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# 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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected York Lodge Residential Home (known as 'York Lodge' by the people who live there) on 31 October and 2 November 2016. The inspection was unannounced, so this meant they did not know we were coming. At the last two inspections in October 2015 and June 2016 we rated the home as inadequate overall and placed it in special measures.

We took enforcement action after the last inspection. This included serving two notices of proposals (NoP), one to cancel the registration of the service and the second to cancel the registration of the registered manager. The provider put forward representations to the Commission (CQC) in respect of the NoP to cancel the registration of the service. No representation had been received in respect of the NoP to cancel the manager's registration; therefore a notice of decision (NoD) was served to the current registered manager on the 4 November 2016 to cancel his registration as manager at York Lodge.

We took enforcement action after the last inspection. At this inspection we checked to see if improvements had been made in all the areas we identified. At this inspection we found there had been improvements which were sufficient for the service to be rated as requires improvement overall and good in caring and responsive, with no inadequate domains. This meant the service could come out of special measures.

York Lodge is a family owned residential care home in the Urmston area of Trafford. It has been operating since 1986. The home is registered to provide care and support to a maximum of 22 older people. Accommodation is provided over three floors which can be accessed by stairs or a lift. The home has a conservatory and garden area which people can access.

At the time of our inspection, 22 people were residing at York Lodge, some of whom were living with dementia. The service also provided day care to for up to ten people on weekdays.

The service did not have a registered manager since the NoD had been served. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection we found some records relating to medicines were confusing, as it was not possible to tell how often medicines had been administered. At this inspection we found improvements had been made, medicines were ordered, stored, administered and disposed of safely.

At the last inspection we noted two downstairs radiators still had no covers and were too hot to touch and an extension lead presented a trip hazard on a stair landing. At this inspection we found these hazards had been rectified, however, during the inspection we found a new hazard with the kitchen gate being left open by staff on three occasions. This was a potential risk factor for people living with dementia entering the kitchen unsupervised.

At the last inspection we found people at risk of pressure ulcers still did not have individualised care plans, although we noted none of the people at York Lodge had pressure ulcers at that time. At this inspection we found the service had reviewed people's pressure ulcers care plans, ensuring detailed risk assessments were now available to guide staff.

At the time of our last inspection the service could not evidence which training courses staff had attended, which they needed to attend or if any were overdue. At this inspection a newly appointed administrator was responsible for the training and provided new training dates that confirmed staff will soon complete key training. New care workers were signed up to the Care Certificate and all staff received regular supervision and an annual appraisal.

At the last inspection paper-based risk assessments and care plans had not improved and were not fit for purpose. At this inspection we found people's records had been transferred to the new electronic system. We found that people's health care needs were assessed and care planned and delivered to meet those needs.

At this inspection we found record-keeping had improved, however we found two Antecedent Behaviour Consequence (ABC) forms had not been completed fully. The management team acknowledged this shortfall and confirmed ABC forms will now be a priority.

We found the provider partnership running York Lodge at the time of the inspection, one of whom was the registered manager, did not have the necessary skills and experience to do so properly. The manager was no longer registered with the Care Quality Commission (CQC) and the provider had re-structured their roles and responsibilities within the service. The service was actively looking to recruit an experienced manager, who would then apply to become the registered manager at York Lodge.

At the last inspection people told us they sometimes had to wait for care workers to assist them at busy times. At this inspection people and their relatives had no concerns about the staffing levels. We found from our observations there were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people.

Feedback received from people using the service spoken with, was generally complimentary about the standard of care provided. People living at York Lodge told us the management team were approachable and supportive.

We saw people's access to activities had improved and the home had recruited a second activities coordinator. People told us they enjoyed the activities on offer.

A process was in place for managing complaints and the home's complaints procedure was displayed so that people had access to this information. People and relatives told us they would raise any concerns with the manager.

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals. Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need).

The atmosphere and culture at the home was much improved. The managers each knew their own roles and responsibilities.

The partnership had worked with the local Clinical Commissioning Group and had contracted consultants in human resources, health and safety and care delivery in order to identify and implement improvements to the service.

## 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.

Hazards previously identified at the last inspection had now been addressed. However, we found on three occasions the kitchen gate was left open, causing a potential risk to people living with dementia.

We saw the Antecedent Behaviour Consequence or ABC forms completed to try and understand the triggers of people's behaviour to better support them were not completed fully. We found two actions on the ABC form had not been completed, resulting in a referral to the safeguarding team.

People who had been assessed as at risk of pressure ulcers had care plans in place to mitigate those risks.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Staff received training and support from the provider, to enable them to develop their skills and knowledge. However we found there were gaps in key training for staff. New training dates had been organised for staff.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests.

People were provided with sufficient food and drink. They were given choices about what they wanted to eat and drank.

**Requires Improvement** 

### Is the service caring?

The service was caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately.

Staff were polite and friendly in their approach. They had a good

**Good** 

understanding of how each person communicated their wishes and emotions.

People and their relatives were now involved in care planning.

### Is the service responsive?

**Good** ●

The service was responsive.

Paper care records had improved since the last inspection. The homes new electronic care record system was now fully embedded.

People told us they enjoyed the activities provided at York Lodge and we saw people who lived at the home now had the same access to activities as people using the home for day care.

People and their relatives told us they had never complained to the service, but they knew how to if they needed to.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

The provider encouraged feedback from the people using the service, and their relatives.

There was a clear staffing structure and a good staff support network.

There were systems in place to monitor the quality of the service and to drive further improvements.

# York Lodge Residential 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 31 October 2016 and 2 November 2016. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had been a carer for an older relative.

On this occasion we did not ask the registered provider to complete a Provider Information Return (PIR) before the inspection.

Before the inspection we reviewed the information we held about the service. This involved contacting Healthwatch Trafford, the local authority safeguarding team and officers from the local clinical commissioning group (CCG). We did not receive any information of concern from Healthwatch Trafford or the local authority safeguarding team. We had been liaising with CCG officers since our last inspection in June 2016. They had supported the registered manager to try and improve the service and gave us positive feedback about the progress the service had made.

During our inspection we spoke with 10 people who used the service and five of their relatives. We spoke with the home manager, housekeeping manager and a consultancy advisor. Additionally, we spoke to two senior care workers, one care worker, one house keeper, the cook, and one activities coordinator.

As some of the people using the service were living with dementia, we made observations during the two days we were there to try and understand their experience of living at the home. 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.

As part of the inspection we viewed five people's care files, two care workers' recruitment records, supervision and appraisal records, six people's medicines administration records, audit and monitoring records and other documents relating to the management of the service.



# Is the service safe?

## Our findings

People told us they felt safe at York Lodge. One person said, "This is my home I do feel safe." Another person commented, "I do feel safe here of course."

Relatives also said their family members who used the service were safe. One relative told us, "I have no worries for my [relative's name] safety here.", and a second relative said, "We have no concerns about the safety of this service."

At the last inspection in June 2016 we found a breach of the Regulations because we found some 'as required' medicines were being given regularly instead of when people felt they needed them. For example, one person was prescribed a barrier cream 'as required'. On 13 June 2016 we saw on their Medicine Administration Record (MAR) the cream had been applied twice a day since 23 May 2016 when the current MAR started, even though 'apply when required' was written on the MAR. There was a body map for the cream which also described the cream as 'PRN' (which means 'as required'). Some staff had signed and dated a table on the back of the body map and we could not tell if these represented times when the cream had been applied in addition to those times recorded on the MAR or a care worker had signed both for the same application.

'As required' medicines are those which people take when they feel they need them or have certain symptoms, so staff need a protocol which describes when the person should take the medicine, how they will communicate they need the medicine, the maximum dose per day and how often they can be taken. Topical creams can be regular or 'as required'; body maps include instructions on when, where and how often they should be applied.

At this inspection we found the service had implemented a new policy for medicines prescribed 'when required' (better known as PRN). This policy was available in the staff room, and staff were encouraged to read the policy and sign once they fully understood it. We found people who required topical creams now had body maps available that detailed the areas where the cream needed to be applied, and the reasoning behind this. The management team at York Lodge went through people's medicines individually to ensure the instructions were clear and accurate for staff to follow. The MAR and PRN records we viewed were now accurate and detailed the reasoning why people required this medication. Reviews with people's GP's were on-going to ensure people were receiving the correct medicines. We found significant improvement had been made in this area.

We looked at other aspects of medicines management as part of the inspection, including controlled drugs and homely medicines, and found that these were being safely managed also. In addition the senior care workers now carried out weekly checks of the medicines along with a monthly audit carried out by the home manager to ensure the safety management of medicines and that any anomalies or errors can be addressed quickly.

At the last inspection we found problems with care planning and incident recording for people who had behaviours that may challenge others. We saw the Antecedent Behaviour Consequence or ABC forms

completed to try and understand the triggers of people's behaviour in order to better support them were not completed fully. The forms were not completed fully, in that the incidents were recorded but the second part of the form which should detail the outcomes and action plan for future incidents was blank for each form. We also noted this person did not have a behavioural support care plan, so that care workers would know how to support the person when they displayed behaviours that may challenge others.

At this inspection we found the service had made improvements in this area, but there were still further improvements required. People who had behaviours that may challenge others had a person centred care plan that provided guidance for the staff to follow. We viewed eight completed ABC forms and found six of the forms had been completed fully, and captured the outcomes and actions as a result. However, two ABC forms we viewed had not been completed fully by the management team. For example, we found one incident happened five days before our inspection concerning a resident entering the kitchen and picking up a butter knife and waving this in the direction of a staff member. The ABC form did not capture the response from the management at York Lodge, and no safeguarding referral had been made to the local authority in that time. The home manager commented that this was an isolated incident and said the resident and staff member were not at any risk. The home manager confirmed he was fully aware of the incident, but had not got round to completing the ABC form. Shortly after this incident was discussed the home manager made a referral to the safeguarding team. The home manager acknowledged this shortfall and confirmed they would ensure ABC forms were now a high priority. We will check this area at our next inspection.

At the previous inspection in June 2016 we noted several safety hazards around the building, including three uncovered radiators which were extremely hot, and too hot to touch for more than a few seconds. We also saw an extension lead on a stair landing that could present a trip hazard.

At this inspection we found two of the three radiators now had protective covers over them to ensure people were no longer at risk. One of the radiators was still awaiting the protective cover, but we were informed by the registered manager this was due to arrive at any time, the provider had ensured this radiator was safe by switching it off until the cover had arrived.

However, during the second day of our inspection we noted on three occasions the kitchen gate had been left open by staff entering and leaving the kitchen. As mentioned above on one ABC form an incident was recorded of a resident entering the kitchen. The officers from the local Clinical Commissioning Group had visited the home two weeks prior to our inspection and also raised their concerns to the management about the gate being left open. The home manager acknowledged he was aware the kitchen gate had been an issue with staff leaving it open, the manager confirmed this had been discussed at length with the staff, reminding them of the importance of keeping the gate closed to minimise the potential for these kind of incidents. The home manager confirmed all sharp objects had been securely stored in the kitchen, ensuring they were not left out. The home manager said they are looking at alternative gates that will close automatically as a matter of urgency. We will review this matter at our next inspection.

At the last inspection in June 2016 we found issues with how the service managed identified risk, as individuals assessed as at risk of pressure ulcers did not have care plans in place to mitigate those risks. At that time the service had implemented an electronic care records system and was in the process of transferring people's care records across from the old paper-based system.

At this inspection we viewed four people's risk assessments who had been assessed as being at risk of pressure ulcers. We found in all four plans there was a person-centred care plan in place. The care plan captured the person's skin integrity, and actions specific to the person that staff needed to follow to ensure

people's pressure areas remained intact. We saw people had pressure-relieving mattresses and used pressure-relieving cushions. We saw measures were being taken and these were documented. This meant that appropriate action was being taken to manage people's risks of developing pressure ulcers.

At this inspection we asked people if they thought there were enough staff on duty and the feedback was positive. People said, "I believe we have enough staff here." Another person commented, "Yes we have enough carers." Relatives also commented, "I don't believe there is an issue with staffing levels here, I visit most days and if I felt there was an issues I would certainly raise this," Another relative commented, "There appears to be enough staff."

Staff we spoke with were also positive about the staffing levels, one staff member said, "I have no issues with the staffing levels, we have just the right amount." Another staff member commented, "If we are ever short, the management will help out, but to be honest we don't have any issues."

We looked at how York Lodge was staffed to see whether there were enough workers on duty to support the people who lived there. We found that there was a sufficient number of staff on duty to meet the needs of the people using the service, including the people receiving day care. Care workers either did day shifts or night shifts with hours 8am until 3pm or 3pm until 10pm. The day shift was staffed by one senior care assistant, and two care assistants. The service also benefited from two activities co-ordinators who worked five days a week.

This was in addition to the home manager and housekeeping manager, when they were also on duty. There was also a newly appointed office administrator, a cook, a cleaner and a maintenance person.

A policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding service users from abuse or harm'. A copy of the local authority's adult protection procedure was also available for staff to refer to.

We checked the safeguarding records in place at York Lodge. We noted no safeguarding concerns had been raised since our last inspection. The home manager was aware of his responsibilities to manage and report any safeguarding concerns to the local authority. The home manager did acknowledge the incident captured on the ABC form should have been raised as a safeguarding concern at that time, and the service needed to fully review this area. Since the inspection the Care Quality Commission (CQC) had been notified about this safeguarding concern by the provider.

Staff we spoke with demonstrated a good awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse. On staff member commented, "If I witnessed any abuse, I would go straight to the office to tell them."

The CQC had received no whistleblowing concerns since the last inspection. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. We spoke to staff about the principles of the whistleblowing policy and it was clear they had a good understanding of the policy and who they would notify if they had concerns. Staff also knew to be vigilant about the possibility of poor practice by their colleagues and knew how to use the homes whistleblowing policy. Staff told us they would be confident if they needed to report any concerns about poor practice taking place within the home.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies, procedures and audits for infection control were in place. The

service received a follow up audit by the local NHS Trust's infection control audit on 28 July 2016. The service received an assessment score of green that indicated high compliance.

## Is the service effective?

### Our findings

We asked people who used the service or their relatives if they found the service provided at York Lodge to be effective. Comments received included: "The staff here a lovely, I can rely on them" and "I always get my medication on time." One relative commented, "I am fully aware the home has had bad press lately, but it's a lovely home. The management and carers are all passionate about what they do."

Training in the service was at the time of our inspection being managed by the administrator. We asked the administrator for the matrix which showed what training each member of staff had received and when it was next due. The training records had recently been added to the new electronic care document system. According to the electronic care document system seven of the 17 staff employed by the home had completed moving and handling training, the administrator provided evidence that a training date had been booked for other staff to complete this training, but the training company cancelled this training on the day, due to an emergency. Examination of training records confirmed there were still gaps in key training in subjects such as: fire safety, first aid, food hygiene, and infection control. New training dates have been arranged for staff to attend in the forthcoming weeks. The management team were fully aware of the gaps, but were working with external training providers to ensure staff received this key training as soon as possible. This will be followed up at our next inspection.

We saw the service had access to an electronic training system. Care workers the home had employed who were new to health and social care had been signed up to the system to do the Care Certificate. The Care Certificate is a set of induction standards against which the competency of staff who are new to health and social care can be assessed.

Care workers told us they received regular supervision and an annual appraisal. We saw the service had recently switched to the new electronic care documents system for arranging and recording these meetings. The system allowed other members of the management team to add comments or items to discuss with staff at upcoming meetings. This meant care workers were supported by the management via regular one-to-one meetings and that other members of the management team could contribute to them

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection we found the service had undertaken assessments in April 2016 for people thought to lack capacity to ascertain whether they could consent to living at York Lodge. However, DoLS applications for the people found to lack capacity had not been made in a timely manner and applications to the local

authority were still outstanding. This meant people found to lack capacity were being deprived of their liberty without authorisation. We found the home had not completed capacity assessments or made best interest decisions for people known to be living with dementia for aspects of their care such as receiving personal care or the administration of medicines by the home on people's behalf.

At this inspection we found the service had a DoLS matrix tracker that captured when a DoLS application had been made for people who lacked capacity and they were due to expire. We discussed the requirements of the MCA 2005 and the associated DoLS with the home manager. Discussion with the home manager showed he had a clear understanding of the principles of the MCA and DoLS, and we saw that if it was considered that people were being deprived of their liberty, the correct authorisations had been applied for.

We found there had been improvements made in respect of the MCA and DoLS. However, we noted there was still a small number of staff that needed to complete this training, the home manager confirmed this will soon be completed by all staff. Capacity assessments had been completed by the home manager and best interest decisions had been completed for people known to live with dementia.

Staff we spoke with during the last inspection were unsure about how the MCA impacted upon the people they supported. At this inspection we found the staff we spoke to had a better understanding of the MCA 2005 / DoLS, however some of the staff were not fully aware of which people using the service were subject to a DoLS. We discussed this with the home manager and advisory consultant who confirmed this area would be discussed further at the next team meeting in November, to ensure staff were fully aware who was under a DoLS and why.

We observed the lunch mealtime at York Lodge during the first day of our inspection. People were offered drinks and a choice of meal. We noted that staff were available to offer encouragement and support to people requiring assistance and that staff were attentive to the needs of people using the service. We saw good interactions between people and staff at lunch time. Staff asked people for their choices and offered an alternative if they did not want the choice on offer. People were encouraged to eat their meals themselves however those people requiring support were assisted by staff. Staff were seen chatting with people they supported and we found the atmosphere at lunchtime was calm. Our expert by experience ate lunch alongside people using the service. They found the food to be good quality and the mealtime experience to be calm.

We spoke with the cook about the dietary needs of the people living at York Lodge and found they were aware of people's specific needs, such as diabetes. They were knowledgeable about how to prepare foods for those with swallowing problems or who needed to gain weight. The cook also knew the food preferences of each person and we saw this was documented in people's care plans. The kitchen area was clean and tidy and we saw the service had been awarded five stars out of a possible five during their most recent food hygiene inspection in January 2016.

We noted that a four-week rolling menu was in operation, which offered a choice of meal at each sitting. Mid-morning and afternoon snacks and an evening supper were also provided and people were observed to have refreshments throughout the day. The cook told us that each day people were asked for their lunch choices and again in the afternoon for their choices for their evening meal. This was done with the aid of a pictorial food menu. The pictorial aid assisted people living with dementia to identify and make choices on the food they would like to eat. One person commented, "Love it here, and love the food. Like the roast on Sundays, like to have three courses, best of all the gravy."

At this inspection we saw picture signage was in place around the home and people's bedrooms had their

name and photograph on, if they wished. A large area of carpet on the ground floor had been replaced with one which had a minimal pattern, patterned carpets can cause confusion for people living with dementia, as it becomes increasingly difficult to distinguish between design and actual objects that they need to pick up or step over. The activities co-ordinator was also working closely with people living with dementia to develop memory boxes to stimulate people's memory and promote discussion. The management team also described a 'dementia tour', a course provided by an external trainer to the staff in May 2016. It aimed to give care workers an idea of what it was like to live with dementia by restricting sight and hearing, and giving the learners tasks they could not understand. The management team said the experience had been hugely beneficial and additional training dates would be booked in the future.

We saw from observation and from support plans that the people who used the service had complex health needs which required input from a range of healthcare professionals. In the five care plans we looked at, we noted individuals had been seen by a range of health care professionals including GPs, opticians, dentists, a physiotherapist, chiropodists and other specialist healthcare professionals. Visits were recorded electronically in the daily records for each person and upcoming appointments were recorded in their care files. Comments from people's relatives included, "When mum is ever under the weather, I know I can rely on the carers getting her the medical treatment she needs, they are also good at letting me know." Another relative commented, "The service are effective, they will always keep me informed."

# Is the service caring?

## Our findings

People told us the care workers at York Lodge were caring and their relatives agreed. One person said, "Lots of 'Darlings' [care staff] here... You must have found 100 or more here." A second person said, "Good place, I like the people here." A third person told us, "The staff are all very caring, I cannot fault them really." Relatives told us, "We have never been concerned about the standard of care here, the carers are genuine and do a great job." Another relative commented, "Extremely caring, I cannot fault the care staff."

At the last inspection in June 2016 we found people and their relatives (with the person's permission) were not involved in planning their care. We noted a care plan audit in May 2016 had found the involvement of people in their care planning was 'partial' and people's relatives were yet to be involved.

At this inspection we discussed this further with the home manager. The manager confirmed people's relatives had all been written to and invited to attend an individual care plan review meeting, to discuss the care of their loved ones. During the two day inspection we observed this process was fully in operation with two people's family members having care plan reviews with the management of York Lodge. The home manager commented that the process of writing to families would be done annually or when there was a change in people's care needs. This meant people living at York Lodge were now involved in planning their own care.

We saw care workers were provided with information about the personal history of the person they were supporting. The information included which members of their family and friends knew them best, the person's interests and hobbies as well as their work and family history. Care workers were able to understand the interests and experiences of the person they were supporting.

People's privacy and dignity were respected. We observed that people were clean and were supported to maintain their personal hygiene needs. People were supported to go to the bathroom when they wanted.

We saw staff were discreet when discussing people's personal care needs with them and ensured that personal support was provided in private. The staff we spoke with explained how they maintained people's privacy and dignity, one staff member commented, "I treat people with respect at all times, we all do. If I noted poor practise I would challenge the staff member and inform the management." We observed staff knocking on people's bedroom doors and waiting before entering.

None of the people receiving personal care services at the time of our visit had particular needs or preferences arising from their religious or cultural background. The provider's assessment process would identify these needs if necessary. Equality and diversity training was included in the provider's basic training programme.

People living at York Lodge were not receiving end of life care at the time of our inspection. We noted the new electronic care document system included a care plan for end of life wishes and the care manager said this would be used to record person-centred plans for people approaching the end of their lives.



## Is the service responsive?

### Our findings

At the last inspection in June 2016 we found a breach of the Regulations because risk assessments and care plans were not fit for purpose. A new electronic care records system replaced the paper-based system and the home started migrating records across to it in January 2016. At the time of the last inspection in June 2016 this process was still not complete. For example we found one person living with dementia had no dementia care plan; another person who had a mental health condition had no relevant care plan for it. The purpose of assessment and care planning is to document people's individual needs so care workers can support them in the right way. Not having care plans therefore meant people's needs may not be being met.

At this inspection we found significant improvements had been made. Care plans were up to date, reviewed as needed and contained information about people and their preferences. We looked at one person's care plan which contained a positive behaviour support plan. This plan was a detailed strategy created to help manage behaviour which others may find challenging. The behaviour support plan provided staff with step by step guidance on supporting the person to enjoy their life whilst enabling staff to understand when they needed to intervene to prevent an episode of challenging behaviour escalating. Each person had a range of assessments and care plans for their care and support needs. These were written from the person's perspective and had information about their personal preferences. We checked whether the care and equipment needs identified within the care plans were in place and found they were. For example, pressure relieving equipment was being used if required. Care plans for people were detailed, comprehensive and written in a person-centred way. They included information about a person's mobility, personal care, nutrition, skin integrity and communication.

At the last inspection in June 2016 people told us they only had a bath once a week and some wanted one more often. We asked to see the bath records but the registered manager at that time said they had stopped recording baths in a book about two months prior to our inspection, so we checked the daily care records for three people to see when they had last had a bath. At the time of our inspection care workers were writing electronic and paper records for each shift as the transition to the electronic system had not been finalised. According to the electronic records, none of the three people had baths for a month prior to our inspection; paper records were available for each person for the two weeks prior to the inspection and no baths were recorded in this time.

At this inspection we viewed the bathing records of five people. We found baths had been recorded directly onto the computerised system by staff. Four of the records we viewed detailed on average people were having a bath at least twice a week. One record we viewed did not fully capture a person having a bath for over three weeks. We discussed this further with the housekeeping manager who confirmed this person had been refusing to have baths, but this had not been recorded by the staff. The housekeeping manager said it was a recording issue and people did have baths whenever they wanted them. The home manager confirmed this area would be reviewed again with staff to make sure they are fully recording when people were having baths or when they refused. The home manager said this was an area he will be following up on during his monthly audits of the service. We will review this at our next inspection.

At the last inspection in June 2016 we noted activities focused on people who attended York Lodge for day care, and did not always involve people living at the home, particularly those living with dementia, to the same extent.

At this inspection we found improvements had been made to ensure people living at the home were also involved in activities. Activities were publicised on the notice board to inform people what activities were on each day.

The staff worked to ensure there were a range of activities on offer to stimulate and meet the needs of people who lived in the service and the people who attended day care. People told us they and their relatives were encouraged to take part in a number of activities including quizzes, painting, bingo and coffee mornings. The service employed two activities co-ordinators over five days per week. We saw there were records of each person's interests in the activity files the activities co-ordinator kept so activities could be tailored to suit people's needs.

On the first day of inspection a singer came to the home. All of the people were invited to join in and the activity was held in a sitting area. Many of the people living at the home and the day care people joined in. On the second day of our inspection there was a trip out to a singing club that was well attended. People accessed the activities using the homes mini-bus and the activity co-ordinators vehicle; this provided room for up to 11 people that could attend outdoor activity.

People spoke highly about the activities that were on offer, one person commented, "There's plenty going on here." Another person commented, "I love the trips out in the mini-bus, especially on Wednesdays at the singing club."

People and their relatives were aware of how to make a complaint. The organisations complaints procedure was on display in the service. The staff we spoke with were able to describe the process for handling a complaint. They said they would listen and try and rectify the issue if they could and would document it. They said they would encourage the person to complete a complaints form or if they could not do it themselves they would provide help to complete it. Staff felt confident that, should a concern be raised with them, they could discuss it with the management team who would respond appropriately to this. A complaints file was available to view, which confirmed no complaints had been received in the last 12 months.

## Is the service well-led?

### Our findings

We took enforcement action after the last inspection and the service remained in special measures. This included serving two notices of proposals (NoP), one to cancel the registration of the service and the second to cancel the registration of the registered manager. The provider put forward representations to the Commission in respect of the NoP to cancel the registration of the service. No representation had been received in respect of the NoP to cancel the manager's registration; therefore a notice of decision (NoD) was served to the current registered manager on the 4 November confirming his registration had been cancelled.

This inspection was to see whether improvements had been made after receiving the representations in respect of the NoP to cancel the registration of the service.

At the last inspection in June 2016 we found a breach in the Regulations as a result of inaccurate and poor record-keeping. This related to incomplete recruitment records, and the completion of night records and food and fluid balance charts by care workers.

At this inspection we saw records relating to food and fluid balance charts and repositioning charts completed accurately by staff. This information was entered into the computerised system. The cook recorded the food and drinks people were served at breakfast and lunch, the evening meal was recorded by the night staff that was then entered in the computerised system the following day. We found no discrepancies with these recordings.

The last inspection we found there were repositioning charts in place for people who received support with their pressure ulcer care. We checked records for all three people for the early hours of 14 June 2016 just before 5pm that day and all three records were blank. We looked on the electronic records system in case their repositioning was recorded there and there were no records kept.

At this inspection we were informed by the home manager these repositioning charts were no longer needed for these three people. The manager explained the three people had a pressure relieving mattress in place, and at the time of this inspection the three people's pressure areas were intact. The home manager commented further and said the service was in the process of seeking further clarification from a tissue viability nurse to have the three people who once had pressure sores fully reviewed. This meant the service was following the appropriate guidance ensuring pressure relieving equipment had been made available to lower the risks of people developing future pressure sores.

At the last inspection in June 2016 we raised concerns about the way new staff were recruited, because interviews were not recorded and it could not be evidenced whether gaps in people's employment history had been investigated, as is required by the Regulations.

At this inspection we viewed a new recruitment policy that had been implemented by the provider to ensure the recruitment process was correctly followed while adhering to the regulations. Through discussion with

staff and examination of records, we received confirmation that there were satisfactory recruitment and selection procedures in place, which met the requirements of the current regulations. We looked at a sample of two staff records for staff recently recruited. In both files we found that there were application forms; references, interview notes; employment history fully captured; disclosure and barring service (DBS) checks and proofs of identity including photographs. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The provider of York Lodge is a partnership of two individuals, one of whom was the registered manager. At the time of the last inspection CQC found the provider partnership lacked the skills and experience to run York Lodge properly. The previous registered manager confirmed he was willing to step down as manager, therefore didn't feel the need to put forward any representations for the NoP to cancel his registration. The provider re-structured their roles and responsibilities within the service. The management team have confirmed for the past six weeks they have been working towards securing a new experienced manager at York Lodge. We saw evidence of interviews for new managers and the service was confident of appointing a new manager in the near future.

During the inspection the home manager discussed in detail how they had been working alongside a 'Care Management Consultancy', to make improvements within the service. During the inspection, we viewed an action plan which highlighted areas that the Care Management Consultancy was looking to develop alongside the registered provider. The care consultant's audit of the home was based upon the Care Quality Commission's principles and they had provided an action plan which the manager was working his way through. At the last inspection we found the service had been working with officers from the local Clinical Commissioning Group (CCG) on a service improvement plan. This had involved several visits by officers to meet with the management team and check on progress, we found the CCG were still supporting the managers at York Lodge with their improvement plan.

We saw there had been several follow-up meetings planned for the care consultant to come and audit progress. This showed us the manager was now committed to improving the service for the people who used it. At this inspection the management team had agreed areas for responsibility and we saw these were clearly displayed on the wall at the home.

At the last inspection we found the home manager had started doing regular audits of all relevant parts of the service, including health and safety, complaints and compliments, care plans, pressure ulcers, moving and handling equipment and people's weights. At this inspection we found these audits were still being carried out by the home manager with the assistance from the care consultant. Audits were recorded on the new electronic system, this provided an audit trail for the manager to follow while flagging up areas that needed to be completed, for example care plan reviews. The home manager confirmed this was a new area to him and he was still getting adjusted to the new system. We will check the progress and the effectiveness of this at our next inspection.

A regular medicines audit was previously undertaken by the care manager, this responsibility has now been taken over by the home manager of the service. The manager had oversight of medicines management as all audit outcomes were logged on a summary spread sheet which listed the outcome of the audit and any actions that were needed.

At the last inspection we found the housekeeping manager had assumed responsibility for seeking feedback on the service and there had been two residents and relatives meetings and two surveys of the people, their relatives and healthcare professionals visiting the home. At this inspection we found the service was still

striving to encourage people and their representatives to provide feedback. The service also installed a comments box located in the lounge for people to provide feedback. Residents and relative meetings had also been planned for the following month.

Information on York Lodge had been produced in the form of a statement of purpose to provide people using the service and their representatives with key information on the service; we found this was reflective of the service being provided. A copy of this document was provided to people / representatives once their care commenced. Information on the aims and objectives of the service, philosophy and strategic vision had been detailed within the documents.