not always carried out, and key safety recommendations from West Yorkshire Fire Service were not always followed up which put people at risk of avoidable harm. We identified a breach of regulation in this area.

Systems and processes around monitoring staff training, competency and ongoing support were not adequate to ensure staff had the right training and support to meet people's needs. We identified a breach of regulation in this area.

Care records and planning did not always evidence that people had their oral hygiene needs met and there was limited assurance from our observations people's needs were being met. We identified a breach of regulation in this area.

People were not always supported to have maximum choice and control of their lives. Policies and systems at the service did not support this and Staff did not always support people in the least restrictive way possible and in their best interests.

People were provided with food that was nutritious, and people were offered choices that suited their preferences and met their cultural needs.

People were supported to access health and social care services to ensure their healthcare needs were met.

People and their relatives said staff were kind and caring, and staff protected people's privacy, dignity and independence.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 9 February 2019) and there were two

breaches of regulation identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that the provider was still in breach of regulations, furthermore additional breaches were identified.

Why we inspected
This was a planned inspection based on the previous rating.
Follow up
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements. If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service.

This will usually lead to cancellation of their registration or to varying the conditions the registration. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 effective.

Details are in our effective findings below.

Inadequate

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good

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 well-led.

Details are in our well-Led findings below.

Inadequate

Gledhow Lodge

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 Care Act 2014.

Inspection team
This inspection was carried out by two inspectors and a specialist advisor with a background in nursing and governance.

Service and service type
This service is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
The inspection was unannounced.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with one person and three relatives about their experience of the care provided. We spoke with

five members of staff including the general manager and care workers. We conducted a short observational framework for inspections (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures, quality assurance processes and health and safety records were reviewed.

After the inspection
We requested the provider submit an urgent action plan with responses to our concerns. We also requested the provider send us additional evidence which we have used to inform our findings.

Inadequate

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvements. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.
At the last inspection the registered provider had not ensured premises and equipment were always fit for purpose. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also identified concerns around health and safety systems and processes in the home.
At this inspection we found some of these concerns had not been addressed and further concerns were identified impacting on the safe care and treatment of people, for example, the home had been served a warning notice by West Yorkshire Fire Service compliance was required by 10 February 2020. Although significant work had been completed to ensure the building was safe, a number of key actions had not been addressed. This included implementing a fire procedure for the home and conducting fire drills with staff.

Assessing risk, safety monitoring and management

- Regular checks of emergency lighting and fire fighting equipment were not carried out.
- Systems in place were not adequate to prevent an outbreak of legionella bacteria. The home had in place a legionella risk assessment, however a number of issues flagged by the assessment and checks recommended by Health and Safety Executive guidance were not carried out, such as sentinel taps, water storage tanks and water outlets that were infrequently used.
- The home was issued with an electrical safety certificate in 2016, however it recorded the systems were unsatisfactory, with a number of key recommendations. The provider could not present evidence during the inspection which showed these recommendations had been carried out and that a subsequent valid safety certificate had been issued.
- Lifting equipment such as hoists were checked regularly to ensure they were fit for purpose, however hoist slings used were not checked. This is not considered best practice under Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Because the concerns identified at our previous inspection had not been addressed, we concluded the above evidence demonstrates a new breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act (2008) Regulated Activities (Regulations 2014).

Following the inspection, the provider sent us a detailed action plan in response to these concerns and provided evidence of electrical work completed.

Using medicines safely
- People did not always receive their medicines in line with best practice guidelines. For example, a person was prescribed a medicine which should be given 30 to 60 minutes before food, however the administering

staff member said and medicines administration records stated it was given with food. We raised this with the general manager who said they would contact the dispensing authority to rectify the issue.
● There was a risk that people needing medicines PRN (as required), at night, would not be able to access them in a timely way. Senior staff responsible for the administration of medicines were not present on rotas for evening and night shifts. When we asked about the arrangements for administering pain medicines at night the general manager said senior staff were "On call" to assist. .
● Staff did not receive an adequate competency check conducted by a qualified member of staff to ensure they were competent to administer medicines.
● PRN medicine protocols were not always in place detailing when a PRN medicine was given, why it was given and the outcome.
● We found an example where a prescribed topical cream was stored in a person's room, there was no label to show when it had been opened.

The above evidence comprised a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we received assurances staff competency checks would be carried out by a qualified professional.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● Systems and processes around safeguarding people from the risk of abuse were not robust. The registered manager was not present during the inspection, and senior staff on duty did not demonstrate sufficient awareness of safeguarding processes. For example, an incident where a person left the property was not reported by the general manager to the local authority. The local authority liaised with the general manager following the incident. It was found that another incident reportable under local authority safeguarding guidance had not been reported.
● The general manager had been in contact with local safeguarding teams following the incidents and learning was taken forward. A safeguarding file had been created and subsequent referrals held there.
● There was no up to date safeguarding policy available during the inspection.

The above evidence comprised a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff we spoke with described how they would identify potential abuse and stated they would ensure this was reported to senior staff.
● Accidents and incidents were reported and investigated internally, and people monitored following incidents. Where injuries had occurred, people were referred to the appropriate healthcare professionals.

Staffing and recruitment
● Relatives we spoke to said there were enough staff to meet people's needs, and staffing levels had not been reduced as people were moved out of the home.
● Staff said there were enough staff to meet people's needs. Comments included, "There are plenty of staff on duty. Enough time to get people up when they want to" and "Enough staff on duty at the moment, no issues. We can get around to people when we need to."
● No staff had been recruited since the last inspection.

Preventing and controlling infection
● The home was clean and well presented, there were no malodours.

Inadequate

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in people's care,
support and outcomes.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA
● Assessments of people's mental capacity were not always carried out, and when they were carried out, there was no best interests decision, with the involvement of relevant stakeholders, to evidence why a decision to deprive someone's liberty or make a decision on their behalf was the least restrictive. This included where people had bed rails to prevent them falling out of bed.

The above evidence comprised a breach of regulation 11 (Need for Consent) of the Health and Social Care Act (2008) Regulated Activities (Regulations 2014)

Staff support: induction, training, skills and experience
● The provider's training matrix was not up to date, therefore we could not be assured staff had received regular updates to their training. Staff said there was no regular training. Comments included, "Training not done much recently, but not this year we haven't done anything" and "We have had no recent training".
● Staff did not receive regular one to one conversations with their manager or supervisions with managers to discuss their concerns, training needs and receive support. One member of staff said, "It does let the home down badly, the lack of supervision."

the above evidence comprised a breach of regulation 18 (Staffing) of the Health and Social Care Act (2008) Regulated Activities (Regulations 2014)

Supporting people to eat and drink enough to maintain a balanced diet
● Daily notes recorded people's food and fluids where required, however records did not specify a person's

target for fluid intake.
● People's weights were recorded where necessary, however we found in one person's care plan they could not be weighed due to their frailty. Staff were instructed to judge people's weight by eyesight. Consideration had not been given to techniques used by health professionals such as the Middle-Upper Arm Circumference technique to judge the weight of a person who was unable to be weighed conventionally.

We recommend the provider consider best practice guidance around meeting people's nutritional needs and monitoring their health and wellbeing.

● People were supported to eat and drink enough to maintain a balanced diet. There was a menu of traditional home cooked food.
● One person said they were offered alternatives if they didn't like the main meal and they were supported to access takeaways whenever they liked.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People were assessed before using the service. This included gathering information about people's health needs, personal routines and preferences, and key social and healthcare networks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked closely with other agencies and helped people access healthcare services and support.
● Care plans contained detailed records of people's interactions with health and social care services, including appointments and their outcomes, and ongoing monitoring of adverse health conditions.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives and people praised carers for their kindness and ensuring people were treated with respect. Comments included, "Always kind and caring, they treat [Name] like one of their own relatives which is nice" and "Always kind respectful, even with more vulnerable adults always take extra care, as they can be challenging".
- Care plans recorded people's cultural and religious needs. Staff had a good awareness of these needs and how this impacted on their preferences.

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

- Staff understood the importance of offering choice and involving people in making decisions about their day to day care. Comments included, "We always offer choices what to wear what to eat, took [Name] out yesterday to another home. They asked a question but didn't wait for them to answer, but we know them, just give them time and they will answer." A relative said, "Always offering choice, staff are attentive to see [Name] has a drink.".
- Relatives we spoke with said they were involved in elements of decision making where they had lasting power of attorney and were kept updated about people's care.
- There was information on accessing advocates available in the building, advocates are people who can be nominated to help vulnerable adults make important decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote people's privacy and dignity. One staff member said, "[Name] used to look smart but now we can't actually put shirt and jumper on because they are at high risk of skin tears, we help with t shirts, when delivering care, we always shut curtains and doors.".
- People said their independence was respected. One person said, "If I need help, I can always get it. Don't think they have a lot to do with me as I'm quite capable of doing most things myself."
- Care plans prompted staff as to what people could do for themselves. One person's care plan said, '[Name] is to be informed and involved where possible, [relatives] contacted to help support them. Can make simple decisions (about personal care and choices).

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

● Some care plans we reviewed held 'personal care' logs, detailing by way of alphabetic code what personal care people had received. We noted that the 'T' for toothbrushing code was not used, however one care plan noted the person was to have their teeth brushed twice a day and details as to whether this had occurred were.

● Staff had not received training in providing oral hygiene. During our walk arounds of the home, we found in one person's room there was toothpaste but no toothbrush, in other rooms toothbrushes were face down on sinks and other looked unused. The general manager said they would look into our specific concerns and that people's oral hygiene needs were met and that there were no clinical concerns raised. Staff we spoke with said they regularly brushed people's teeth however this was not recorded in their daily notes.

● Some care plans we reviewed did not contain personal care logs, so it was unclear what personal care they had received.

● The home did not have a functioning shower, so personal care was provided through baths or bed baths. This meant care could not always be planned in line with people's choices. One person said, "I have a bath. They haven't got a shower here anyways it's one of those chair lifts."

The above information evidenced a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● Some care plans contained elements of person-centred detail with guidance for staff on meeting people's needs. This was reviewed monthly or in response to clinical changes to ensure people's needs continued to be met.

End of life care and support

● The provider was unable to evidence that staff had received up to date training on end of life care.

● There was no policy available for providing end of life care.

● There was no one receiving end of life care at the time of the inspection. People's care plans contained advanced decisions about their end of life care and preferences, and people had 'Do not attempt cardiopulmonary resuscitation' documents signed by their GP in their care plans where this was their preference.

Improving care quality in response to complaints or concerns

● The provider was not able to evidence a policy for complaints. The provider had not received any complaints since the last inspection.

● People and relatives we spoke with said they were confident they knew how to raise complaints and that their concerns would be acted upon by the provider.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● Care plans contained information on people's communication preferences with guidance for staff on how to make sure people and staff were able to understand each other.
● Information was available in alternative formats if required.

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
● There were a range of external activities and entertainers booked. We saw an entertainer perform during the inspection, people were engaged and enjoyed the activity.
● Some people had social care plans indicating their hobbies and interests, however it was not always clear how this information was used, and some people did not have social care plans.

Inadequate

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. 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; Continuous learning and improving care

At the last inspection the registered provider had not ensured there were adequate governance systems in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● At our last inspection in November 2018 we concluded that the service was not following the provider's own policy on quality monitoring and management, and that governance and leadership arrangements were not clearly structured. At this inspection, we found the service had not made the required improvements.
● Managers and staff remained unclear about their roles. The registered manager did not have effective oversight of the service and did not provide clear leadership, they were not present or involved in the day to running of the service.
● The general manager and clinical manager were responsible for audits and governance however, there was no oversight by registered persons or the provider to monitor the quality of the service.
● There were limited or no effective governance systems and processes in place. Falls and incidents were analysed but this had not taken place since November 2019, and it was unclear how this information was used to prevent falls. We were provided with a monthly medication audit last dated December 2019, however this was not an effective audit and it had not identified the issues we found on inspection. The general manager told us that the results of the audit were "similar each month".
● There were no spot checks or quality visits recorded by a registered person, health and safety checks were not completed and there was no framework underpinning how the provider intended to monitor and improve the quality of the service.
● The quality of record keeping was variable with respect to care plans and records of personal care.
● Governance and oversight tools such as the training matrix were not up to date. We could not be assured that staff had received training required to keep people safe.
● There were no policies or procedures underpinning the management and governance of the service at the time of the inspection as the provider was unsubscribed from their third-party online policy provider , and hard copies were not available during the inspection.
Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● There was a questionnaire sent to people and relatives in November 2019 ,however it was unclear how this information was used to improve the service.
● A staff survey had not been completed at the time of the inspection.
● Staff meetings were infrequent. A member of staff said, "The clinical and general managers do team meetings. Half of us in morning, half in afternoon. Obviously last one was to say we are closing. Can't remember the previous one since CQC last inspected."

The above evidence demonstrates a continuing breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider did not have a policy or process on duty of candour. However, relatives we spoke with said they were informed when incidents and accidents happened.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others
● Staff said they worked well together as a team for the people using the service and the provider had offered good support to staff prior to and during the home closure..
● There were some links with local organisations such as schools to provide seasonal carol singing, and links with external activities providers.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans did not evidence people received regular personal care and care plans were not always accurate and contemporaneous records of people's needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not operating within the principles of the Mental Capacity Act 2005 and systems around assessing people's capacity and making decisions in people's best interests were not robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems and processes around health and safety were not in place or were not followed adequately to ensure the building and equipment were safe. People did not always receive their medicines as prescribed and systems around monitoring medicines administration and records were not robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment

Systems and processes around safeguarding vulnerable adults were not robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Management and leadership of the service was inadequate in ensuring there was effective oversight of the service. Governance systems were absent or ineffective in identifying areas of improvement and ensuring improvements were made.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive adequate training and supervision to ensure they were competent in meeting people's needs.