

Yorkare Homes (Rawcliffe) Ltd

# Rawcliffe Manor

## Inspection report

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17 July 2023

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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

Rawcliffe Manor is a residential care home providing accommodation and personal care to up to 67 people. The service provides support primarily to older adults and people living with dementia. At the time of our inspection there were 35 people using the service.

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

People were protected from the risk of abuse and people told us they felt safe. Risks to people were appropriately assessed, monitored, and managed. Where risks to people had been identified, appropriate plans were put in place. The environment was clean, well maintained, and health and safety checks were up to date. There were enough staff to support people safely and staff were recruited safely. People received their medicines safely and as prescribed. There was a clear commitment to learning lessons and continuous improvement.

People's needs were appropriately assessed, and these assessments were kept up to date. Staff had the right skills and experience to carry out their roles, and staff were well supported. People were supported to eat and drink enough to maintain a balanced diet. People were supported to access healthcare services. The design of the service met people's needs, and there were lots of different pleasant spaces for people to use.

The service was working within the principles of the Mental Capacity Act. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and respect. People and relatives told us they liked the staff, who were described as helpful, reassuring and kind. People were supported to express their views and be involved in decisions about their care. Staff had time to chat with people, to learn their likes, dislikes and preferences. People were supported to maintain their independence wherever possible, and staff were respectful of people's privacy.

People received person-centred care and staff knew people's needs well. Staff were knowledgeable about each person's individual communication needs and how best to support them. People were supported to follow their interests and take part in activities that were relevant to them. Staff were passionate about offering varied activities and improving people's quality of life. The provider dealt with complaints and concerns appropriately.

The service was well-led with person-centred visions and values. There was a positive culture and a warm and welcoming atmosphere. There were clear, robust, and effective quality assurance processes in place. Regular and comprehensive audits were carried out. The provider understood their legal and regulatory requirements. People, relatives and staff were all engaged and involved in the service. People felt listened to

and staff felt supported. The provider was committed to continuous learning and improving care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 28 March 2022, and this is the first inspection.

#### Why we inspected

This was a planned inspection to assess the standard of care delivered by the service and award a rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Rawcliffe Manor

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector, a pharmacist specialist, 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

Rawcliffe Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rawcliffe Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 July 2023 and ended on 28 July 2023. We visited the service on 13 July and 17 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the service was registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people who used the service and 6 relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, the area manager, the clinical lead, a deputy manager, senior care workers, care workers, the activities lead, an administrator and kitchen staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data and quality assurance records were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had policies and processes in place to ensure potential safeguarding concerns were identified and investigated.
- People felt safe. One person told us, "I am kept safe and feel secure here because there is always someone around and I have my buzzer." One relative told us, "[Person] is safe here, the staff are very good, I cannot fault them [...] staff are always checking on [person]."
- Staff had received training in safeguarding and understood their responsibilities. One staff member told us, "If I were to witness or hear anything, I would report it immediately to my manager."

Assessing risk, safety monitoring and management

- Risks to people were appropriately assessed, monitored, and managed. The provider used recognised assessment tools, and assessments were reviewed monthly or as people's needs changed.
- Where risks to people had been identified, appropriate plans were put in place. Staff were knowledgeable about people's support plans and needs.
- The environment was safe. The home was well maintained, and health and safety checks were up to date.
- Staff took part in fire drills and there were personal emergency evacuation plans in place for people. The provider had business continuity plans in place to ensure people's safety in the event of an emergency.

Staffing and recruitment

- There were enough staff to support people safely. The provider calculated staffing levels based on people's needs.
- People told us there were sufficient numbers of staff and staff came quickly when needed. Relatives told us, "There are enough staff and there is always a senior around" and, "Staff answer the door quickly and there always seems to be enough staff."
- Staff told us the staff team pulled together to always cover any sickness. One staff member told us, "We are never short staffed. If there is sickness then staff are given the opportunity to pick up the shift, if unable to then it either goes out to agency or management get stuck in and will cover."
- Staff were recruited safely. The provider carried out appropriate pre-employment checks.

Using medicines safely

- Medicines were managed safely. People received their medicines at the right times and records were completed accurately.
- Staff who administered medicines were appropriately trained and competent for this task.
- People could take responsibility for their own medicines when capable of doing this.

- Medicine storage facilities were clean, tidy, secure and kept at the right temperature.
- Medicine audits were effective in monitoring the standard of medicines management.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on visiting at the time of our inspection.

#### Learning lessons when things go wrong

- There was an open culture within the service with a clear commitment to learning.
- Incidents were thoroughly investigated, and lessons learnt were relayed effectively to staff. Staff regularly took part in reflective practice to support continuous improvement.
- The provider shared safety events from across other services to support staff learning.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People's needs were appropriately assessed. Staff reviewed these assessments regularly and ensured they were kept up to date.
- Recognised tools were used to assess risk to people, and care plans and support were delivered in line with best practice guidance.
- Assessments included information about people's likes, dislikes and preferences, to help support good outcomes for people.

Staff support: induction, training, skills and experience

- Staff had the right skills and experience to carry out their roles. Staff were knowledgeable about people's needs.
- Staff received a good range of relevant training, and this was kept up to date. One staff member told us, "The training I have received is good, the trainer is fantastic and makes the training enjoyable and everyone gets involved."
- New staff completed an induction when joining the service. If staff requested further training, the provider would arrange this wherever possible. One staff member told us, "I asked for extra support and training was immediately arranged for me."
- Staff were well supported, with regular supervisions and appraisals. Staff had also introduced a 'Work Mums' scheme, where nominated staff members provided extra support to new staff and were available for all staff to talk to if they needed support.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. There was a varied menu in place and alternatives available if people did not want what was on the menu.
- The head chef was having conversations with people about their food likes and dislikes, with a view to making changes to meet people's preferences.
- People were offered plenty to drink. The provider had won an 'Excellence in Hydration' award from the local authority for their commitment to encouraging hydration in different ways.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services. Staff made referrals in a timely manner. Advice given from professionals was appropriately incorporated into people's care plans.

- People had health passports in place, which contained key information if they needed to leave the home and access other services.
- The GP visited the service weekly, and there were regular visits from a chiroprapist. People also had access to their dentists and opticians.

#### Adapting service, design, decoration to meet people's needs

- The design of the service met people's needs. The environment was well maintained and had a homely feel. People were able to personalise their rooms.
- There were lots of different spaces for people to use, including pleasant outdoor spaces, a hairdressing salon, a bar, multiple lounge areas and dining rooms. There was plenty of space available if people wanted to sit somewhere quietly or have privacy when meeting with their loved ones.

#### 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. DoLS were appropriately applied for when needed, and the registered manager had good oversight of these.
- Wherever possible, people were involved in decisions about their care.
- Where people lacked the capacity to make a particular decision, this was made in their best interests after consulting with relevant people and following the principles of the MCA.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Staff treated people with kindness. We observed pleasant and positive interactions between staff and people. Staff had open body language, good eye contact and if people were sitting down, staff knelt to their level to engage with them.
- People and relatives told us they liked the staff, who were described as helpful, reassuring, and kind. Relatives told us, "[The staff] are all very lovely, nothing is too much trouble" and, "The staff are very friendly, approachable and helpful. I have never been concerned about how they have spoken to [person] and [person] is always smiling at them."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in decisions about their care. Staff had time to chat with people, to learn about their likes, dislikes and preferences.
- People were supported to make day to day decisions such as when they got up, when they went to bed and where they wanted to sit at mealtimes. One relative told us, "They treat [person] with dignity and respect, for example, [person] sometimes does not want to go to bed so they will let [person] sleep in their chair; [person] is not forced to go to bed."
- People had robust communication plans in place so there was clear guidance to support staff to communicate effectively with people. One relative told us, "[Staff] know how [person] feels by their demeanour and will respect [person's] choices."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain independence wherever possible. One person told us, "[Staff] encourage my independence, for example, they gave me a pendant to wear around my neck at my request and I can therefore walk around with my frame independently." One relative told us, "[Staff] help [person] to maintain some independence by keeping them as active as possible and getting [person] out of bed as much as possible."
- Staff were respectful of people's privacy. One person told us, "[Staff] treat me with dignity and respect because they respect my choices, they also respect my privacy."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

- Staff delivered person-centred care. Staff knew people's needs well. Care plans were person-centred and considered people's social histories, likes and dislikes.
- People were supported to make decisions about their preferred end of life care. People's wishes were recorded.
- The provider had a policy in place to guide staff around end of life care. Ensuring people were comfortable and treated with dignity and respect was at the heart of the policy.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider followed the Accessible Information Standard and met people's communication needs.
- People had person-centred communication plans in place. These considered each individual's communication needs and set out how staff should meet those needs to ensure effective communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities that were relevant to them. Staff were passionate and committed about offering varied activities and improving people's quality of life.
- The provider had created a company-wide initiative known as 'Together We Can Make It Happen'. This project focused on overcoming challenges for people and fulfilling their wishes. This project had supported people to feel better, become more involved in activities and create positive memories for themselves and their loved ones.
- Technology was used to support people to avoid social isolation. People had access to a large touchscreen table which they could use to make video calls and play games.
- People's religious needs were respected and met. Regular religious services were provided at the home.

Improving care quality in response to complaints or concerns

- The provider dealt with complaints swiftly and appropriately and used them as an opportunity for learning.

- No-one we spoke with had needed to make a formal complaint. People told us they felt able to raise concerns and these were dealt with effectively and staff 'acted quickly' to resolve them.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well-led, with a passionate and motivated management team. The provider had strong person-centred visions and values and the management team led by example.
- There was a positive culture throughout the service. Staff were proud to work at Rawcliffe Manor, enjoyed their roles and described the home as 'one big family.' Staff comments included, "We are very proud of the home and want to keep it that way for the residents, after all, it belongs to them" and, "I adore my job, I love the home, the residents, and the staff."
- The service had a warm, welcoming, and inclusive atmosphere. One person told us, "It is a nice atmosphere, the staff are very nice, and you can ask any questions you want. It is very easy to adapt to here and I was surprised myself at this."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were clear, robust, and effective quality assurance processes in place. Regular and comprehensive audits were carried out. These identified areas for improvement and actions were implemented in response.
- The provider understood their legal and regulatory requirements. Services that provide health and social care are required to inform CQC of important events which happen in the service by submitting a 'notification'. Notifications were submitted appropriately when required.
- The provider understood the duty of candour and was open and honest when things went wrong. The provider ensured that all appropriate people were informed of incidents, swiftly and fully.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Staff engaged well with people who used the service and their families. Regular 'residents' meetings' and 'relatives' meetings' were held. These gave people an opportunity to have their say, give feedback, and be involved with the service. One person told us, "I have been to a meeting, and it is good to go because they will always listen. You can input ideas as you go along, as well as at the meetings."
- The service was the first in their region to become an ambassador for the Kyra Women's Project. This project supports women to overcome challenges and make positive changes in their lives and, as an ambassador organisation, Rawcliffe Manor champions the project and had supported people to get in touch.

### Continuous learning and improving care

- The provider, management team and staff were all pro-active and clearly committed to continuous learning and improving the quality of care.
- The provider recognised the importance of reflective practice and staff were encouraged to do this in group sessions and supervisions. Lessons learnt were a part of all quality assurance procedures and processes. These were relayed to staff swiftly and effectively, including company-wide lessons learnt.
- The service appointed 'champions' in different areas, such as a 'dementia champion'. The 'champions' ensured they kept up to date with relevant research developments and best practice guidance and shared this learning with others. For example, a meeting had been held with relatives to discuss dementia and support relatives' understanding.