Yorklea Limited

Yorklea Nursing Home

Inspection report

15-17 York Road
Manchester
Greater Manchester
M21 9HP

Tel: 01618629338
Website: www.yorklea.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Yorklea Nursing Home provides accommodation, personal and nursing care for up to 35 people living with age-related health problems or physical disabilities. At the time of our inspection, Yorklea Nursing Home accommodated 24 people over four floors; 16 of the people had high dependency and nursing care needs.

People's experience of using this service and what we found
The home had a fairly stable staff team with low staff turnover. The home had enough staff to ensure people received the care they needed to keep them safe and well. At the time of our inspection, the home had a vacancy for an activities worker, which meant people had limited access to activities.

Staff used risk assessments and care plans to support people based on their needs and preferences. People received their medicines safely. The care home had good standards of cleanliness and hygiene. Staff complied with good infection control practices when supporting people such as wearing personal protective equipment (PPE).

People looked healthy and well. The service worked closely with other health and social care services to ensure people received the right care at the right time. People received support that gave them maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service promoted high quality, person-centred care and had an open and honest culture. People and their relatives gave mostly positive feedback about the staff and the service. They described the staff as friendly and caring. Staff enjoyed their work although they found it very busy. They described the managers as supportive and approachable.

The provider showed commitment to continuous improvement through actions taken following investigations and mock inspections, as well as participation in pilots and new initiatives. Local managers used a range of governance systems, tools and processes to assess the quality of the service and identify areas that needed attention.

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

Rating at last inspection
The last rating for this service was Good (published 29 May 2019). We undertook a targeted inspection on 11 August 2020 to look at the infection prevention and control measures the service had in place (published 21 August 2020).

Why we inspected
The inspection was prompted in part by notification of a specific incident in which a person suffered serious

harm. This incident is subject to further investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of wound care. As a result, we undertook a focused inspection to review the key questions of Safe, Effective, Responsive and Well-Led. We found no evidence during this inspection that people were at risk of harm from this concern.

We also reviewed the information we held about the service to check that no areas of concern were identified in the other key question previously rated Good (Caring). We used the rating for Caring from the previous comprehensive inspection in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Yorklea Nursing Home

Detailed findings

Background to this 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 Care Act 2014.

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 team comprised one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because of the Covid-19 pandemic and the need to ensure the safety of inspectors, care home staff and people.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the chef, nurses and care workers.

We reviewed a range of records. This included records in seven people's care files and four people's medication files. We looked at three staff files in relation to recruitment. We reviewed a range of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a wide range of community health services professionals who regularly visit the service. We sought feedback from the local authority who work with the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse and avoidable harm. All staff received mandatory safeguarding training. The staff we spoke with knew how to recognise and report safeguarding concerns and felt confident to do so.
- The registered manager and senior staff ensured they reported any safeguarding concerns to the appropriate agencies such as the local authority and Care Quality Commission.

Assessing risk, safety monitoring and management

- The care records we reviewed had up-to-date risk assessments and individual care plans for each risk identified. For new people moving into the home, staff completed initial risk assessments while they continued to assess the person's risks and needs more fully.
- The provider had an electronic care records system, which was easy to navigate and accessible to all staff. Staff used handheld tablets to record the care they provided in real time. The daily care logs we reviewed showed staff completed them fully and accurately.
- The provider had reviewed and strengthened some systems and processes following a recent serious incident. For example, handheld tablets provided timely prompts for essential care tasks such as repositioning, and managers could easily check if any tasks had been missed. Managers had improved practices on wound management informing staff that all wounds identified had to be noted as incidents and escalated to the nurse. Staff and nurses tracked the progress of wounds by taking photographs on their handheld devices.
- People had access to the aids and equipment they needed to help them stay safe, for example, walking frames, sensor mats and bed rails. Staff used hoists to move people if needed. People's bedrooms had fixed call alarms on the walls and extensions that could be placed near to people. However, we found two alarms that were out of people's reach. We informed the manager who addressed it immediately.
- The provider made sure all servicing of the premises and equipment took place at the appropriate time. The home had a maintenance worker based onsite, which helped ensure issues were dealt with promptly.

Staffing and recruitment

- At the time of our inspection, the home had a fairly stable staff team with low staff turnover. They had two vacancies, for a nurse and an activities worker. The service had arranged interim nursing cover provided by a nurse who had worked at the home in the past and knew it well. The service offered staff additional shifts to fill any staffing gaps but also relied on agency staff from time to time.
- The day and night staff we spoke with said there were enough staff to provide person-centred care safely and effectively, but they were always busy, especially in the mornings. They told us that many people needed high levels of care that required two staff. None of the staff we spoke with expressed any concerns

about people's safety and welfare. The people we spoke with confirmed there were enough staff to provide appropriate care and support.

● The provider estimated staffing levels using a clinical dependency tool that took into account the individual care needs of people living at the home, and adjusted them to take into account other factors such as the layout of the building and the number of people who preferred to stay in their bedrooms. Soon The registered manager told us that the staffing levels were due to increase with their next admission, which was the next day.

● The provider recruited staff safely. The staff personnel records we reviewed contained the appropriate information and documents and were in good order.

Using medicines safely

● People received their medicines safely. Only nursing staff administered medicines and dressings. The service had good systems and processes in place for managing medicines safely and effectively. These included safe storage, stock control, administration and disposal

● We reviewed four people's medicines records. Staff completed medicines administration records fully and accurately. For example, records included rotation charts for people prescribed transdermal patches; records showed people received tube feeds as prescribed; nurses issued drinks thickeners to staff who recorded their use on people's food and fluid charts.

● At the time of our inspection, the people prescribed 'when required' (known as PRN) had the capacity to understand and request their medication when they needed it. Nurses added relevant information about PRN medicines to people's medicines administration charts but the service had started to develop separate, fuller PRN protocols.

● Managers completed regular audits, spot checks and competency tests to help ensure safe practice and identify any emerging issues. A local pharmacy also completed medicines audits, which provided external oversight and assurance.

Preventing and controlling infection

● The care home had very good standards of cleanliness and hygiene. The home had dedicated domestic staff and enhanced cleaning programmes.

● All staff had received training in infection prevention and control. Staff and people took part in the regular Covid-19 testing programme. All staff had received COVID-19 vaccinations.

● Staff used PPE effectively and safely. The home had plenty of stock, and staff had easy access to PPE with stations located throughout the home.

● People received visitors such as relatives, and health and social care professionals in line with the current government guidance. For example, relatives had to take COVID-19 tests, have their temperatures taken and wear face masks. People confirmed they received visitors and relatives told us they could book visits whenever they wanted to.

● The home had information displayed about COVID-19, infection control, handwashing and PPE. The provider gave regular updates to staff, people and their relatives on the latest government guidance and the provider's policies and practices.

Learning lessons when things go wrong

● The provider showed a strong commitment to learning lessons and continuous improvement. For example, they had investigated a serious incident in which they had identified errors and taken action to address them. In addition, they had complied with the recommendations made by the local safeguarding team following their investigations into the same incident.

● The nurses we spoke with told us about some changes that had taken place since the recent serious incident. These included improvements to the handover process between nurses, which had improved

communication; improvements in body mapping and photographing wounds; clarity on when to escalate issues externally; and checks that care tasks such as repositioning took place.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The home was based in a large, four storey, detached house located in a residential area. People had access to facilities such as a shared lounge/dining room and outdoor areas. Most people's bedrooms were located on the top three floors although the provider had accommodated a person on the ground floor in response to a request from the person and their relatives.
- People had good-sized spacious bedrooms, which they personalised as they wished. Some people's bedrooms had en suite toilets and sinks, and people also had access to shared facilities on each floor such as shower rooms and toilets. The home had aids and adaptations that helped frail people with such as lifts, hoists, handrails in bathrooms, and shower chairs. The third floor had a newly refurbished fully adapted wet room.
- The care home had a variable standard of décor and furnishings as the provider had started to redecorate and refurbish the home and this work was ongoing. The provider planned to discuss the refurbishment of the second-floor facilities in the New Year having recognised that the shower room was no longer suitable for people with restricted mobility and painful medical conditions. They had purchased a mobile showering machine to offer people a pleasant bathing experience in their own bedrooms.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's individual needs holistically and determined if they could meet their needs safely and effectively. The service referred people to the appropriate health and social care services if they identified additional or unmet needs.
- The care records we reviewed showed up-to-date assessments with individual care plans for people's identified care needs, for example, continence, skin integrity and nutrition. Each care plan showed details of the tasks required, the time they were due, and the number of staff needed.
- Staff completed full health checks and body maps for all new people who moved into the home. They completed an initial care plan while they continued to assess the person's needs and preferences more fully.

- Care staff attended daily handovers at which they received detailed updates about people and the service. Staff described the handovers as very important information-sharing sessions that were "the key of the shift." Staff used a communication book to share information about people's appointments.

Staff support: induction, training, skills and experience

- The service had a skilled, trained and experienced staff team made up of managers, nurses, care workers and domestic staff. All staff completed a full induction, mandatory training and shadowing programme when they commenced employment. Mandatory training included courses on moving and handling, data

protection, health and safety, person-centred values, and equality and dignity. Nursing staff completed additional training on enteral feeding, wound management, use of syringe drivers, sepsis, and tracheostomy awareness.

● Staff received regular supervision and annual appraisals. The provider offered staff a range of training and development opportunities, for example, advanced qualifications in health and social care. Nurses received support to maintain their professional registration.

● The provider had accepted and started to implement the local authority's recommendations following a safeguarding investigation into a serious incident. These included refresher training for all care staff on first aid, pressure ulcer recognition, wound care and end of life care.

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

● Staff assessed people's food and fluid needs using the malnutrition universal screening tool (MUST) and developed appropriate care plans. The service followed the advice of GPs, speech and language therapists and dieticians to ensure people received the correct supplements and diet.

● At the time of our inspection, the home supported three people who received their food through a percutaneous endoscopic gastrostomy (known as PEG). This is a procedure in which food is passed into the stomach via a tube. We spoke with the stoma team who said that staff complied with the PEG regime in line with their instructions.

● The chef engaged with people regularly and offered a choice of healthy meals based on their dietary needs and preferences. This included the provision of soft food, special diets such as gluten-free and halal meals, and preferences such as Caribbean food. We observed staff supporting people who needed assistance with eating. Staff explained what the meal was and helped people eat at their pace.

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

● The service worked closely with a wide range of health and social care services to ensure people received the right care at the right time. A local GP visited the home at least weekly and reviewed each person regularly. A physiotherapist offered exercise sessions twice a week.

● We spoke with the care and support nursing team, GP, speech and language therapy team, bowel and bladder team, chronic obstructive pulmonary disease team and stoma team. They gave positive feedback about the home describing good communication, timely referrals and escalation of issues, and compliance with the instructions and guidance they gave.

● Staff monitored people's physical health closely and recorded their observations. They escalated any issues to the nurses. We tracked a record of a person who had a suspected pressure wound. We found evidence the person received appropriate treatment, close monitoring and regular repositioning support. Photos on the person's care records showed the stages from identification of the wound to healing.

● People looked healthy and well kempt. People had access to services such as chiropody and hairdressing to support their health and wellbeing.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training on the Mental Capacity Act (MCA) and understood the principles of the MCA.
- Staff assessed people's capacity for making decisions in line with the MCA and in their best interests. Our observations showed that staff supported and respected people's decisions and choices.
- The provider submitted appropriate applications to deprive people of their liberty where needed to keep people safe.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. 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

- The service involved people, their relatives and health and social care professionals to develop personalised care plans that accurately reflected people's needs and preferences.
- People told us they had choice and control in their day-to-day lives. People said that staff knew their likes and dislikes and respected their choices. One person said, "Staff are attentive and come to help me when I require it." People chose when they got up in the morning and what time they had breakfast; some people asked for meals in their bedrooms. One person told us, "I feel safe here in my room, it's my choice, I have everything I need and the staff let me do what I want to, it's not restricting here."
- Staff knew people well and they worked tirelessly to provide person-centred care based on people's individual needs and preferences. One staff member told us, "All [people] are treated as individuals, they are all special." We saw examples of personal touches such as staff calling people by their preferred name, providing food people liked, and celebrating people's birthdays.

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

- Staff actively supported people to maintain relationships with their friends and relatives via face to face visits and video calls. Relatives we spoke with told us they could visit when they wanted to and were welcomed.
- People had access to a large lounge/dining room that had a TV, a music system, games and books. However, some people were nursed in bed and some preferred to stay in their bedrooms. Some people and relatives commented on the limited activities available. One person told us, "I feel lonely sometimes, but I am fortunate to have visitors - the staff don't always have time to talk to me." However, another person told us, "I do not have many visitors and I found it hard during lockdown not to have any visits but the staff made time for me."
- At the time of our inspection, the home had a vacancy for an activities worker, which explained the limited activities and social stimulation available to people. Staff tried to make time to support people with activities that mattered to them, for example, playing cards, listening to music, arts and crafts, and singing. A physiotherapist visited up to twice a week and offered exercise sessions. A hairdresser visited when people requested it. Soon after our visit, the home told us they had recruited an activities worker and increased the number of care staff on shift each day.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The service took into account people's communication and sensory needs when planning care. Care plans included guidance for staff to help them communicate with people effectively when providing care. For example, we observed staff understanding and responding to a person with non-verbal communication.

● The service had resources to help people with communications needs, for example, pictorial menus.

Improving care quality in response to complaints or concerns

● The service had a policy and process for managing complaints, which was displayed clearly in the home.

● None of the people we spoke with had any complaints about the service, but they knew how to complain and felt confident any issues would be addressed. As one person told us, "If I am not happy with anything I would talk to the staff and they would put it right, I know how to use the call bell."

● Records showed that the service dealt with complaints and concerns appropriately and took the opportunity to learn lessons and make changes. Two relatives we spoke with gave examples of issues they raised with the manager, which were addressed promptly.

End of life care and support

● The service supported people at the end of their lives. Staff worked with local health services to provide people's end of life care needs.

● The service asked people about their wishes for the end of their lives. The care records we reviewed showed discussions about people's preferences.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. 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

- Staff understood the values of the service to keep people safe and well and give them the best care they could. Staff talked about, "Giving people quality of care, and taking the time to listen" and "Making [people] feel comfortable and have control over their lives." Staff described people in positive terms, for example, they said they enjoyed getting to know them as individuals.
- The service had a positive, caring culture. People knew who the manager was and spoke positively about the staff and the support they received. One person told us, "Staff are kind and good, they are gentle with me and listen to me which means a lot. I feel very comfortable here and want for nothing, I have lived in other homes and here they talk to me a lot better, they know me, and what I like and don't like, this is the best home I have lived in."
- Staff described good morale and team working. Staff described a busy environment but one in which they felt supported. Staff spoke highly of the registered manager describing her as caring and approachable. They said that managers helped them with care tasks at busy times or when they were short-staffed. One staff member told us, "It's a good place, and a good team." Another said, "We have a good core of staff."
- Staff valued people's differences and supported their choices. Staff knew people well and we observed good interactions between people and staff. For example, a new person at the home appeared lost and disorientated. We observed a member of staff being very attentive and supportive towards them.
- People expressed trust and confidence in the staff team. Relatives told us, "Staff are good and polite," and "Staff are always welcoming."
- The local agencies we spoke with also expressed confidence in the service. One community team we spoke with said they had "put the service on a pedestal."

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

- Managers understood their responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong. They informed people if something went wrong and acted to rectify the issue where possible.
- The provider had good working relationships with local agencies such as the local authority and commissioners and shared information appropriately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● Managers had access to a range of systems, tools and processes that helped them assess the safety and quality of the service and identify areas that needed attention. For example, they completed monthly audits of the environment and premises to ensure safety. They completed regular audits on medicines management, care records, and incident reporting, which helped them identify any issues, gaps and risks, which they then addressed.
● Managers completed additional checks to assure themselves about the quality and safety of the service. For example, they did weekly walkarounds and ad hoc spot checks during night shifts. An external company completed mock inspections at periodic intervals, and a pharmacy checked the home's medicines management practices.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The service engaged with people and their relatives regularly, for example, staff invited feedback on the service; they kept people and their relatives updated on COVID-19 measures at the home and visiting arrangements.
● Managers engaged with their staff on an ongoing basis using a range of methods. For example, all staff had access to a WhatsApp group, regular team meetings and one-to-one supervision sessions at which they could raise any concerns.
● The provider ran an annual survey that asked staff about job satisfaction and staff morale. The results of the 2021 survey showed high staff satisfaction rates. For example, staff morale scored highly, and most staff said they would recommend the home to family and friends.
● Staff and managers actively engaged with people and their relatives. For example, the provider ran annual surveys in which they asked people their views on the quality of care, facilities, activities, and invited suggestions for improvement.
● The service met the cultural needs of people. The home had a diverse range of staff drawn from the local community. The home supported people's dietary preferences such as halal and Caribbean food.

Continuous learning and improving care
● The provider showed a strong commitment to learning lessons and continuous improvement. They complied with recommendations from external partners, for example, managers had implemented the recommendations from a recent safeguarding investigation.
● The provider participated in new developments and innovations. For example, the home had worked with the local authority in piloting a quality tool, which involved identifying issues and implementing solutions. The home had participated in a new healthcare initiative that involved piloting digital health observations tools.
● The provider had a comprehensive range of audits that local managers completed. These helped identify any issues, gaps and risks, which they then addressed to improve care.
● An external company had carried out a mock inspection in March 2021 to identify areas for improvement. We saw an action plan that showed progress with the actions identified.

Working in partnership with others
● The service worked closely with local agencies including the local authority, specialist community teams and GPs. The local agencies we spoke with had no concerns about the safety and quality of the services at the home. They described good working relationships, attentive staff, good communication and timely referrals.
● The home worked closely with local agencies on new initiatives and pilots. For example, the local care and support team had nominated the home to participate in a pilot testing a new digital health innovation that involved logging people's physical observations to inform escalations to health professionals. The team

described the home as fully cooperative. The home worked closely with their local quality and performance team to pilot a new provider support tool, which involved significant contact and cooperation between the parties.