

Mr Alan Machen and Mrs Ann Crowe

York Lodge Residential Home

Inspection report

54-56 Crofts Bank Road
Urmston
Manchester
Lancashire
M41 0UH

Tel: 01617482315

Date of inspection visit:
11 December 2017

Date of publication:
12 January 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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 11 December 2017. The inspection was unannounced, so this meant they did not know we were coming. At the last inspection on 31 October and 02 November 2016 we rated the home 'requires improvement' overall and no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been identified. This is the fourth time the service has been rated Requires Improvement

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

At the time of our inspection, 21 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, during the inspection six people were receiving day care service.

At the time of the inspection the service did not have a registered manager, but there was manager in post who had started the process of registering with the Commission. 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.

During this inspection we checked if the required improvements had been made. We found a number of improvements had been made, however we identified a continued breach in respect of the safety of the home and new breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the provider failing to provide information requested by the Care Quality Commission and a breach of the CQC registration regulations for failing to submit Deprivation of Liberty Safeguards (DoLS) statutory notifications.

You can see what action we told the provider to take at the back of the full report.

During our inspection the provider made us aware the fire service had visited the home and found shortfalls in relation to fire safety at the premises. The fire service identified the cellar of the home was a potential fire risk due to the inappropriate storage of combustible items. These shortfalls were previously unknown to the current manager or provider. The provider was proactive at following the advice set by the fire service and immediately removed items from the cellar, added an additional night worker to assist in the event of an emergency and implemented 30 minute safety checks of the building. The provider also told us that they had suspended any new admissions to the home until the fire service is satisfied with the safety of the home.

During this inspection, we found other issues affecting the safety of the environment. The provider did not

have a risk assessment in relation to legionella. The provider confirmed they had completed routine sampling of the water systems and were awaiting these results, but this information could not be located at the time of our inspection. Legionella is a type of bacteria that can develop in water systems and cause Legionnaire's disease that can be dangerous, particularly to more vulnerable people such as older adults.

During the inspection we identified areas within the home that required remedial works. Two walls had holes in that required plastering and painting. We found one radiator cover had started to come away, which exposed a small area of the radiator. A room within the home stored a bed pan machine; this room required a lockable door to minimise the risk of people who may be confused incorrectly using the machine. These areas were discussed with the provider who was eager to make the necessary improvements to ensure the safety of the home was not compromised. The provider has agreed to keep the Commission fully updated once these tasks have been completed.

Overall people and relatives spoken with were positive and complimentary about the service they received at the home. People told us that they felt safe and were cared for. People received their medicines in a way that protected them from harm. Staff understood their responsibility to keep people safe from abuse and harm.

We examined training records which demonstrated that regular training was provided and staff underwent an induction when starting to work at the service.

The service continued to use an electronic care management system. All care plans had been transferred to this new system, which help with the organisation of records. Care plans were personalised and contained information about people's likes, dislikes and the people who were important to them. We observed staff carrying out care that was person centred.

People's social needs were met. This was because staff were encouraged to interact meaningfully with people and recorded their interactions. People received consistent, co-ordinated and person-centred care. There was a system in place to make sure people could make a complaint about their care and treatment.

There was evidence that the registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, we found the provided adopted an inconsistent approach with the way consent forms had been completed. For example, we found it was not clear from the signed consent forms whether the person's family member was their Power of Attorney (POA) for health and welfare. We discussed this area with the provider who confirmed all care plans consent sections were in the process of being reviewed to ensure people's consent was followed correctly.

People and those important to them had previously had opportunities to provide their views about the home and quality of the service they received. However, we found the provider had not sent surveys out since our last inspection. The provider confirmed these would be sent out in the new year.

People told us that they were very happy with the food provided. We observed that people's nutritional needs had been assessed and individual food and drink requirements were met.

We received consistently positive feedback from people using the service and staff for the current manager and provider. The provider had a clear vision for the continued improvements they wanted to see in the service.

The management team assessed and monitored the quality of the service. A number of audits had taken

place. This ensured the service to continue to be monitored and improvements were made where a need was identified.

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 consistently safe.

The provider had acted promptly to address serious concerns in relation to fire safety.

The provider was not ensuring reasonable steps were taken to ensure the safety of the premises, including in relation to controlling risks of legionella.

People felt safe, and staff understood their responsibilities in relation to protecting people from harm or abuse.

People received their medicines safely and as prescribed.

Requires Improvement ●

Is the service effective?

The service was effective.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. However, the provider adopted an inconsistent approach taken when completing consent forms.

Staff were well trained and there was an appropriate induction process for all staff before they started work.

People's dietary needs were known and people's food preferences were recorded.

Good ●

Is the service caring?

The service was caring.

People were supported by caring and professional staff.

People were supported by staff who were patient and had respect for people's dignity and privacy.

People had the opportunity to be involved in their care arrangements.

Good ●

Is the service responsive?

The service was responsive.

People benefited from care which was personalised to their needs.

People told us they enjoyed the activities provided at York Lodge.

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

Good 

Is the service well-led?

The service was not always well-led.

The provider did not always submit notifications to CQC when they were required to do so. We found the provider failed to send us their PIR.

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.

Requires Improvement 

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 11 December 2017 and was unannounced. It was carried out by an inspector, who was also supported by an assistant 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.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. The provider did not return the information we requested. We have addressed this in the well-led section of this report.

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 October 2016. They had supported the registered provider to try and improve the service and gave us positive feedback about the progress the service had made.

We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people. 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 also looked at four people's care and support records.

During the inspection, we spoke with 11 people and three relatives. We also spoke with six members of staff. This included the home manager, housekeeping manager, cook, one of the owners, administrator and three care staff. We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, three care plans, meeting minutes and audit reports.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. Comments received included: "I have no concerns with the safety of the home" and "I do feel safe." Comments from people's relatives included, "This is a lovely home and very safe in my opinion" and "We have no concerns about the safety of the home. [Person's name] is very well cared for."

During the inspection we were informed by the provider the fire service had attended the home three days before our inspection and carried out checks in relation to fire safety at the premises. The fire service had concerns in relation to the cellar of the home due to a number of combustible items being stored. When these concerns became apparent, the provider took a number of immediate actions to help reduce risks in relation to fire safety. This included increasing staffing levels to three at night, a voluntarily suspension of new admissions to the home, moving one person from the third floor due to concerns the person would struggle with the stairs in the event of a fire and introducing 30 minutes visual checks of the premises. The fire service indicated they were satisfied that these measures helped adequately control potential risks as an interim measure. The fire service was due to revisit the home and we are awaiting their final report to see what further action the home needed to take.

During the inspection we saw evidence that three staff remained on duty at night, and that staff completed 30 minute fire checks. We saw people's Personal Emergency Evacuation Plans (PEEPs) had been updated as a result of the one person's moving from the third floor bedroom. PEEPs helped to ensure that people would be appropriately supported in the event of an evacuation or emergency.

Prior to our inspection in August 2017 we were notified by the provider of concerns relating to people being woken up at unacceptable times in the morning and concerns that some staff had not received training in medicines. We shared these concerns with the local safeguarding team and Trafford local authority commissioning team who completed an unannounced visit of the home in September 2017. Trafford local authority commissioning team visited the home at 5.30am and found instances where four people's daily records did not accurately reflect the times they had woken up. Furthermore, the Trafford local authority commissioning team found shortfalls in training for staff in respect of moving and handling, first aid, medication and fire safety. The provider agreed to work with Trafford local authority commissioning team to ensure outstanding areas in training was addressed.

During this inspection we discussed the concerns received in August 2017 with the provider who commented they found the pre-populating care records had been carried out by one staff member who they have continued to monitor and support. We were provided with evidence of unannounced spot checks they had completed and found the member has stopped this unsafe recording. The provider commented that the staff member is a popular member of staff with the people at the home and felt the inaccurate recordings from the staff member was down to a lack of undertaking of the importance of ensuring care records are accurately recorded. Furthermore, we found the gaps in training had now been rectified. The provider commented the homes administrator has a clear overview of the training new and existing staff required.

At our previous inspections in June 2016 and October 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 all radiators now had protective covers over them to ensure people were no longer at risk. However, we found the provider used a cloth material that was not sufficient as we found one radiator on the ground floor had started to rip and left a small area of the radiator exposed. The provider confirmed this radiator would be addressed with a new covering that would be much more robust. During the tour of the home we found areas of the building that required attention. We found two walls on the ground floor required remedial work due to the plaster coming away and we found an old light fitting had wires exposed. Although this light fitting was at a height, there was a potential risk of someone touching the wires. During the inspection the homes maintenance person made this light fitting safe. In discussion with the provider they commented that areas of the home would be refurbished in the new year. At this stage a refurbishment plan had not yet been drafted. We will review the progress of this work at our next inspection.

During the tour of the home we noted there was a bed pan cleaning machine located in a small room on the first floor. We found this room did not contain a door, although the bed pan machine was not in operation we discussed with the provider that a lockable door was required to minimise any potential risk of people who may be confused accessing the machine. The provider confirmed they have disconnected the machine as an interim measure until a new door has been installed.

Legionnaires' disease is a potentially fatal form of pneumonia caused by the legionella bacteria that can develop in water systems. In discussion with the provider we were advised they did not have cold storage systems and did not feel the home was at risk of Legionnaires' disease. The provider also confirmed they had sent legionella bacteria sampling for testing, however the provider could not find this information. There was no risk assessment in relation to legionella, and there was no evidence on any recent tests to confirm whether legionella bacteria was present in the water system. There was no evidence that any monitoring of the water temperatures had taken place and regular flushing of the water systems. This meant the provider was not taking reasonable steps to help protect people from the risk of contracting Legionnaire's.

The provider had not taken reasonable steps to ensure the premises and equipment were safe. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the safeguarding records in place at York Lodge Residential Home. We noted that a tracking tool had been developed to provide an overview of safeguarding and care concerns that had been received; these records had been placed in a folder for reference. Examination of individual safeguarding records confirmed the provider had taken appropriate action in response to incidents.

Appropriate arrangements were in place to ensure people's medicines were managed and administered according to their needs. People were given their medicines on time by staff who had been trained and deemed as competent in the safe management of medicines. Prescribed medicines were suitably stored and accounted for to reduce the risk of inappropriate use. A system had been implemented to check the stock balance of liquid medicines. People's medicines administration records had been completed with no gaps or errors. Staff consulted with health care professionals and their GP when people's medicines needed to be reviewed.

We checked to see how the service managed medicines which required additional checks and more secure

storage; these are known as controlled drugs. We saw these were kept separate from the other medicines, and the senior care workers completed additional checks in line with the requirements. We found clear procedures for staff to follow for any medicines that needed to be disposed of and a record kept on the system to show this. This showed the service managed people's medicines safely.

We found the home was clean and tidy. This included communal areas, in people's rooms, in bathrooms and toilets and the equipment people used. However, we noted one person's bedroom did have a malodour due to the continence issues the person had. The domestic workers we spoke with could explain the daily and weekly cleaning schedule and described how rooms were deep-cleaned when people left the home. This meant that the home was clean which helped keep the people safe from infections. Furthermore, the provider of the home commented that they would be discussing the malodour in a sensitive manner with the person while considering alternative flooring for this person's bedroom.

The service received a follow up audit by the local NHS Trust's infection control audit on 28 August 2017. The service received an assessment score of green that indicated high compliance.

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 people that received day care at the home. 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 an activities co-ordinator who worked five days a week. At the time of our inspection the activities co-ordinator was not on duty due to working the waking night shift to support the home to help reduce risks in relation to fire safety.

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.

At this inspection we asked people if they thought there were enough staff on duty and the feedback was positive. People said, "Staff are always around if you need them", "I've no complaints so there must be enough staff", "I don't think you have to wait too long" and "Yes, we're looked after quite well; you don't have to wait long." Relatives also commented, "They home has enough staff, but most importantly the staff are great" and "Always plenty of staff around when I visit."

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, "We have the right amount of staff, the management will always support us."

Risks to people's personal safety had been assessed and plans were in place to reduce these risks. For example, we viewed the risk assessment of a person who was assessed as high risk of malnutrition. Care records showed the person's weight and food intake was regularly monitored to ensure the identified risk was reduced. Another person was assessed as high risk of skin breakdown. The service had obtained an air flow pressure relieving mattress from the community nursing service. This air mattress automatically self-adjusted for the weight of the person. Records showed regular checks were carried out on the equipment to ensure it was in working order.

We looked at the records for gas and electrical safety and manual handling equipment checks. All the necessary inspections and checks were up to date. The home had a fire risk assessment in place which had recently been reviewed, however the provider confirmed a new fire risk assessment would be completed by an external company due to the concerns raised by the fire office. We noted fire drills had regularly been

undertaken by the home for staff. We found regular checks were conducted on the facilities and equipment, to ensure they were safe for their intended use. This included fire safety systems, call bells, and electrical equipment.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. These checks included application forms; references, medical statements; disclosure and barring service (DBS) checks and proofs of identity including photographs. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

We saw the service had access to an electronic training system. Training in the service at the time of our inspection was being managed by the administrator. We found the provider stored staff training records on a computerised system, which did not provide a collective overview of the training staff received or required. The administrator commented that they were fully aware of the training staff required, due to updating this on a regular basis. We viewed the individual training records for all staff and noted key training subjects had been completed such as Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), manual handling, safeguarding, medicines, fire safety, infection control, coshh, dementia awareness, diet and nutrition, health and safety awareness and death, dying and bereavement.

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 continued to use the 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 it 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).

The manager had made 13 applications to the supervisory body where they had identified this was required. The manager had introduced a tracking sheet to monitor when applications had been made, whether there were any conditions on the authorisation, and when the authorisations expired. This showed the provider had a clear overview when they needed to re-apply.

Staff we spoke with understood the principles of the MCA and DoLS. They were able to tell us people who had an authorised DoLS in place, and what this meant in relation to their care. Staff understood that people should be supported to make their own decisions whenever possible, and that when people lacked capacity that any decisions taken should be in their best interests.

People we spoke with told us staff always asked for their permission before providing care or support.

People's care plans contained consent forms. We found two consent forms had been signed by the person's family member. However, it wasn't clear from the care plan whether the person's family member was their Power of Attorney (POA) for health and welfare. A POA is someone who is granted the legal right to make decisions, within the scope of their authority (health and welfare decisions and / or decisions about finances), on a person's behalf. We discussed this area with the provider who confirmed all care plans consent sections were in the process of being reviewed to ensure people's consent was followed correctly. We will review this at our next inspection to check all care plans have been fully updated.

We observed the lunchtime meal experience. We saw that the tables were nicely set for lunch. Menus showed a good choice of meals with a cooked meal at both lunch and evening meal. The atmosphere was relaxed with quiet music on in the background. Staff were present at all times and they interacted well with the people. The food was well presented and people were asked if they wanted any more. We did not observe much wastage of food and one person asked for more quiche which they duly received.

We looked at how people were protected from poor nutrition and supported with eating and drinking. Where people were at risk of poor nutrition, they had been referred to a dietician and appropriate food supplements were prescribed and offered. Regular checks were made on people's weight, either monthly or weekly depending on the assessed risk.

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. However, we found the signage on the first and second floor of the home was limited. Discussion with the provider confirmed additional visual prompts and signage would be introduced. We will review this at our next inspection.

Discussion with people and records showed that people had been supported to access health care professionals as needed. There was a strong working relationship with the local GP and other healthcare professionals. 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. During the inspection we spoke to two visiting health professionals who were both complimentary about the home. Their comments included, "This is a very homely environment for people, I never have concerns placing people here" and "The staff here always keep me fully informed when I visit in respect of the patients health needs."

Is the service caring?

Our findings

All but one of the people we spoke to thought the staff were kind, treated them with respect, listened and did what they asked. Comments received included, "I've never met one [care worker] that isn't kind. I would say they treat me with respect. Yes, they're very nice here", "They [care workers] are kind, they really are. Very nice, I've not yet met one who isn't", "Oh yes, they're [care workers] kind. It's a difficult sometimes; they cope very well", "They're lovely. They call me 'sweetheart'" and "I think they're [care workers] kind; they respect me and they usually listen to what I say. However, the younger ones [care workers] don't necessarily think through before they start. Otherwise, they're fine."

Relatives felt staff were caring. A relative commented, "This home is caring, [person's name] is loving it here" and "The care has always been superb at York Lodge."

We saw a written compliment from another relative which stated, "When my mum was not eating properly you were great at getting the speech and language therapist and dietician, she is now enjoying eating."

We found that the atmosphere in the home was calm, relaxed and organised. During the inspection we observed how well staff interacted with people who used the service. We heard that staff were kind and caring in the way that they approached people. We saw that staff had built relationships and had good rapport with people. For example we overheard a care worker chatting with a person. They were familiar with their needs and took an interest in their wellbeing while socialising with them. Staff spoken with had good knowledge about people's care needs. The home was relatively small and staff told us this enabled them to form good relationships. As well as this a number of staff had worked at the home for many years which supported continuity and familiarity.

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 were supported and involved in planning and making decisions about their care. We saw that where they were able to, people had been involved in the development of their care plans and had signed them to say that they had been consulted at least every six to 12 months. A number of reviews had been held with people to involve them in decisions around their care and support. People were also able to take part in residents meetings which included them in decisions about the way the home was run. We spoke with one person who told us that he had a number of items ready for discussion at the next meeting.

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, "We are very sensitive at managing people's personal

care needs. We don't rush people and go at their pace." 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.

Is the service responsive?

Our findings

At the last inspection in October 2016 we found significant improvements had been made in relation to the care plans. At this inspection we found the provider had continued to ensure care plans were up to date, reviewed as needed and contained information about people and their preferences.

Care records were recorded on a computerised system, which replaced the paper-based system in January 2016. 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, long term conditions, personal care, nutrition, skin integrity and communication.

We saw that staff maintained daily records to evidence that support had been provided to people. For example staff recorded when people had been supported with a wash or other personal care. We found that people looked clean, smart and well cared for. People's preferences around their choice of clothing were respected.

Staff told us that there was good communication about people's needs and any changes to their care. The registered provider confirmed all staff had access to the live computerised system where staff were expected to record information concerning the people at the home. They told us that they were also kept updated about any changes to people's needs through a daily handover meeting.

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. 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 one activities coordinators 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.

During the inspection the activities co-ordinator was not on duty due to working the additional waking night shift. The provider commented the activities co-ordinator volunteered to work the waking night shift last minute to ensure the home complied with the fire departments request, however we were told they would be back on duty the following day.

People accessed activities using the homes mini-bus and the activity co-ordinator's vehicle; this provided room for up to 11 people that could attend outdoor activities. People spoke highly about the activities that were on offer. Comments received included, "I'm not a big reader, but I do various handicrafts including knitting, my family bring in stuff I need", "I like to sit, read books, papers and listen to music", "I like to play bingo, watch TV, here where it's warm" and "There is plenty going on, we get to go out a couple times a week."

People and their relatives were aware of how to make a complaint. The organisation's 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. We saw that the manager had a system to document any complaints, and record any actions taken to investigate and resolve them. We saw that the registered provider had not received any complaints in the past 12 months.

People's end of life care needs and future decisions were documented and contained within care plans to help ensure people's wishes and choices were respected.

Is the service well-led?

Our findings

People and their relatives spoken with were positive about the management of York Lodge Residential Home. Everyone knew who the manager was, and people told us, "[Manager's name] has worked here for a long time, I find them very helpful", "I don't know who it is; but I've no complaints", "He's easy to talk to" and "He's a busy man, but I could talk to him."

Comments received from people's relative included, "I know there has been changes in the management but the new manager seems to be doing well" and "I tend to speak to the [provider's name] but I know [manager's name] is available to deal with any concerns I may have."

Since our last inspection of York Lodge Residential Home, a new manager had been appointed. They had applied to CQC to become the registered manager and at the time of our inspection, this application was being assessed. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health & Social Care Act 2008 and associated Regulations about how the service is run.

In October 2017 we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. The provider did not return the information the Care Quality Commission (CQC) as requested. This had been sent by CQC to the nominated individual. Shortly before the inspection the owner of the home contacted us to ask for an extension for the PIR, this was granted by CQC, however the provider failed to submit their PIR with the new deadline set.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to provide a written report on how the regulations were being complied with and plans they had for improving the standard of service provided.

During the last inspection in October 2016 we found the provider had been working alongside a 'Care Management Consultancy', to make improvements within the service. As a result of the support received from the care consultancy group, the provider continued to develop their quality assurance systems and no longer required the care consultancy group support.

Audits were undertaken for aspects of care such as medicines, people's weights, accidents and incidents, care plans, and infection control. We saw that both the new manager and provider worked together to complete these tasks. In discussion with the provider they confirmed the new manager would be taking more responsibility with audits going forward.

We looked at how accidents and incidents were managed. Accidents and incident reports were completed by staff within care records in a timely manner, and CQC had been notified as required. Accidents were also documented in a central log, which included details of the accident, the person it had happened to, any

witnesses, actions, reporting and the outcome. A similar log was kept for falls. Regular audits and analysis were carried out on accidents, incidents and falls to help identify any trends or patterns so that these could be addressed. We saw that actions taken were appropriate, such as referrals to the falls team, implementation of equipment or mobility aids.

The provider also provisioned an external service who visited the home four times a year to complete health and safety audits. We found the latest audit was completed in June 2017. In discussion with the provider we questioned how effective these audits are due to them not identifying the shortfalls in fire safety, risks to legionella and the exposed radiator cover. The provider commented that they were eager to develop areas of the home such as the conservatory and a refurbishment plan for these works was due to be implemented.

At the last inspection we found systems had also been put in place to gain the views of people's experience of the care they received. During this inspection we asked to view the latest surveys and we were informed by the provider these had not been done due to the changes in managers. The provider confirmed surveys to people will be set out in the new year. We will view the progress of this at our next inspection.

In the main lounge of the home was a locked 'post' box where people who used the service could post any concerns, complaints or ideas for improving the service. This meant people could do this confidentially without their identity being known, if that was their wish. The contents of this 'post' box was regularly checked and reviewed by the manager and action taken if needed.

The provider had not met all of the requirements of their registration. We found the provider had not notified us of three Deprivation of liberty safeguards (DoLS) applications and their outcomes. Registered persons must notify us about any applications they make to deprive a person of their liberty under the Mental Capacity Act 2005 and about the outcome of those applications. They do so at the same time using one standard form as soon as the outcome of the application is known.

The failure to submit notifications to CQC was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

It is a requirement that the provider display a copy of their last performance assessment at the premises from which the regulated activity is provided and on their website. A copy of the last inspection report and rating was displayed on a notice board in the main lounge of the service.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had not met all of the requirements of their registration. We found the provider had not notified us of three Deprivation of liberty safeguards (DoLS) applications and their outcomes.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not taken reasonable steps to ensure the premises and equipment were safe.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to provide a written report on how the regulations were being complied with and plans they had for improving the standard of service provided.