

LJ Care Homes Ltd

York House

Inspection report

15 Waterside
Billinghay
Lincoln
Lincolnshire
LN4 4BU

Tel: 01526860378

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

York House is a residential care home providing personal care to up to 16 people. The service also provides personal care to people living in their own homes. The service provides support to older people, some of whom may be living with dementia. It also provides support to people with physical disabilities or sensory impairment.

At the time of our inspection there were 10 people living at the home and a further five people who received support in their own homes. Not everyone who received support in their own homes received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

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.

Risks to people living in the care home had been assessed, however, more work was needed to fully identify the risks to people receiving care in their own home. We have recommended the provider review the information in the care plans for people who receive care in their own homes.

Audits were in place to assess the quality of care provided and had identified most actions needed to drive improvements in care.

There were enough staff to meet people's needs. Staff had received the training needed to provide safe care. Staff were confident to raise concerns where they felt people may have been at risk of harm.

The registered manager worked collaboratively with the local authority to ensure action was taken to keep people safe from abuse. Incidents were identified, analysed and action was taken to keep people safe.

Medicines were safely managed and people received their medicines as prescribed. The home was clean and staff followed infection control processes.

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 inadequate (published 8 June 2022) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 8 June 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

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 COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 13 January 2022. Breaches of legal requirements were found. We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 12, 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

York House

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 Health and Social Care Act 2008.

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 House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. York House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is also a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and spent time observing care. We spoke with six members of staff including the registered manager, the deputy manager and four care workers.

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

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems were in place to protect people from the risk of abuse. This was a breach of regulation 13(1) 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 13.

- Staff had received training in safeguarding and understood the different type of abuse they needed to be vigilant for. Staff knew how to raise concerns with the registered manager and external organisations.
- The registered manager worked collaboratively with the local authority to keep people safe. They investigated concerns raised and took recommended actions to improve the safety of care provided.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

At our last inspection the provider had failed to ensure systems were in place to assess, monitor and mitigate risks related to people's care and support needs, medicines management and infection, prevention and control. This was a breach of regulation 12(1) 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 12.

- People living in the care home had risks identified and care was planned to keep people safe. For example, people's risk of moving safely around the home had been assessed and where needed equipment was in place such as walking frames to support people's needs. Where people were at risk of developing pressure areas, care plans detailed the care needed to keep people safe. This was effective and no one in the home had any pressure sores at the time of our inspection.
- However, for people who received care in their own home, risk had not been fully mitigated. For example, risks around mobility had not been fully described. This meant there was an increased risk to people's safety as staff may not be aware of all the care needed.

We recommend the provider develops their home care records to take account of best practice in risk

management.

- People's medicines were stored safely and administered to people as prescribed. Staff had received training in the safe management and administration of medicines and their competency had been assessed. Staff administering medicines did so safely and in the way the person preferred. protocols were in place to support staff to administer medicines prescribed to be taken as required consistently.
- 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was following the government guidelines in supporting people to have visitors to the home.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of suitably trained staff employed to meet people's needs. This was a breach of regulation 18(1) 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 18.

- There were enough staff to meet people's needs in both the care home and for those people who received care in their own home. In the care home staff were able to meet people's needs in a timely fashion. People who received care in their own home told us staff did not keep them waiting for care. One person told us, "They are pretty much on time and stay for the full amount of time."
- Since our last inspection the registered manager had ensured staff had completed training in a number of areas, this included, safeguarding, moving and handling and supporting people who became distressed. This had increased staff's competencies and ensured they provided safe care to people.
- Staff were safely recruited. The provider had checked their identify and had gathered references. Disclosure and Barring service checks had been completed. Disclosure and Barring Service (DBS) checks provide

information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Accidents and incidents were analysed and learning identified. Staff were required to record any incidents which happened in the home. Incidents were reviewed by the registered manager to see if action could be taken to improve safety.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure that effective governance systems were in place. This was a breach of regulation 17(1) 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 17.

- The registered manager had audits in place to monitor the quality of care provided. They had been effective in driving improvements in the home. Improvements had been made in the management of medicines, risk, infection control, staffing and safeguarding. However, some improvement was still needed in the home care records.
- The registered manager had dealt with known issues. They had responded to all the concerns we identified at the last inspection and improved the care provided. For example, they had taken action to ensure they were working in line with the latest government guidance in relation to the management of COVID-19 and visitors to the home.
- The registered manager used the information provided by the monthly audits to continually assess the quality of care in the home and identify areas for improvement. This ensured the staff and registered manager continued to learn from errors and improve the care for the people they supported.
- The registered manager had taken action to comply with the regulatory requirements. They had notified us about events which happened in the home and displayed their current rating in the home.
- The culture in the home had improved since the last inspection. Staff felt able to raise concerns with the registered manager and felt they worked as a team to provide safe care to people.

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 understood their duty of candour, but there had been no incidents which were reportable under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People spoke favourably of the management of the service, they told us members of the management team were approachable, and answered any queries raised with them. One person told us, "I am happy to raise any concerns. [Registered manager] is very good, if there are any problems, I only have to ask her to sort them."
- People's views and that of family members were sought through questionnaires. The information was collated, and action taken to improve the quality of care people received.
- Staff told us they felt able to raise concerns with the registered manager and were confident concerns would be dealt with. One member of staff said, "I have one to one meetings and team meetings. The [registered] manager is supportive."

Working in partnership with others

- The registered manager worked collaboratively with health and social care professionals to ensure that people received care which met their needs.