

Ideal Carehomes (Number One) Limited

Ebor Court

Inspection report

Great Northern Way
Nether Poppleton
York
North Yorkshire
YO26 6RJ

Tel: 01904606242

Website: www.idealcarehomes.co.uk

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20 July 2017

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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?

Inadequate 

Summary of findings

Overall summary

Ebor Court is a purpose built care home, which is registered to provide personal care and support for up to 64 people. At the time of our inspection 60 people lived at the home. The home is spread across three floors. The Guy Fawkes Unit is on the ground floor, the Dame Judy Unit on the first floor and the George Hudson Unit on the second floor. The George Hudson Unit provided personal care, whilst the other two units specialised in providing support for people living with dementia.

The service was previously inspected in December 2015, when it was found to be in breach of regulation with regard to safe care and treatment (managing risk), meeting nutritional and hydration needs and good governance (quality assurance). The service was re-inspected during May and June 2016 to check that improvements had been made. We found that improvements had been made to managing risk and meeting nutritional and hydration needs. However, improvements had not been made in relation to good governance (quality assurance and record keeping). We issued the registered provider with a warning notice due to this continued breach in regulation. We also found a new breach in regulation in relation to safe care and treatment (medicines management). The service was then inspected on the 5 and 13 December 2016. At this stage we found that improvements had been made in relation to record keeping, quality assurance and medicines management and the provider was no longer in breach of regulation. Some further improvement was still required however in order to demonstrate consistent and sustained progress.

This inspection took place on the 17, 18 and 20 July 2017 and was unannounced.

At this inspection we saw that improvements were needed to quality audits to show that any areas requiring improvement had been actioned. The quality audits that had been carried out had not always identified the shortfalls we identified during our inspection. The oversight by senior managers had not resulted in sustained improvements to the service. This had been an area of concern at previous inspections and had reoccurred. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the systems in place to ensure people received their medicines safely. We saw that medicines were stored safely, administered on time and disposed of appropriately. However, we noted some minor concerns in recording and that medicines had not always been obtained in a timely way so that people did not run out of them. This had been an area of concern at previous inspections and had reoccurred. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the recruitment records for four members of staff and these showed that some staff had commenced work prior to all safety checks being in place. The risk of new staff working during the night had not been thoroughly assessed. There was no record that the information in one person's reference had been fully explored. This meant there was a lack of evidence that only people considered suitable to work with people who may be vulnerable had been employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff worked within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) although some applications to deprive a person of their liberty had not been submitted to the local authority. We have made a recommendation about this in the report.

The registered provider is required to have a registered manager as a condition of registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. There was no registered manager in post on the day of our inspection and, as such, the registered provider was not meeting their conditions of registration. The provider had recruited a permanent manager, who was due to start work in September 2017. In the meantime they had appointed a temporary manager to cover the post until the permanent manager took up their position.

The feedback we received indicated that, although there had been continued issues with recruiting and retaining new staff, this had recently improved. People told us that staff responded quickly to call bells and they did not have to wait for support, and that there had started to be some consistency in respect of the staff on duty.

There were systems in place to help staff identify and respond to any signs of abuse, to protect people using the service from harm. There were systems in place to identify and minimise risks to people's safety, but some improvement was required to the consistency of recording in risk assessments.

Staff received induction training and on-going refresher training on the topics considered essential by the provider. Staff also had supervision meetings with a manager when they were able to discuss any concerns they might have and their training and development needs.

People received appropriate support with their nutritional needs and any concerns identified in respect of dehydration or malnutrition were monitored. People were able to access healthcare professionals where required.

People we spoke with told us that staff were caring, and respected their privacy and dignity. We observed staff interacting with people throughout our inspection, and found that these interactions were friendly, supportive and respectful. When people wished to observe their religious beliefs, they were supported to do so.

People spoke positively about the activities they took part in and people's family and friends were made welcome at the home.

Care plans were in place which contained sufficient information to assist staff in providing person-centred care. These had been reviewed regularly since our last inspection although there were some minor anomalies in the information held. At our last inspection we found that care plans in relation to diabetes required further improvement. At this inspection we had no concerns about this aspect of care planning and noted that staff had received appropriate training on this topic.

The registered provider had a complaints and compliments policy in place, and records showed that concerns had been investigated and responded to. People and relatives we spoke with said they would feel comfortable raising complaints.

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.

People did not always receive their prescribed medicines as on occasions their medicines were out of stock.

Recruitment processes were not robust; appropriate checks were not always completed before staff started work.

Staff knew how to report any safeguarding concerns.

Staffing levels had improved meaning there were sufficient numbers of staff available to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were not fully met.

Staff received an induction and on-going refresher training in order to equip them in their roles.

People were supported to access health care services and received appropriate support with their nutritional needs.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us that staff were caring and we observed positive, warm interactions between people and staff.

People were offered choices and these choices were respected.

Staff were respectful of people's privacy and dignity.

Good ●

Is the service responsive?

The service was responsive.

Good ●

People's needs were assessed and appropriate care plans were in place. These contained information about people's preferences and were regularly reviewed.

People had access to a range of activities that they told us they enjoyed.

The registered provider had a system in place to manage and respond to complaints and concerns.

Is the service well-led?

The service was not consistently well-led.

There was no registered manager in post, which is a condition of registration, although a new manager was due to start work in September 2017.

The provider had a quality assurance system in place. However this was ineffective in bringing about the required sustained improvements identified at previous inspections.

Inadequate ●

Ebor Court

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 registered 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 17, 18 and 20 July 2017 and was unannounced.

The inspection was carried out by two Adult Social Care Inspectors on the first and third day of our inspection and one Adult Social Care Inspector on the second day.

At the last three inspections the home was rated Requires Improvement. We conducted a full comprehensive rated inspection to check all aspects of the service again. We brought forward our planned inspection because we received information of concern. Before the inspection we reviewed the information we held about the service, which included notifications sent to us. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also sought feedback from City of York Council's contracts and commissioning team.

As part of this inspection we spoke with six people who used the service, six care staff, the acting manager, a deputy manager, the care manager, the quality support manager and the regional manager. We also spoke with eight relatives and friends of people using the service. We looked at four people's care records, four care staff recruitment and induction files, training records and a selection of records used to monitor the quality of the service. We also spent time in the communal areas of the home and made observations throughout our visits of how people were being supported. We carried out observations using the short observational framework for inspections (SOFI). SOFI is a tool used to capture the experiences of people who use services who may not be able to express this for themselves.

Is the service safe?

Our findings

At a previous inspection in May and June 2016 we found that the provider was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment) due to concerns about medicines management. We then inspected the service again in December 2016 to check that improvements had been made. We found that some improvements had been made and the provider was no longer in breach of Regulation 12. We noted however, that some further improvement was still required to ensure that certain areas of medicines management policies and procedures were always consistently followed.

During this inspection we checked again to see if further improvements had been made in relation to medicines management.

We observed staff administering medicines safely and in accordance with dispensing instructions. We also saw that after receiving their medication awareness training, new staff shadowed experienced staff members before they were allowed to provide support to people with their medicines. One staff member told us they thought the medication awareness training provided as part of the induction was quite basic, so felt the observation of other staff was an important part of the training process. Medicines were stored appropriately, although we noted there were still some occasional gaps in the recording of daily fridge and medication room temperatures, which was an issue we had noted at our previous inspection. It is important to ensure medicines are stored at the correct temperature to ensure their integrity.

The provider had conducted an investigation in May 2017 into an issue with one person's medicine that they had declined. This had resulted in the person needing medical attention. The provider took appropriate responsive action when the issue was identified, but the investigation highlighted that more could have been done by staff to explain to the person the implications of declining this medicine and why it was in their best interests to take it.

Care files contained a care plan with information about the support people required with their medicines. We reviewed a selection of medication administration records (MARs) and found these were generally appropriately completed, although we found an example where handwritten entries had been made on one person's MAR for two medicines, and these handwritten entries had not been counter signed by two staff members, which is good practice. Topical MARs indicated where creams needed to be applied, although we found administration gaps on one person's topical MAR.

We checked a selection of controlled drugs (those subject to strict legal controls due to their risk of misuse) against the corresponding records. The stock of controlled drugs held corresponded to the records in the controlled drugs register, which helped to confirm that these medicines had been administered in accordance with the information recorded.

However, we found that one person's medication had run out of stock on 17 July 2017 and had not been ordered until 20 July. They had not received their medicines on 17, 18 or 19 July 2017. Ensuring medicine

stock did not run out was also an issue we had identified at previous inspections. This showed the provider had not taken effective action to ensure this issue was fully resolved.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

At previous inspections there were mixed views about staffing levels at the home, particularly on an evening and overnight. At our last inspection in December 2016 we found some action had been taken to increase the staffing levels on an evening.

Prior to this inspection we received further information of concern about staffing levels, particularly on a night. We looked at staff rotas for certain periods since our last inspection and for the last two months. Since 2 April 2017 the staffing level on a night had increased by one staff member per night, to six staff, as occupancy levels had increased. We found there had been high levels of agency staff usage at times since our last inspection, particularly prior to June 2017. There were several occasions in April and May 2017 when there were two agency staff on a night shift, out of the five or six on duty.

The provider acknowledged that whilst they had recruited a lot of new staff since our last inspection, a number of staff had also left. In some cases recruitment checks had taken some time to come back, creating delays in replacing staff, hence having to rely on agency staff at times. We found that several new staff had started in June and July and agency staff usage had started to reduce again.

When we asked people about the availability of staff, people told us, "If I ring the buzzer they respond quickly. I don't use it that often" and "There are not enough staff. They will admit they are short staffed. But I have a shower every morning and they help to feed me; I still get the support I need." Others commented, "It can be a problem finding someone, but I don't need much help" and "I think so (enough staff). Usually come fairly quickly if I ring my buzzer."

Although we had received some concerns from relatives about staffing levels prior to this inspection, relatives we spoke with on the day were more positive. Comments included, "There's only once when I've turn up and they were really busy so I had to wait outside, but otherwise it's fine. And the consistency of staff is settling. There are familiar faces," "There's always someone in the main lounge. There are enough staff," "Yes (there are enough staff). When you need something they are there" and "I think there is enough staff, but it is the turnover that is difficult. It's just the consistency really as they get to know them and then some leave."

Visiting healthcare professionals told us, "It varies (staffing levels). There's sometimes a lot, other times not. No pattern. I think they (staff) care, they really care, but sometimes are put in situations that are difficult for them due to the staffing levels," "Some days are frantic but others are okay" and "The main issue is staff turnover I think. You get new staff who are keen and enthusiastic and then they lose them."

Most staff we spoke with told us there were enough staff to meet people's needs, but two staff told us that some days it was very busy and that they would benefit from more staff, including on a night. However, staff told us that staffing levels were improving. One staff member told us, "Staffing is much better now than a couple of months ago. People's care needs were met but it was just the little details that were not happening. Now it's less rushed and we can spend more time with people. You're not worried when you come in to work if you'll be short (of staff) or how many people you'll be working with."

We concluded that there were sufficient numbers of staff employed to meet the needs of people who

currently lived at the service.

We asked people who used the service if they felt safe at Ebor Court and comments included, "Yes, very much so. Carers are very good, if you want anything they help us" and "Yes. Staff make me feel safe and the building is safe." Relatives we spoke with told us, "I have no qualms whatsoever" and "I'm very pleased with [Name]'s care. They have settled well. It's a huge difference to their last home; they (staff) are more attentive here."

We looked at recruitment records for four staff, to see if staff were recruited safely. We found that in one case appropriate recruitment checks were completed before staff started work. This included references, identification checks, interviews and Disclosure and Barring Service (DBS) checks. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with vulnerable groups. However, the other three staff had commenced their training and shadowing of experienced staff prior to the return of their full DBS check. Although it may be acceptable for staff to commence working under supervision in exceptional circumstances, it appeared that this had become standard practice at Ebor Court, as three of the four staff whose records we checked had been employed in this way.

Rotas indicated when staff were shadowing, but we noted four instances in May when one staff member was marked as shadowing on night shifts, yet they were counted as part of the routine staff levels, rather than in addition to the normal staffing levels. On one of these occasions two staff were marked on the rota as shadowing. There was no risk assessment conducted in relation to the risk of staff without DBS clearance shadowing other staff at night. Because routine staffing levels on a night are lower than in the day, shadowing at night presents a greater risk that staff may need to be left unattended. We concluded the arrangements to evidence that new employees did not work unsupervised needed to be more robust.

We also found one example where references had not been received prior to the staff member commencing employment and doing their induction training. There was an issue in the reference which required further exploration by the provider. Whilst the nominated individual for the provider was able to explain to us the follow up action that had been taken to explore and resolve this issue, this was not clearly recorded in the person's recruitment records. The recruitment records we viewed did not evidence that the provider was taking all appropriate steps to ensure the suitability of workers.

This was a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff completed assessments to identify potential risks to people. These included assessments of risk in relation to falls, nutrition and skin integrity. Risk assessments were generally reviewed monthly. We saw examples which showed that staff had taken appropriate action in response to risk. For instance, in one file we saw that when someone had had a fall staff had checked if they may have an infection that could have contributed to their risk of falls and had provided a walking aid to support them. We noted in another person's file details of falls were recorded in daily diary notes, but not always transferred to the falls risk assessment and updated on every occasion. One diary entry also indicated a risk in relation to the person's emotional well-being, and there was no record of any action taken in relation to this. We discussed this with the provider, and shortly after the inspection they provided us with detail of a range of action they had taken.

There was a system in place for staff to record accidents and incidents. Details of all accidents and incidents

were recorded on a monthly accident monitoring log and the manager also completed a monthly falls audit. This enabled them to monitor information such as the time and location of any falls, so they could identify any patterns and ensure appropriate action had been taken. A root cause analysis was also conducted after falls or significant events to identify any causative factors.

We looked at environmental maintenance checks and equipment servicing records. These showed us that equipment was regularly checked and serviced. This included checks on the fire alarm and fire-fighting equipment, hoisting equipment, the call bell system, water safety (in relation to the risk of legionella), and portable appliance testing. Gas safety and electrical installation certificates were in place and up to date. These environmental checks helped to ensure the safety of people who used the service.

A visiting healthcare professional told us they had occasionally needed to remind staff about safe moving and handling practice. We monitored this during our inspection, and in most instances moving and repositioning people was completed safely and appropriately. We did however observe one occasion where a staff member did not follow best practice in safe moving and handling when assisting someone to stand up. We spoke to the acting manager and nominated individual about this and were updated after the inspection about the action they were taking in response to our observation, including additional training and support for the staff member concerned. All staff received moving and handling training as part of their induction and routine refresher training thereafter.

Staff received safeguarding training and the staff we spoke with were confident about how to identify and report any concerns. The provider had policies and procedures in place to guide staff in how to safeguard vulnerable adults from abuse. We reviewed safeguarding records which showed us the provider had reported incidents to the appropriate authorities when required.

Concerns had been raised with us prior to the inspection about the cleanliness of the home. We looked around the home as part of our inspection and found that it was clean and free from malodours. Carpets in the corridors, particularly on the first and second floor were stained in places. The provider had attempted to remove these marks, but this had not been successful so they advised us they had plans to replace the flooring in these areas. The provider had an infection control policy and cleaning schedules were in place for staff to follow to ensure all areas of the home were kept clean and hygienic.

Is the service effective?

Our findings

We asked people who used the service whether they thought staff had the right skills for the job and all those we spoke with said that they did. One relative told us the care was "Absolutely brilliant" and others commented, "The staff are always helpful. They are attentive" and "The care is good and the staff are nice. They look after [Name] well."

We looked at induction and training records to check whether staff had undertaken training on topics that would give them the skills and knowledge they needed to care for people. Records showed staff completed a two week induction when they started in post. This included safeguarding vulnerable adults, dementia awareness, health and nutrition, pressure area care, managing challenging behaviour, infection control, food hygiene, health and safety, first aid, the Mental Capacity Act 2005, medication awareness, end of life care, communication, moving and handling, person centred planning and equality and diversity. The nominated person said they were making changes to the induction training so that it was more spread out over a period of time. This was to give staff more chance to practice what they had learned and consolidate their learning, rather than staff having to take in so much information during a two week period. The provider had appointed a new training manager to oversee and develop the training package for staff.

A training matrix was in place to monitor when staff required any training updates. We saw that most staff training was up to date, but at the time of our inspection six staff were overdue some refresher training. We were advised this would be completed by 31 July 2017, apart from staff who were on leave and they would complete this at the earliest opportunity.

At our last inspection we found that staff had not always received formal supervision in line with the frequency required in the provider's policy. At this inspection we found that staff received supervisions; the majority of staff had received two supervision sessions so far in 2017. There were seven regular staff (out of the current 61 staff employed) that had been in post at the start of the year that had only received one supervision session in 2017. These seven staff had a supervision booked in July or August 2017. It is important staff receive regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice.

We saw records of staff meetings held since our last inspection and memos sent to staff. At a staff meeting in June 2017 there was a practical exercise conducted with staff, focusing on improving the quality of risk assessments, and in particular ensuring that falls risk assessments were appropriately scored and completed. The care manager also delivered a presentation on different medical terminology staff may see in hospital discharge notes, so that staff could understand the implications of certain references and diagnoses for the people they supported.

We saw that handover meetings were held twice a day to exchange information between staff. Daily handover records were also completed.

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. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application processes for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care files contained mental health and capacity assessments. We noted in one file there was contradictory information held about whether a family member had Lasting Power of Attorney (LPA) for health and welfare, in order to make decisions on the person's behalf about their care. We were advised that the provider had sought evidence of their LPA status, and that the file would be updated to clarify this once the information had been received. Staff we spoke with understood the importance of gaining consent before providing care to someone, and were able to explain how they would respond if they felt someone did not want their assistance.

The manager kept a log of DoLS applications submitted where a DoLS authorisation was required, either to ensure the person was always escorted when going outside of the service or because they were under constant supervision to ensure they were safe. The log included the date that any DoLS authorisations were granted and expired, so staff knew when applications would need to be re-applied for. We found that one application had been authorised and 31 had been submitted and were pending authorisation from the relevant authorities. The provider did, however, confirm that seven people had been identified as requiring a DoLS authorisation for whom an application had not yet been submitted. The provider confirmed shortly after the inspection that these were submitted the day after our inspection.

We recommend that the provider ensures they are working within the principles of the MCA at all times and takes action to ensure DoLS applications are consistently submitted in a timely manner.

We looked at the support people received with their nutrition and hydration. An assessment was completed in relation to people's risk of malnutrition and dehydration and nutritional care plans were usually reviewed monthly. Care plans detailed the support people required with their nutrition, including monitoring of people's food intake where this was required and information about any specialised dietary requirements. People's special dietary requirements were also identified in the 'floor management folder' so staff had easy access to this information.

People were weighed monthly, or weekly if at particular risk. The provider completed a monthly weight loss audit to ensure appropriate responsive action was taken as a result of weight loss. Referrals were made to relevant health professionals, such as the GP or speech and language therapist, where issues were identified or where people had lost a significant amount of weight.

We asked people about the quality and variety of food available. One person told us the food was "Really nice. My favourite is fish and chips. I get it about once a week. There are usually about three choices." Others told us, "Meals are better. I enjoy my dinners," "We used to have an excellent chef who asked if we had any special requests. I asked for salmon sandwiches and get them. The food is still fine. There is enough variety and fish on Fridays" and "[There is] good food; always a choice."

We observed mealtimes and found that people received appropriate support with eating and drinking. Food was brought to each floor in a heated trolley to ensure it was served hot. We noted that the menu choice for the day which was on display on the electronic notice board in reception did not always reflect the actual

choice on the day. However, people were offered a choice from two main meals and the food served looked and smelled appetising. We saw that staff brought a plate of each food option to people for whom seeing the options helped them to make a more informed choice. We also saw that where people asked for an alternative this was provided. For instance, one person asked for a yogurt and staff obliged and discussed with them the flavours they could choose from. We saw when one person refused their main meal staff provided support and encouragement. When this was not initially successful a staff member spent time with the person and tried a pudding instead, which the person ate. This ensured that the person did not go without food. There was a relaxed atmosphere in the dining areas and staff sat and chatted with people. People were offered a choice of drinks throughout the day.

People were supported to access a range of healthcare professionals, such as the district nursing team, GPs, podiatrists, chiropodists, dentists and community psychiatric nurses. People told us they could see their GP and that staff would get medical attention for them if they needed it. The GP conducted regular routine visits to the home and district nurses visited daily. Details of contact with healthcare professionals was recorded within a 'multi-disciplinary visits' record in people's care files. For example, in one file we saw evidence of regular input from the GP and district nurses in relation to an issue with the person's catheter and urine infections.

Care files contained a health and well-being care plan, with information about people's medical history and any health conditions they had. Guidance from the NHS website about these health conditions was printed and put into the care file for staff to refer to.

We saw records that confirmed handover meetings were held twice a day to share information between night and day staff. Staff from all three floors attended the same handover meeting. However, two visiting healthcare professionals we spoke with felt that communication between staff was not always effective. They told us this included communication between day and night staff, between staff on each floor and between management and care staff. One said, "They tend to act on our advice but messages don't always get passed on to the night staff." They gave an example of this, where they had had to remind staff about specific instructions in relation to a positioning aid, because they believed these had not been passed on properly to night staff.

A third healthcare professional also commented, "Communication is still an issue. Sometimes day and night staff do not pass on information, such as when they are waiting for a prescription for someone." They said the care manager at the home had recently set up a new spreadsheet to log what had been ordered, to try and address this issue. They also told us, "But they are getting really good at knowing what things I will need to know about when they refer people, due to concerns about weight loss and falls. For instance, they know I'll need records of their weight loss, their bowels and eating records. They also think about advice I've given before for other service users if a similar issue comes up with someone else." All visiting healthcare professionals confirmed the home contacted them regularly if they had any concerns about people. This showed us people were supported to access a range of healthcare professionals and received support to maintain their health, although further work was required to ensure that information and instructions about people's healthcare needs was consistently and accurately communicated between staff.

Is the service caring?

Our findings

People we spoke with told us staff were caring. One person told us, "Yes, they really care. I couldn't name a carer of the month, they are all good in different ways" and said staff were "Kind and respectful. I have a sense of humour and they pull my leg, even agency staff." Others told us, "Care staff are very, very nice", "They (staff) really care about me. I see some familiar faces and they are all nice. Staff look after me very well. They are kind" and "I'm sure most of them do (care). When you chat to them they listen and try to help you. [Name of a senior carer] is a good listener...They are kind and courteous."

We were aware from information we had received since the last inspection that not all relatives of people who used (or had used) the service were satisfied with the care provided. However, all the relatives we spoke with during our inspection were complimentary about staff and were generally happy with the care provided. One told us staff were "Very caring in their nature. It's the little nuances and touches." Another said, "The staff have been genuinely amazing. I came in one day and there were two staff in [my relative]'s room; one holding her hand and the other encouraging her to drink...I have no qualms whatsoever. They [staff] seem to care. They spend time talking with us and keeping us updated. [Name of senior carer] adores [my relative]. They make an effort to get to know the relatives." A third relative told us, "The staff are lovely, all of them. Some of them go the extra mile, for example, sit talking to people. Staff take people for a walk. All do their job well but some go over and above."

Staff were respectful, friendly and warm towards people throughout our inspection. We observed staff chatting with people about topics of interest to the person, such as conversations about family, gardening and former occupations. When one person was agitated and showing signs of distress, staff stayed with them to ensure the safety of others and to provide the person with reassurance. Staff were skilful at using distraction when appropriate, to calm people. On another occasion, we observed a person who was unsettled and concerned about the fact they were going to be moving care homes to be nearer to their family. Whilst wanting to be nearer their family, they were worried about leaving Ebor Court. A staff member took time to chat with them about this and reassure them; saying, "Don't worry [Name], we fell in love with you so I'm sure they will too (at your new home)."

People told us that staff involved them in decisions about their care and the daily routines. One person told us, "You can do what, and how, you want" and others said, "I'm always involved. Staff like to talk and discuss things" and "I live each day as I want." We observed people's choices were respected, such as what people wanted to eat and drink, where they wished to sit and whether they wanted to join in activities. One person told us they had suggested at a 'residents meeting' that lunch time was too close to the evening meal so this had been listened to and the lunchtime had been brought forward half an hour.

People told us, and we observed that there were information notices around the home, such as planned activities, to keep people up to date about events within the home.

Information about local advocacy services was available on display in the home, for people who may require independent support to help them express their views.

People confirmed to us that staff respected their privacy and dignity. One person said that when staff helped them to shower, they "Always make me feel comfortable." Another person told us that staff always supported them with personal care in their own bedroom, and they gave an example of how staff had stayed with them to make them feel more comfortable when a male GP visited to carry out some checks. People also confirmed that staff knocked on their bedroom door before entering. We observed that on one day of our inspection, someone needed prompt support with an aspect of their personal care, and staff responded quickly and discreetly to deal with the situation and help maintain the person's dignity. The service had a dignity champion to promote best practice.

We saw examples in care files of how staff promoted people's independence. In one file we viewed, there were detailed instructions for staff on how to enable the person to continue shaving themselves, dress and brush their own teeth, whilst managing specific risks involved due to their cognition and memory.

Staff completed equality and diversity training and the provider had an equality and diversity policy. People were supported to practice their faith where they wished to and there was a regular church service held at the home.

People confirmed they could have visitors when they wanted and that they were made welcome by staff. One person told us they had their own hands-free telephone, so were able to use this to maintain contact with relatives who lived further afield. A visitor told us, "As soon as I came in they (staff) came over to see if I wanted a drink."

Is the service responsive?

Our findings

People told us that staff were responsive to their choices and preferences. One told us, "I can choose what to do day to day" and others told us, "I like to do what I want when I feel like it," "You get choice of when you get up and go to bed" and "I can get up what time I like."

People's needs were assessed before they moved to Ebor Court to ensure the service could meet their needs. The assessment involved the person, their family and any professionals involved. A relative told us that the care manager had come to their home to complete the assessment, prior to admission.

Staff developed a care plan for each person when they moved to the home. These included information about people's needs in relation to; health and wellbeing, mobility and falls, medication, memory and understanding, mental health and capacity, continence, communication, skin and pressure care, nutrition and night routines. Care plans were generally reviewed monthly and contained relevant information about people's current needs and individual preferences. However, we noted an example where although the strategies and support provided by staff to help one person re-gain weight had been successful, the most recent instructions in the care plan about the frequency with which the person now needed to be weighed and the on-going requirement for food and fluid intake monitoring needed to be clearer.

Most people we asked could not recall being involved in developing and reviewing their care plan. However, we found some evidence in 'care agreement and review' documentation that people and relatives had been involved in discussions about their care where possible. A relative also told us, "We sat down and worked through the care plan together, checking nothing was missed."

At our last two inspections we raised concerns about staff knowledge and training in relation to diabetes. At this inspection we found that diabetes awareness training had taken place in March 2017.

There was a 'floor management folder' on each floor of the home, in which staff kept daily records, monitoring sheets and various communication records. Audits were conducted by managers on the care files and the floor management folder.

Relatives we spoke with told us they were kept informed about any concerns or issues with their loved one. One person told us they thought staff had got much better at picking up issues promptly, such as infections. Others said, "Yes they keep me informed. How [Name] is settling in and what they've eaten, etcetera" and "Any concerns they let us know."

We asked people about the range of activities available at Ebor Court. One person told us there was "Tai Chi this morning. There is one hour dancing on a Friday morning; I really enjoy that." Others told us, "I have my own TV. I take part in a craft session once a week and would like to attend the knitting club" and "I go out for a walk each morning." We observed activities taking place during our inspection. For example, a Tai chi exercise class was well attended and people appeared to enjoy this. One person went on a trip to Knaresborough on the first day of our inspection and we saw two people knitting with staff. We also

observed people doing jigsaws, playing cards and dominoes, as well as large table games, such as 'Connect 4'. There was a library in a quiet room of the home which contained a large range of books, although we did not see people using this room during our inspection. Visitors confirmed that activities took place regularly for those who wished to attend.

We saw minutes of monthly social committee meetings with people who used the service and these showed ideas and suggestions for activities had been discussed. 'Pop-up restaurants' also took place at the home and we saw that themes put forward by people who used the service had been planned in over the course of the year, such as a South American theme, fish and chips, Irish and Chinese food and a 'pie and peas' theme. There was also a suggestion box in the reception area, where people could provide feedback or comments.

The provider had a complaints policy and there was a procedure in place to ensure that complaints were responded to in a timely manner. We viewed the provider's complaints and compliments log, and this showed complaints had been investigated and a response given. One complaint was still on-going so the provider had not been able to record the outcome. Complaints received since our last inspection included issues in relation to the laundry, communication, care and specific safeguarding incidents. Two compliments had also been received.

People and relatives we spoke with told us they would feel comfortable raising a concern or complaint if they had one, although one person told us they weren't sure who they would speak to because they didn't know who the manager was now. People's comments included, "I would speak to [Name of senior carer] or the person in charge" and "I would speak to [Name of care manager]. She would listen and is very nice." Relative's comments included, "I have no concerns. If I had any concerns I would be comfortable to raise them" and "I would feel comfortable raising concerns, without a doubt."

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of registration. There was no registered manager in post on the day of our inspection and, as such, the registered provider was not meeting the conditions of their registration. Since our last inspection a new manager had started, but they were only in post for approximately four months and left three weeks before our inspection. The same had occurred prior to our last inspection in December 2016, when a manager had been in post for three months then left. At the time of our inspection it had been over 12 months since there was a manager registered with CQC. In this time, the home had appointed three new managers, two of whom had commenced (but not completed) the registration process with ourselves. There had been 'acting' management arrangements in between, but there had been a lack of consistency throughout this period.

The provider had recruited a permanent manager, who was due to start in September 2017. In the meantime they had appointed a temporary manager to cover the post until the permanent manager took up their position. The temporary manager had submitted their application to register with CQC shortly prior to our inspection.

At a previous inspection in May and June 2016 we found that record keeping in relation to the actions taken in response to identified risk was inconsistent. We issued the registered provider with a warning notice for a breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance). At the last inspection the provider had made some improvements and the home was no longer in breach of regulation. However further improvements were still required in order to demonstrate consistent and sustained progress. For example, improvement was still needed in relation to medicines management, the consistency of staff supervision, the timeliness of refresher training, care planning, staff knowledge in relation to diabetes care and the timely completion of monitoring records.

At this inspection, although we noted minor improvements in some areas such as supervision and training, some monitoring documentation and the provision of diabetes awareness training, the provider had failed to reach the standards required to achieve a 'Good' rating. Furthermore, standards had declined in some areas, as the provider was now in breach of regulation again in relation to medicines management and recruitment practice. This demonstrated that the provider had failed to evidence the ability to make continual, sustained improvement. As this was the fourth inspection where we had identified concerns the provider has been rated inadequate in this domain as they had failed to mitigate risks and failed to implement effective systems which had resulted in the necessary improvements.

The nominated person acknowledged that they had failed to make as much progress as they had hoped since our last inspection due to management and staffing turnover, but they had taken prompt action to address this and recruit another permanent manager and ensure contingency arrangements were in place in the meantime. In addition to the acting manager, the home was supported by a quality assurance officer approximately two days a week, and a care manager who had worked at the home during the last two years so was very familiar with people and staff. The nominated manager also told us that progress had been made in up-skilling staff, improving staff morale and developing a new induction and training programme

which was due to start shortly. We saw copies of staff satisfaction surveys conducted in April 2017, which indicated some concerns about team work, staff support and morale. Feedback received from staff during our inspection indicated that staff morale had improved since this time, particularly because additional staff had been recruited.

At our previous two inspections we were told that the provider had developed a new care plan format which was being introduced into all the company's homes, and that care plans at Ebor Court would be rewritten in this new format in due course. Work to transfer care plans onto this new format had not been completed because the provider was introducing a new electronic records system instead.

The provider completed a range of monthly audits to monitor the quality of care provided. Audits covered topics including medication, care plans, pressure sores, infection control, an accidents summary and falls analysis, bed rail usage and weight loss action plan. Most of these were completed monthly or quarterly, as required on the provider's schedule, but there were some gaps. For instance, care plan audits were not completed in March and May 2017 and housekeeping audits were not completed in March, April and May 2017. The provider's policy was to conduct a sample of monthly resident satisfaction surveys to get feedback on a variety of topics. At our last inspection we noted that these had not always been conducted monthly and we found that this was still the case. People did though tell us they could provide feedback in other ways, such as in the resident's social committee meetings.

Action points were recorded in audits where issues were identified. In some cases, these were counter signed by the regional manager to show that they had checked the audits and verified that action had been taken. For example, some recent audits conducted in June 2017, such as the monthly pressure sore and bed rail audits were checked and countersigned. The monthly weight loss action plan had been completed and counter signed, showing detail of action taken in response to weight loss. However, not all audits since our last inspection had been signed by senior management to verify that actions had been taken.

We also found that not all the actions listed on audits had been signed by staff to show when the actions had been completed. For instance, in a catering audit in May 2017, of the 12 action points listed, some actions had been completed and others had not. We saw that a medication audit in May 2017 highlighted a number of stock discrepancies. The stock balances checked in June 2017 were all correct, then in July 2017 there were a significant number of stock discrepancies again, which indicated that an issue in relation to recording stock 'carried forward' from the previous month had recurred again. This showed the audits were not being consistently effective in driving improvement to practice.

The provider completed a root cause analysis after significant events and falls. These were comprehensive and actions required to prevent recurrence were identified. Again, actions were not always signed off to show that they had been completed. The care manager was able to confirm that most actions had been completed and the documents were updated to reflect this, after our inspection.

We found one person had a fall in March 2017, and in the provider's root cause analysis of this fall they had identified that a falls re-assessment had been incorrectly scored. Had this been completed correctly the provider may have identified a need to put in place sensor equipment for the person. The provider re-trained all staff on the completion of falls risk assessment documentation and had taken action to ensure that falls for all new people were audited within 72 hours of admission.

Audits had not identified the breaches in regulation we found during our inspection, in relation to recruitment practices and Deprivation of Liberty Safeguards applications.

Overall, this indicated a lack of oversight of the auditing and management processes. This was a breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One staff member told us that the most recent change in management had been unsettling but others did not feel it had had a negative impact on staff or people who used the service. All the staff we spoke with talked positively about working at Ebor Court and two staff commented that they loved working at 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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met.</p> <p>Care and treatment was not being provided in a safe way for service users in respect of the proper and safe management of medicines.</p> <p>Regulation 12 (2) (g)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met.</p> <p>Recruitment procedures had not been established and operated effectively.</p> <p>Regulation 19 (2)</p> |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met.</p> <p>Systems to ensure compliance with requirements were not being used effectively to assess, monitor and improve the quality and safety of the service provided, or to monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>Regulation 17(1)(2) (a)(b)(c).</p> |

The enforcement action we took:

We issued a warning notice to the provider in respect of this breach of regulation.