

Mr Alan Machen and Mrs Ann Crowe

York Lodge Residential 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

York Lodge residential home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. York Lodge accommodates up to 22 people in one adapted building. At the time of the inspection there were 13 people using the service. Of the 13 people, 11 people were using the service on a short term basis as part of the discharge to assess process. This process supports people being discharged from hospital for further assessment about their care needs.

In early 2020 we were informed by the provider that they intended to close the home. Some people living at the home subsequently moved out. Due to the coronavirus pandemic the home remained open to support people being discharged from hospital. The provider has given assurances that there are no plans for the home to close.

People's experience of using this service and what we found
We found that there were breaches of the regulation.

The home required further modernisation to create a dementia friendly environment for people using the service. The service had not been adapted, in line with best practice guidance, to support people with dementia. Since the inspection the provider has given assurances that they are committed to improving the environment of the home and work has commenced in this area.

Risk assessments were in place to reduce risk to people using the service.
Not all staff had a criminal record check in place before commencing work at the service. This meant the risk to people using the service had not been effectively mitigated.

The registered manager completed weekly audits of the home. The audits did not identify all required updates to the home or ways to create a more dementia friendly environment for people.

Where areas of improvement within the home were identified, the provider had not always acted in a timely manner to drive improvement. Since the inspection the provider has given assurances that they are committed to driving improvement at the home.

We observed kind and respectful exchanges between staff and people using the service.
Staffing levels were good. Staff felt that they had enough time to support people in a person-centred way.

Medicines were administered safely. Improvements had been made to support people with 'as required' medication.

The registered manager and wider management team were approachable. People told us that they felt able to raise any concerns.

People were asked for their consent prior to receiving care interventions. People and their relatives were involved in decision making and risk assessments. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff worked well with partner agencies to support people being discharged from hospital for further assessment.

We have recommended the provider pays due regard to national best practice to make reasonable adjustments to support people who used the service to find their way easily and independently around the service.

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 28 May 2019) and there were four breaches of regulation.

Following the last inspection we took enforcement action including issuing a warning notice relating to the governance of the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulation.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections. Since this inspection we have met with the registered provider and registered manager to seek assurances regarding improvements.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for York Lodge Residential Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a continuing breach in relation to good governance at this inspection.

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

Follow up

Following the inspection we met with the provider to discuss the improvements required at the service. We will work alongside the provider and local authority to monitor progress. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

York Lodge Residential Home

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. At this inspection we looked at the safe, effective and well-led domain.

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

Inspection team

The inspection team consisted of two inspectors.

Service and service type

York Lodge Residential Home 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

We gave the service 24 hours' notice of the inspection. This was as a health and safety measure due to the coronavirus pandemic.

Inspection activity started on 15 September and ended on 6 October 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection

We spoke with four relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager and care assistants. 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted other professionals who have supported people at the service. We held a meeting with the provider and local authority to seek assurances around improvements required at the home.

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 improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be exposed to potential harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of signs of abuse and how to raise concerns. Staff felt that they had received adequate training to know the signs of abuse.

Assessing risk, safety monitoring and management

- At our last inspection the provider had failed to robustly assess and manage the risks relating to legionella and bypass fire routes. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At the last inspection there were concerns about the height of a bannister and the risk of falls. Risk assessments are now completed to identify any risk. During this inspection the provider bought a Perspex screen to raise the overall height of the bannister and reduce the risk.
- At the last inspection there were concerns over the use of interconnecting doors as part of a fire route. Following the last inspection the provider has taken advice from an independent fire consultant. Keypads have now been fitted to the doors and all staff are made aware of the codes during their induction training.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection the concerns around the interconnecting doors linked to a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Staff carry out regular checks on equipment in the home. Records showed that equipment in the home is cleaned and checked for faults.
- Relevant safety checks on equipment had continued to be completed during the pandemic.

Staffing and recruitment

- Staff were not always recruited in line with current guidance. People who work in health and social care are subject to criminal record checks through the disclosure and barring service (DBS) before starting employment. During the coronavirus pandemic changes to the process were made to support people to be recruited to health and social care. The provider was required to complete a risk assessment for staff who

had not completed the DBS check. One member of staff had worked at the service for almost one month before receiving a completed DBS. Although no concerns were identified, the service have not provided a risk assessment to support this staff member's employment. This is reported on further in the well led domain.

- Staffing levels were sufficient to support the number of people living at the home at the time of the inspection.

Using medicines safely

- Medicines were administered safely. Since the last inspection improvements had been made to support people with as required medication. Protocols in place clearly showed how to support people with their medication. Staff were able to describe how they would support people with their medication.
- Staff had good oversight of people's medication. The management were embedding a process to ensure people coming to the service as part of discharge to assess had their medication.

Preventing and controlling infection

- The home appeared visibly clean and there were no malodours. The cleaning schedule showed a programme of regular cleaning had been completed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Learning lessons when things go wrong

- Staff recorded accidents and incidents appropriately. The manager reviewed the accidents at the home and made changes to reduce the risk of falls to people.

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 remained the same. This meant the support provided to people, particularly in relation to the environment within the home, was not consistent.

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

- At the last inspection we talked with the provider about creating an environment that would support people living with dementia and memory problems. This is commonly known as a 'dementia friendly environment' and is evidence based in that dementia friendly environments can help people living with dementia and memory problems to navigate their surroundings better, which can help to maintain independence. In early 2020 we were informed by the provider that they intended to close the home. Some people living at the home subsequently moved out. Due to the coronavirus pandemic the home remained open to support people being discharged from hospital.
- At this inspection we found little to no progress had been made in this area. Some communal areas within the home were poorly lit and the décor was dark in presentation. Although there was no evidence of people falling in these areas, poor lighting and dark décor can pose a potential risk of falls.
- During an introductory tour of the home, we noted many features within the home were traditional in presentation. For example, we viewed a communal toilet/bathroom and saw there was no equipment or adaptations to support people with mobility problems.
- Following our inspection visit, we had a meeting with the registered provider and representatives from the local authority were also in attendance. A high level of assurance was given by the provider in respect of the remedial actions required to address the issues highlighted above. This is reported on further in the well led domain.

We recommend the provider pay due regard to national best practice to make reasonable adjustments to support people who used the service to find their way easily and independently around the service.

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

- Information relating to people's individual food preferences and any additional dietary needs were obtained when a person first moved into the home. This information was included in people's care plans and shared amongst staff.
- Systems were effective to monitor people who were at risk of poor nutrition. This included regular checks on people's weights, referrals to a dietician, food supplements and fortified meals.
- All meals were freshly cooked and well presented. If people did not want the main option available on the day, an alternative was provided. Comments from people included, "The food is always nice and hot."; "We get plenty to eat and I often can't finish everything.", and, "I've no complaints at all about the food."
- Dining tables were well presented, and ambient music was being played. The atmosphere was joyful with lots of chatter and positive interactions.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider was unable to demonstrate consent had consistently been obtained from people who used the service or their lawful representative. This related to inter-connecting doors between people's private rooms. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- Where it was planned to place a person in a room with inter-connecting doors, the registered manager ensured this had been verbally explained first and if consent was given, this was now clearly documented. If a person lacked capacity to consent, we saw their lawful representative had been consulted.
- Care plans and associated documentation related to mental capacity and consent were completed to a good standard. Additionally, staff understood their roles and responsibilities in ensuring care and support was provided in a person's best interests and in the least restrictive way.
- Seven people were subject to lawful restrictions under the DoLS framework at the time of this inspection. DoLS applications to the local authority were appropriate and the registered manager had good oversight.

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

- Due to the nature of the service provided at the time of this inspection, most people's long-term health and social care needs were still being assessed by relevant professionals. However, before a person moved into the home, the registered manager would always seek ensure a minimum standard of information was provided to ensure care and support could be delivered safely.
- Reviews and evaluations of care were completed on a regular basis and information was shared with staff. Where a person had a specific support need, relevant guidance was included in their care plan.

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

- The majority of people who used the service at the time of this inspection were on a care and support pathway called 'Discharge to Assess.' This meant people had moved into the home whilst their long-term health and social care needs were being assessed.
- A multi-disciplinary team (MDT) approach was in place which meant people had good access to a range of health and social care professionals. For example, district nurses, occupational therapists and physiotherapists. The in-house care team at Yorke Lodge worked well with the external MDT in providing a joined-up and effective service.

Staff support: induction, training, skills and experience

- York Lodge benefited from an experienced, stable workforce, the majority of whom had been in post for many years. Staff were provided with opportunities for continuous professional development, up to and including level five of the qualifications and credit framework (QCF) in health and social care.
- Newly recruited staff completed an induction, including opportunities for job shadowing, and a range of mandatory courses were completed.
- Prior to the Covid-19 pandemic, the provider had in place a programme of both classroom and online learning for staff. However, due to restrictions around classroom-based learning, the provider had explored a new approach to online e-learning which was more interactive and included video-based learning sessions. Competency checks to ensure underpinning knowledge were also completed.
- Staff one-to-one sessions were completed on a regular basis and records kept. Staff also participated in an annual performance appraisal.

Is the service well-led?

Our findings

Well-led – requires improvement

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 remained the same. This meant the service management and leadership did not consistently drive improvement at the service.

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, Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Following the last inspection the provider submitted an action plan and a care coordinator was put in post. At this inspection the care coordinator had left the service and the manager had used the opportunity to restructure the management team. The manager has identified specific roles and responsibilities within the team.
- It is a legal requirement that the performance rating of the service from the last inspection is clearly displayed. We observed the rating to be obstructed by a lamp. We informed the registered manager and the provider of this and it was corrected.
- At the last inspection the provider had not sufficiently established processes to effectively monitor and improve the quality and safety of the care provided. At this inspection we found some improvements had been made to governance system in place, however not enough improvement had been made to improve the quality of the building and ensure the timely response/action to issues identified.
- The registered manager completed weekly audits of the service. These audits did not identify or drive timely improvement around the home and support the creation of a dementia friendly environment.
- At the last inspection there was no legionella risk assessment in place. At this inspection we found that a legionella risk assessment was completed in April 2019. The service completed temperature checks and taken water samples from the system. However, there were outstanding actions from the risk assessment. For instance, Thermostatic Mixer Valves (TMVs) were required to be installed. TMVs are a device which mix hot and cold water to mitigate the risk of scalding. Following the inspection a programme of installing TMVs has commenced.
- The provider did not have sufficient robust processes in place to identify that a risk assessment had not been completed for one member of staff who was awaiting their criminal record check.

This is a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following the inspection a meeting was held with the provider, CQC and the local authority. The provider

has submitted an action plan of improvement works to the home. Some work has already commenced and evidence shared of completion. The provider has given assurances that they are committed to driving improvement at the home. CQC will continue to monitor the home for improvement.

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

- Staff spoke positively about the supportive culture at the home. Staff felt able to freely raise concerns if required.
- During the inspection there was a calm and homely atmosphere at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- Staff told us they feel valued and supported by the registered manager and the wider management team. Staff spoke very positively about the support they had received. Comments included, "They [managers] are really good, they have been really understanding" and "(There is) always somebody you can approach."
- People had the opportunity to raise concerns at resident's meetings. Records showed that people spoke positively about the service.
- The management team engaged well with relatives and healthcare professionals. One relative told us 'They (staff) have been very proactive. They have been helpful throughout.'
- Relatives of people who use the service all spoke positively about the staff.

Working in partnership with others

- The home has a good working relationship with the local authority and other health care professionals. One social worker told us that 'staff fed back when needed and asked relevant questions. They developed a very person-centred care plan.'

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to drive improvement to the home's environment. The manager audits did not identify issues with the environment. Areas identified for action were not always responded to in a timely manner.