Yorkshire Residential Care Limited

Gledhow Lodge

Inspection report

51-53 Gledhow Wood Road
Gledhow
Leeds
West Yorkshire
LS8 4DG

Tel: 01132667806

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 29 November and 3 December 2018 and was unannounced.

Gledhow 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.

Gledhow Lodge accommodated 18 people in one adapted building at the time of the inspection.

There was a registered manager in post at the time of the inspection. 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.

The service's systems around health and safety checks were not robust. A legionella certificate had expired and there was no evidence that advisories made by professionals had been acted upon. Health and safety checks were in some cases not clearly documented or responsibilities had not been clearly defined.

The service's systems around governance and leadership were not implemented in line with the service's policies and procedures. The registered manager and the care manager were unable to locate key documents in the absence of the general manager. The service did not carry out an annual survey and it did not hold regular meetings with people who used the service and their relatives in order to gather feedback and improve the service.

Medicines were managed safely. Staff received training in medicines administration and had their competencies checked by experienced staff. Staff understood how to protect people from harm and abuse.

Mental Capacity assessments were carried out. However, they did not specify what the decision was being taken for. The service did make applications to deprive people of their liberty lawfully, and staff received training on this.

We have made a recommendation around compliance with the Mental Capacity Act 2005.

Staff told us they received good training and support and people told us staff were well trained. However, records showed that staff supervisions were not conducted in line with the service's policies and procedures.

We have made a recommendation about staff training and support.

People's body language was positive, and people looked well cared for. People and their relatives told us

staff were kind and compassionate.

People's privacy and dignity were upheld by staff who knew important details about them, their routines and preferences. People were encouraged to be as independent as they could be.

There was no structured programme or training for staff on delivering activities and stimulation to people. Staff told us they wanted to do more to meet people's social needs by providing activities but there was no structure or resource in place to do this. The service did organise planned activities weekly, and we saw people were visibly engaged by the external activities providers.

We have made a recommendation around the provision of activities and stimulation for people.

Care plans contained good detailed information for staff on how to meet their needs. Care plans were reviewed regularly.

There were policies and procedures in place around complaints. However, none had been made in 2018. Relatives we spoke with told us they knew how to raise complaints.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Health and safety processes were not clearly defined and we found examples where checks had not been carried out in a timely way. We found that clinical waste bins were overflowing and accessible to the public.

Medicines were managed safely, and staff understood how to protect people from abuse.

There were enough staff to meet people's needs, and staff were recruited in a safe way.

Is the service effective?

Requires Improvement

The service was not always effective.

Mental capacity assessments were made, but were not decision specific. Staff received training in the Mental Capacity Act.

Staff told us they received good induction and training, and felt well supported, however we could not be assured that supervisions were carried out regularly.

People's health and wellbeing was monitored safely and appropriately, with good communication between health and social care stakeholders and clear documentation of actions required.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring. We saw that people had warm relationships with staff who knew them well, including their life histories and personal preferences.

Staff understood the importance of maintaining people's privacy and dignity, and we saw this was emphasised in people's documentation.

People's diverse needs were taken into account, including religious and dietary preferences, and the service understood the role of advocacy in people's care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Although there were external activities provided, there was no programme of activities on a daily basis for people, and staff told us they did not have the training or resources to provide regular stimulation and activity.

Care plans were clear with good instructions for staff on meeting people's needs, and care plans were reviewed regularly.

There was a complaints policy in place and relatives we spoke with knew how to raise complaints. However, no complaints had been made.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems around quality assurance and management were not effective in identifying areas for improvement. Policies and procedures were not always followed, and the service was unable to provide us with access to up to date documentation or structures around quality assurance.

The service did not effectively gather feedback from people and their relatives in order to improve the service.

Staff told us although they felt senior managers were approachable, they were not always visible and the leadership structure was not always clear.

Gledhow Lodge

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 29 November and 3 December 2018 and was unannounced.

We visited the care home location to see the manager and office staff; and to review care records and policies and procedures.

This inspection was carried out by an adult social care inspector.

Prior to the inspection we reviewed information we held about the service such as statutory notifications (notifications about events the provider is obliged to send to CQC), information from the local authority and local Healthwatch. Healthwatch is an independent national champion for people who use health and social care services. We did not ask the provider to submit a Provider Information Return (PIR) prior to the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who used the service and one relative of people who used the service. We reviewed records and documents relevant to people's care and the management of the service, including five people's care plans, medicine administration records, health and safety documents and governance audits. We also spoke with eight staff, including the registered manager, care manager, member of the board of directors, chef, senior staff and care staff.

Requires Improvement

Is the service safe?

Our findings

We conducted a review of the service's health and safety systems and document. We found that although the service's water systems had been checked for Legionella bacteria by an accredited third party in August 2015, the certificate had expired in September 2017 and had not been renewed. Furthermore, the checks included an advisory that the cold water storage tank was a high risk, with a series of actions recommended such as insulation, cleaning and draining and an insect screen should be fitted. It was not clear what if any action had been taken in response. Furthermore, the inspection documentation recommended an annual interim check to ensure full compliance. It was not clear that this had been carried out. Other actions included the recommendation that shower heads be descaled fully. The last shower descaling document available during the inspection showed this had been done in 2011.

Although there were a range of health and safety checks in place, the rationale and frequency of checks was unclear. For example, we saw that the emergency fire escape lighting document stated that they must be checked monthly to ensure lighting was fully functional, however their last checks recorded were in September 2017 and September 2018. There was a first aid box checklist which directed staff to record them as having been inspected monthly, this was last done in April 2016. The call bell system document showed that checks were to be done weekly, however they were done monthly.

We toured the premises and estate. We found that the clinical waste bins were heavily overflowing, and were accessible to the public. They faced a gate which people used to enter the property and this was not locked. The care manager informed us that the contracted waste removal service had not picked up the waste because of roadworks, and that they would call the removal service again to make sure the waste was removed. Generally, the service was clean, however we found a staircase that was not in a communal area accessible by people where the carpet was heavily soiled and dirty. The director informed us they would address this by replacing the carpet.

We concluded that the service was in breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Other checks, such as the five-year electrical safety and annual gas safety certificate were up to date. Lifting equipment such as hoists and lifts had been checked regularly.

People we spoke with felt the service was safe and secure. One relative we spoke with said, "I think it's safe, and there are enough staff. Every time I've visited I've never known it where they are rushing around even those who are working."

We reviewed the service's systems around medicines management and found this was safe. Medicines were stored appropriately, with temperature controlled medicines monitored and controlled drugs checked and countersigned. Medicines administration was recorded appropriately with no gaps observed, and explanations provided where a medicine had not been taken. Medicines administration records were audited regularly.

We found one instance where a staff member had not recorded which shoulder a pain patch had been applied using a body map, as required by the prescriber. We brought this to the attention of the deputy manager who discussed this with staff.

Staff were recruited safely. This included an interview, professional references, a verification of the staff member's identity and a disclosure and barring service (DBS) check. The DBS is a national agency which uses the police national database to help employers make safer recruitment choices.

There were enough staff to meet people's needs. Staff we spoke with gave mixed feedback around staffing levels. One member of staff said, "Some days there are not enough, others there are too many", however all staff agreed that people's needs were always met. One relative we spoke with said, "What I love is you don't get that high turnover, you see the same people and they know you. It helps [Name] build trust, seeing the same people".

Staff understood how to spot signs of potential abuse and were confident there were adequate processes in place to ensure they were investigated. We saw an example where a staff member had observed a bruise to a person's face, and this was not otherwise documented in their daily notes or in the handover sheet. Staff followed safeguarding procedures and an investigation was conducted appropriately.

Risks to people were assessed appropriately, including the use of nationally recognised tools such as the malnutrition universal screening tool and the falls risk assessment. There were individualised risk assessments, for example a person using pressurised oxygen. People had personal emergency evacuation plans (PEEPs) in the event of a fire.

Requires Improvement

Is the service effective?

Our findings

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 legally authorised under the MCA. We found that staff had an understanding of capacity and consent. Care plans contained MCA assessments by professionals, however we found that assessments were generic and not decision specific.

We recommend the registered manager and staff review MCA assessments in line with best practice guidelines.

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 procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw that DoLS applications had been made, where required, and tracked appropriately.

People we spoke with felt staff were competent and well trained. A relative we spoke with said, "Staff are well trained, yes."

Staff received an induction to the service, which included training the provider considered mandatory and 'shadow shifts'. Staff told us they felt their training and induction was adequate. Staff received regular programmes of training including moving and handling, safeguarding adults, infection control and fire safety. Some staff told us their most recent training was done online, whereas previously there had been practical elements.

Staff told us they felt well supported by the care manager, and that they could go to them with any issues. However, staff did not receive an annual appraisal. One staff member said, "There was no appraisal this year. We filled our forms in but haven't had an appraisal meeting. We used to have them in the past but not recently".

The service's latest policy dated 2011 also stated they intended staff to receive supervisions every six to eight weeks. Staff files did not contain up to date supervision documents and we did not find any evidence on the computer systems that showed staff received regular supervisions. Staff told us that they had all received at least one supervision in 2018. One staff member said, "We get regular supervisions. The care manager does them now. We talk about any concerns I might have or what extra support I need".

We recommend the service consider its procedures around staff supervision and support.

People's health and wellbeing was monitored appropriately. This included monitoring bowel movements, weights, skin integrity and nutritional intake. The service demonstrated that it worked effectively with other healthcare agencies to ensure people's health was monitored and any issues addressed in a timely way.

Care plans contained detailed records of conversations with district nurses and GP's, details of referrals made to healthcare agencies, the outcomes for the person and how staff were to help aid people's recovery or wellbeing. We saw clearly recorded examples on eye care, foot care, pressure sores and where people had picked up infections that staff had made appropriate referrals for and followed the directions of healthcare professionals.

Good

Is the service caring?

Our findings

It was clear from people's body language that they were at ease with staff, and that staff had a good rapport with people using the service. People we spoke with agreed staff were kind and caring. A relative we spoke with said, "Staff are kind, compassionate and respectful. They are very patient. If [Name] wasn't happy they would have told me". People were well presented and clean, which indicated that they received good care.

We observed kind and caring interactions between staff and people. Staff were polite and courteous, as well as informal and friendly where appropriate. Staff demonstrated detailed knowledge of people, their personalities and preferences. One staff member said, "[Name] likes to be smartly dressed, everything has to be coordinated. You have to speak to them clearly but don't raise your voice. Use an even tone. Give [Name] the time to process the information. [Name] has a beautiful smile, likes two bowls of porridge and two slices of toast but not much lunch". Other staff demonstrated equally detailed knowledge of people's personalities, family contact and life histories.

Staff helped promote people's independence. The theme of independence was clear in people's care plans, with their wishes taken into account. For example, one person's bathing care plan said, 'I am a very private person, I don't like to wash or change in front of people. I am independent with washing and dressing at the sink.' One member of staff said, "If I was going to help someone to wake up I would offer a selection of clothes, refreshments and a choice of what they'd like to eat. Some people don't understand dementia. People can still make choices, we always offer choice. Even if it is what chair they want to sit in".

Staff understood the importance of protecting people's privacy and dignity. Comments included, "We always shut doors, tell people what we are doing and if that's personal care we place towels over people's private areas", "If a person had an accident, we wouldn't announce it to the room, but ask if they just want to come for a walk with me and make sure they are covered up".

People's religious and cultural wishes were recorded and taken into account by the service. For example, we saw people with their dietary preferences clearly recorded, and one person who was supported to attend religious services in the community.

Staff understood the role of advocates in people's care. An advocate is someone appointed to help vulnerable people make important decisions on their behalf. We saw an example where a person's advocate had their details documented clearly in their care plan, which also stated they were included in important decisions about their care.

Requires Improvement

Is the service responsive?

Our findings

There was no dedicated activities coordinator at the service. There were planned external activities such as weekly entertainers and people who specialised in exercise therapy. We observed a planned activity which centred around remembering Christmas songs and discussing famous people. People were visibly engaged and the entertainer knew people and their needs very well. There was a large garden, and the gardener regularly took people who were interested in gardening out to help and talk about gardening. However, apart from planned external activities there was no training or structure for staff to provide stimulation for people. We saw staff painting people's nails, holding hands and talking in a kind and happy way throughout the inspection, however a number of staff we spoke with felt that activities provision was not adequate and that they wanted to do more. One staff member said, "No one is in charge of training, that needs to be addressed. We could do with the proper tools. Nothing is planned. We have no training on activities. Time is a factor, sickness can have an impact". Another staff member said, "I help with things like manicures and doing nails. There is not a lot in terms of activities. We need the things. It's about resources. We need more activities for people, definitely. Anyone would tell you the same."

We recommend the provider review their provision of activities and stimulation for people.

People were assessed appropriately before using the service. This included detailing people's social and professional support network, medical history, and questions around mobility and nutrition. Any documents, such as notes from hospitals and occupational therapists, were included in people's care plans.

Care plans contained detailed person-centred information with clear guidance for staff on how to meet people's needs. Care plans contained a 'this is me' document with key information about the person's routine and preferences, for example when they liked to wake up, what they liked for breakfast, hygiene preferences and key activities or hobbies they were interested in. It also included what they considered a good day and what they considered a bad day. Care plans were updated and reviewed regularly to ensure they remained fit for purpose.

People's end of life wishes were recorded where conversations had taken place. This included who they wanted to be involved in their care, whether they preferred to stay at the service at the end of their lives and any wishes regarding funerals or memorial services. We saw one example where a person had been on an end of life care plan and then taken off again, and the documentation was clear. One member of staff said, "[Name] has been on one and was taken off. The GP's and district nurses take the lead and they have input mainly with medicines".

There was a complaints policy in place. There were no formal complaints made since the last inspection. A relative we spoke with told us they knew how to raise a complaint. They said, "However, I have no concerns here. If I had I would have voiced them."

Requires Improvement

Is the service well-led?

Our findings

We reviewed systems and processes around quality monitoring and governance. The service's quality assurance policy dated November 2013 stated the service was committed to monitoring the quality of the service people received. It stated that information would be gathered from service users and their representatives and used to improve the service. We found the last residents' and relatives' meeting was in 2017. A member of staff told us the meetings had been stopped because of poor attendance and negative feedback. Other staff confirmed this. The service had not conducted an annual survey in 2018 to gather people's views and improve the service.

The policy also stated that the service would have a continuous quality improvement system, an up to date description of the system and the methods it used to identify, assess, manage and monitor risk. It stated that the registered manager is responsible for the effective implementation of quality monitoring through the preparation and delivery of an annual programme of monitoring for the home. It stated that staff should be aware of quality monitoring systems and how to access it. We found that the service was not following its policy around quality monitoring. During the inspection, the general manager was on leave, and the service was managed at an operational level by the care manager. The registered manager was not able to navigate the quality monitoring systems and could not provide us with up to date evidence of quality monitoring systems as this was the responsibility of the general manager. The care manager had not received training specific to management or acquired a management qualification, and they were not aware of how to access any electronically held quality assurance records and documents in the absence of the general manager.

Accidents and incidents were last audited in February 2018, which included what had happened and what follow up actions were required. Accidents and incidents which had occurred since then were reported appropriately, and actions were taken in response. However, it was unclear whether there was any oversight of accidents and incidents so that trends or themes could be identified.

Staff told us that they had received supervisions, however we could not find evidence of these in their staff files or on the computer system. Some quality assurance measures were followed regularly, for example care plan audits, MAR audits and daily 'health and safety checks'. These included unpleasant odours, fire doors, visual checks of vacuums and the kitchen, moving and handling practice and mattress checks. However, governance and quality assurance processes were not clearly structured.

We concluded that the above evidence demonstrated a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff gave mixed feedback about the management and leadership of the service. All staff we spoke with told us they would bring any issues they had to the care manager. All staff said that the registered manager and general manager were approachable but that they were not always visible. Comments included, "We would go to the care manager with the vast majority of issues", "Staff don't go to the registered manager", "We need someone here for us", "The managers are approachable, but if the care manager was on duty I would go to a senior care worker", "I would consider the care manager the manager", "I don't see the registered

manager and the general manager is not often here. I can go to the care manager about most things."

Staff meetings did not take place on a regular basis. One staff member said, "There are no staff meetings regularly. We had one at the start of the year. It was about uniform, time keeping and general things". Staff did, however, have handovers at each shift where they discussed any issues with people's needs from the previous shift and this was recorded in a handover logbook. One member of staff said, "It talks about district nurses coming or a hospital appointment or if a staff member has noticed something on a patient. Just an update. We look at the book as well to see what's gone on throughout the day."

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 15 HSCA RA Regulations 2014 Premises and equipment Health and Safety checks were not always completed effectively and the service's Legionella certificate was out of date. Clinical waste bins were overflowing and accessible to the public.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance processes were not robust or effective in identifying areas of improvement and analysing records for trends and themes. Records were not always managed effectively.