Black Swan International Limited

York House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: York House is a residential care home that provides personal and nursing care to up to 43 people aged 65 and over. At the time of the inspection 31 people were receiving care at the home.

People's experience of using this service:

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• People received care that met their individual needs from a team of caring and dedicated staff.
• Staff took time to get to know people and responded well to their care needs. Where possible, people's preferences were met and they were encouraged to maintain their independence.
• Staff assessed and reduced potential risks to people's safety.
• Staff were recruited and trained effectively to ensure people's health and wellbeing was promoted.
• People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
• There were effective systems in place to monitor and improve the service. If issues of concern were raised, management responded promptly and appropriately.
• The registered manager had very recently been promoted from the position of deputy manager. As this was their first appointment as a registered manager, they were receiving support from senior management at the time of inspection. The registered manager demonstrated a good understanding of the service and of the requirements of their role.
Rating at last inspection: At the last inspection, the service was rated Good. (Published 31 August 2016)

Why we inspected: We inspected this service in line with our inspection schedule for services rated Good.

Follow up: We will continue to monitor this service according to our inspection schedule.

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

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 remained Safe.	**Good**
Is the service effective? The service remained Effective	**Good**
Is the service caring? The service remained Caring	**Good**
Is the service responsive? The service remained Responsive	**Good**
Is the service well-led? The service remained Well led.	**Good**

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by two inspectors 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.

Service and service type:
The service is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 31 people living in the service at the time of our inspection visit. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This was an unannounced inspection.

What we did:
• Our inspection was informed by evidence we already held about the service. This included feedback we had received from the public and LA since our last inspection and the information the provider sent us in their Provider Information return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
• We spoke with four people who used the service and three visiting relatives.
• We spoke with the registered manager, a senior regional manager and operations director who represented the provider, one senior care assistant, three care assistants, an activities co-ordinator and a kitchen assistant.
• We reviewed four people's care records and four people's medicine records. We also reviewed

documentation relating to the running and governance of the home.
• After the inspection, we reviewed additional evidence relating to care records.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• Staff received regular training in this area. They gave examples of abuse and understood the need to promptly report a safeguarding concern.
• Staff knew where to access safeguarding and whistleblowing policies and procedures. A social work professional told us that a concern regarding potential abuse was thoroughly investigated and reported to the local authority as appropriate.

Assessing risk, safety monitoring and management
• A person told us that on one occasion the language used by a member of night staff left them feeling unsafe. This was discussed with management. They told us they would discuss staff behaviours and expectations during forthcoming staff meetings and conduct observational supervisions, as required. We were assured that this matter would be promptly and effectively addressed.
• All other people and relatives we spoke to told us they felt safe in the home. One relative said, "I think [Family member] is very safe here, they get so much attention and they have had no falls since they've been here." Another relative told us, "Oh yes, I think they're looking after [Person] very well. I know when I go home they are going to be fine."
• Potential risks to people's health, safety and wellbeing continued to be assessed. Risk assessments were carried out if a person experienced an incident or accident and they were also routinely undertaken every six months.
• People's care plans contained information about how to keep people safe and these were updated if a person's care needs changed. We reviewed the medical notes, risk assessments and care plans of one person who experienced ongoing difficulties with their mobility. Staff spoken with had a good knowledge of how to mitigate risks to the person's safety. They explained how they supported the person at risk of falling with the use of knee supports, a frame and a falls mat.
• Environmental risks were assessed and managed to ensure they did not pose any safety concerns to people living in the home. Routine safety checks were undertaken to ensure that the premises and equipment was always safe.

Staffing and recruitment
• Records showed that appropriate checks had been completed before staff were able to work in the home.
• Staff told us that on occasion there were fewer staff on shift than had been planned but people and relatives told us this did not impact on the quality of care people received. The registered manager confirmed that two new members of care staff and a second deputy manager were due to start very soon.

Using medicines safely
• People told us staff ensured they took their medications correctly. One person who required their

medicines at a certain time told us, "They always bring me my pills at about the same time because it's quite important with what I've got."
• Medicines continued to be managed and stored safely. This included medicines which were deemed to be 'high-risk'.
• Medicine administration records (MAR) were completed correctly and they showed that people received their medicines as prescribed.
• Staff who administered medicines demonstrated their competence through annual assessments.
• People were supported to administer their own medicines where this had been deemed for them to do so.
• Staff sought to minimise the reliance on medicines where possible and ensured people's medicines were reviewed by a GP on a regular basis.
• Effective quality assurance systems ensured safe medicine management. Detailed medicine audits were completed routinely by staff and the service also benefitted from external oversight and guidance.

Preventing and controlling infection
• The home was clean and smelt fresh. People and relatives told us they were happy with the cleanliness of the home. They said people's rooms were cleaned daily.
• Staff used protective equipment, such as gloves and aprons, to reduce the risk of the spread of infection. They received regular training on infection control and food hygiene.
• The home followed clear processes in the event of an outbreak of an illness. This was evident during our inspection when some people were staying in their bedrooms due to a chest infection. Staff knew what measures were needed to contain the spread of the illness.

● Learning lessons when things go wrong
• Staff completed incident and accident forms when necessary and action was taken by management, showing that lessons had been learnt.
• There was monthly oversight of incident reporting at senior management level. This enabled any patterns or trends to be analysed.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Assessments took place to ensure the service was suitable for the person. Staff assessed in detail people's health, care and emotional needs and this information formed the basis of care plans.
• Staff encouraged people's involvement in decisions about their care and support and they provided person-centred care.

Staff support: induction, training, skills and experience
• Staff were competent, knowledgeable and skilled in their roles.
• There was a good induction process which included training, shadowing experienced staff and being observed by senior staff.
• Care staff received regular core training in areas such as manual handling, pressure sore care and management, dementia and infection control.
• Staff were encouraged to undertake additional training in specific areas of care. On the day of the inspection, a district nurse was delivering training on catheter care. Records showed that care staff had received training on other aspects of care. For example, diabetes and the safe administration of food to people who have difficulty swallowing.
• There were champions in continence, medication, nutrition, infection control, activities and entertainment, dementia awareness and equality and diversity. The role of the champions was to advise staff and disseminate good practice.
• Staff had routine supervisions and appraisals which they told us were helpful.

Supporting people to eat and drink enough to maintain a balanced diet
• Care and kitchen staff knew people's dietary needs and these were well catered for. One person with special dietary needs told us, "Pips and seeds, I can't eat them. They know that and make sure I'm not given anything with pips or seeds." We asked the kitchen assistant about this person and they immediately told us the same information. They said they always prepared food that was suitable for them.
• People told us they were given a choice of meals throughout the day. One person said, "There's a choice at every meal and if you don't want what's on the menu, I think you can ask for something different." Another person told us, "I can say that there's always a choice and there's enough. They offer a good selection of drinks too; in fact I think if you ask for something, they'll get it."
• We saw a wide choice of food and drink options at lunchtime and the kitchen assistant confirmed that if people didn't like the options, they could request and would be given an alternative meal.
• People were encouraged to maintain a healthy weight. One relative told us "[Family member] put on weight when they first came here." We saw evidence of people's weight and fluid intake being regularly monitored. Staff sought advice from specialist health care professionals as appropriate to support people to

eat and drink enough.

Supporting people to live healthier lives, access healthcare services and support
• The service had clear systems and processes for referring people to external agencies and ensuring they could access appropriate health care services promptly.
• People and relatives told us that people saw a range of health care professionals. This included occupational therapists, physiotherapists, opticians, dentists, and speech and language therapists.
• The staff worked well with external health care professionals to promote people's health. One relative told us, "We've had a conversation around whether [Family member]'s medication is affecting their appetite. The care home staff and GP are aware of it and are trying to find ways of getting them to eat more."
• People under the care of consultants were supported to attend hospital appointments as required.

Staff working with other agencies to provide consistent, effective, timely care
• The service supported safe transfers to other health care settings by ensuring clear records of their health and care needs accompanied the person.

Adapting service, design, decoration to meet people's needs
• The premises were well furnished, clean and comfortable with airy communal areas. We saw some people undertaking activities and watching television in two of the lounge areas. An outside patio area was accessible to people if they wished to go outside.
• Some people told us their bedrooms were small but we heard that staff tried to accommodate people's preferences, where possible. One person moved into a larger room, for example and their relative told us they were very happy there. Another person, who said they felt a little isolated in their room, was also offered the option of moving to a different room.

Ensuring consent to care and treatment in line with law and guidance
• The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
• We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• People's capacity was described in their care plans. Some people had varying capacity relating where they potentially required some support from staff. The guidance was clear in these plans and we observed staff seeking people's consent before providing care.
• Mental capacity assessments and best interest decisions had been undertaken correctly and these processes were clearly documented. They showed that staff were supporting people in the least restrictive way. DoLS applications had been made appropriately for some people.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• A poster in a corridor close to the entrance hall said, 'Our residents do not live in our workplace, we work in their home'. We saw and heard caring and respectful interactions between staff and people, which indicated that this outlook was embedded in the home.
• One relative told us, "[Family member] loves all their brass ornaments, the cleaner sits and polishes them, she'll sit and chat with [Family member] while she does it. The staff are great, they're all helpful and wonderful to [Family member]."
• In one of the lounge areas we saw a care assistant tenderly reassure a person who was confused about where they were, and offered them a choice of drinks. They then offered the person some magazines which were more likely to interest them than those in front of them.
• The manager told us that staff reassured a person who was very anxious because they thought they were using the wrong wheelchair. Staff arranged for the person to have their own, new wheelchair and together they labelled it with the person's name and room number.
• An assistant practitioner from the local authority social services team told us, "The staff at York House are always friendly and willing to do anything. I have had good feedback from residents and family members."
• People were consulted about any issues around equality and diversity. The registered manager told us they were sensitive to the religious practices and beliefs of everyone living in the home.

Supporting people to express their views and be involved in making decisions about their care
• A relative told us they were also able to contribute to care decisions. They said, "My relative and I speak to the manager if we think something needs changing or if we have concerns. We don't necessarily sit down and have a formal discussion but I think they listen to what we have to say and what we want for [Family member]."
• Where people were unable to communicate verbally or had a hearing difficulty, staff told us they used adapted communication techniques, for example, writing information or using mutually understandable signs. The regional manager confirmed that staff would receive sign-language training the following month.
• Staff gave people choices about how aspects of their care was delivered. All the staff members we spoke with said they would support people to make their own decisions as much as possible. This included decisions about how they spent their time during the day, what they wore and whether they followed the advice of health care professionals.

Respecting and promoting people's privacy, dignity and independence
• Staff gave examples of how they respected people's right to privacy and provided dignified care. Information on people's individual preferences and wishes regarding personal care was detailed in their care plans.

• People were encouraged and supported to maintain their independence, where possible. A care assistant told us how they supported a person with mobility difficulties to complete some of their personal care. They said this had a positive impact on the person's mood.
• A person told us, "I like to do some things for myself, like making the bed and having a bit of a tidy."
• Most people could leave the home when they wished. The registered manager told us, they would give the front door key code to residents if they requested it where this was safe to do so.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• The service responded well to people's health and personal care needs and preferences.
• Each member of staff we spoke with could tell us, without hesitation, how to care for individuals.
• We observed a member of staff attending to a person during lunchtime. They quickly noticed that a person did not have the required support to prevent them from leaning over their chair. The care assistant promptly remedied the situation by discreetly providing a support cushion in the correct place. Their actions reduced the risk of harm to the person.
• We heard about a person with complex health needs who had been assessed by multi-disciplinary health care teams. Staff ensured they received appropriate care which was tailored to their wishes. For example, the person had chosen not to follow a dietary recommendation and staff respected and catered for this person's choice.
• A person told us that care staff did not always have enough time to respond to their social and emotional needs. This had been recognised and additional staff and an activities co-ordinator had recently been appointed. We spoke with activities co-ordinator, who told us they had started planning and delivering a varied programme of activities based on people's suggestions and wishes. They described a person-centred approach designed to meet individual preferences. The activities co-ordinator showed an understanding of the fact that some people were unable or preferred not to leave their rooms very often. They told us they were keen to address the issue of social isolation and said that two people had already started to socialise more.
• Staff encouraged people's family and friends to visit the home. One relative told us, "They are really good with [Family member], and they make me feel welcome too. They always offer me a drink and a biscuit when I visit, and I'm here every day."
• Care plans contained information about people's needs and preferences and these were regularly reviewed with people and their relatives.

Improving care quality in response to complaints or concerns
• People and relatives were encouraged to raise complaints or concerns by staff and management. A formal complaints process was made available to people upon admission to the service.
• The manager told us how they had investigated a complaint about noise. They responded appropriately to the situation by putting measures in place to ensure people knew to keep quiet in proximity of the person's room.

End of life care and support
• Care plans showed that discussions had been held with people and their relatives about end of life care planning. People's wishes relating to their end of life care were clear and personalised. People's relatives confirmed they had been involved in discussions where necessary.

• The registered manager told us that all staff would receive end of life care training in the coming months.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• The registered manager had been in post for a short time at the time of the inspection. They had worked at the home for many years and had been promoted internally. The provider ensured they were well supported during their induction period. The registered manager told us they were settling in to the role and had started to form plans about how to take the service forward.
• The registered manager showed an awareness of how to promote a positive working culture. They told us they regularly alternated shifts to help staff build good working relationships. They also planned to hold regular staff meetings, repeated for day and night staff, so everyone felt included.
• Staff told us the change in management and recent staff turnover had been a little unsettling but they were positive and said they worked well as a team. Staff told us that management were open, welcoming and responsive.
• The registered manager was undertaking a medicine round at the start of the inspection and we saw her spending time with people in the home. They also did a daily walk around to ensure they had a chance to speak with and see people. This showed they wanted to be involved in care delivery to monitor standards and to foster a sense of team working with staff.
• A charter of rights for people in the service had been created based on human rights principles.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager demonstrated an understanding of their regulatory responsibilities.
• They were committed to continuing the established system of governance and quality assurance. Regular and effective auditing, observations and safety checks were undertaken by staff and management within the home, and by regional and operational management at provider level. Staff were regularly supervised, appraised and observed to ensure standards of care delivery remained high.
• Staff 'champions' were given responsibility for developing their own knowledge and practice and for sharing good practice with colleagues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People were encouraged to voice their opinions about the service. The senior regional manager held regular meetings with people to discuss any issues.
• The service invited people to take part in a 'resident recruitment panel' when management roles were advertised. The panel met with and gave their views on shortlisted candidates. This demonstrated they were

empowered to have some influence over the care they received.
• People also contributed to the creation of a staff pledge which contained a list of values, behaviours and actions, such as how individual care should be delivered. Staff were obliged to sign up to the pledge.
• People and relatives were also provided with questionnaires annually to obtain feedback about the quality of care being provided. A relative told us, "I was asked to fill in a questionnaire quite recently, a couple of weeks ago and they do have meetings for residents and relatives, but I've not been."
• The management told us they were looking to develop stronger links within the community. The registered manager planned to create partnerships with local churches and schools.

Continuous learning and improving care
• The service had worked with an external consultant to ensure its approach to medicine management was of a good standard.
• There was an employee of the month award and outstanding contributions by staff members were also recognised. These incentives helped to motivate and drive improvement.
• We saw an example of how staff had acted on concerns and put in place measures to improve care delivery.

Working in partnership with others
• The service worked well with the local authority and a member of the quality assurance team told us, "We have no concerns about the provider."
• The service had created effective working relationships with the local GP surgery and people benefitted from regular visits from a nurse practitioner or GP. The staff also developed good links with health care professionals in other external agencies.