THE WOODBERRY PARTNERSHIP

INSPECTION REPORT

YORK MANOR

CQC RATING GUIDE: '**GOOD**'

Privately Commissioned Inspection for

York Manor

Conducted by:

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Date of Inspection:

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Contents

Executive Summary

Tanglewood Care Homes operates several residential care homes for older people across the Midlands and the North of England. The company aims to provide high quality care in safe and comfortable surroundings, always promoting independence and choice. As part of Tanglewood's quality assurance programme, additional inspection visits have been commissioned from outside care professionals. This is to ensure the organisation makes use of an external eye, acting as a 'critical friend', to further improve and enhance the quality of leadership and the quality of care at their care homes. An introduction to the author is available at the end of the report.

This is the report from a day spent at **York Manor**. York Manor is a new purpose-built residential care home for older people including people living with dementia and is located in the city of York, North Yorkshire. The facilities are 'state of the art' and the environment is amongst the most impressive in the residential care market. The home opened in October 2024 and there were already 42 people in residence. This was my first visit to the home.

The findings of this inspection were mostly positive and showed significant progress since the home opened. The atmosphere was lively, cheerful and there was a kind and caring culture evident amongst the staff group. Residents were complimentary about the care they received, as were visiting relatives. Staff described their working conditions in positive and grateful terms. Staff were attentive and helpful when interacting with residents.

The environment was clean and well presented. Personal care was of a good standard throughout. The lunchtime experience was well managed. The lifestyle team made a good impression and there were plenty of activities taking place during the day, with the highlight being an external performer who did a 'drag act' in the afternoon. There was plenty of well-presented evidence about a variety of activities that had taken place since the home opened.

Regulatory compliance and governance systems were robust and were becoming embedded within the home's structure. Medication systems were safely managed, although one person's self-medicating risk assessment needed to be reviewed. Staff training and supervision were up to date. There were sufficient staff on duty, with team members properly recruited. Care planning was of a mostly good standard, but

some of the instructions to staff needed to be more precise. Some of the daily care records needed attention, including repositioning charts, fluid records and hygiene records. The care planning and daily recording issues were likely linked, as imprecisely written care plan instructions might often lead to inconsistent daily care records. This was the one area where some management focus was required.

The team were welcoming of constructive criticism throughout the inspection process. The successes achieved so far were worthy of praise and augured well for a bright future for York Manor.

CQC Rating Guide

This is a ratings guide for this service on the basis of what was seen, heard, witnessed and experienced on the day of inspection. It is for guide purposes only. The methodology used for conducting the inspection and preparing the rating is discussed in more detail in a separate section at the end of the report:

	Inadequate	Requires Improvement	Good	Outstanding
Safe			**X**	
Effective			**X**	
Caring			**X**	
Responsive			**X**	
Well-Led			**X**	

Overall: Good

This was a well-deserved ‘Good’ rating, which will be more solid once the daily care record matters are resolved.

CQC Key Question - Safe

The following CQC quality statements apply to this key question:

- Learning culture
- Safe systems, pathways and transitions
- Safeguarding
- Involving people to manage risks
- Safe environments
- Safe and effective staffing
- Infection prevention and control
- Medicines optimisation

Staffing Levels

The home is registered for a maximum of 73 older people, including some people living with dementia. There were 42 people in residence on the day of my visit, with one person admitted that day. The home was laid out over three floors, with the ground and first floors open. Plans were being made to open the second floor. Staffing levels across the home were as follows:

Ground Floor – (21 people in residence)
(am) 1 senior care assistant and 3 care assistants
(pm) 1 senior care assistant and 3 care assistants

First Floor – (21 people in residence)
(am) 1 senior care assistant and 3 care assistants
(pm) 1 senior care assistant and 3 care assistants

The night shifts were staffed by four staff, with recruitment ongoing to increase this number to five. Two of the early staff came in to work at 7am and two staff who worked the late shift stayed until 10pm. These staff were able to provide assistance to the night staff at the beginning and end of their shifts with people who required support getting up in the morning and going to bed in the evening.

Ancillary Staff

In addition to the care staff there was a lifestyle manager, lifestyle assistant, kitchen staff (chef and kitchen assistant each day), maintenance manager, gardener, front of house manager, head housekeeper and domestic team (including dedicated laundry staff). Hairdressing and chiropody services were contracted externally. The

team was managed by the registered manager (supernumerary) and a care manager (also supernumerary). This was a good level of ancillary staff for a home of this size and worked well.

The staffing numbers were growing as the occupancy increased and the home was staffed to ensure that the occupancy could increase at a sensible rate. From my observations during the day there were enough staff to care for the current resident group. Both the management team and the staff team were of the view there were currently enough staff to care for people and provide them with a quality service.

Staff Vacancies

The manager reported that recruitment had been successful over the last year. The rate of occupancy growth had been swift, with several show-arounds taking place during the day. Recruitment had kept up with the staffing requirements during the year. The manager said that no agency staff had ever been used since the home opened. The home was 'fully staffed' for its current number of residents, especially when taking into account three new staff who had been appointed pending recruitment checks.

Staff Recruitment files

I looked at the recruitment information for several staff recently recruited to the home. The files were stored securely on the provider's computer system and were demonstrated by the front of house manager. The information was well put together and contained all of the information required by regulation and other information indicative of good and safe recruitment practice. Information seen included:

- Recent photographs
- Full employment histories
- Medical information to ensure people are fit to work
- Contracts
- Suitable ID
- Appropriate references
- Job descriptions
- Interview notes
- Training information
- DBS information

Open Safeguarding Cases
The manager advised there were no open safeguarding cases currently.

Medication Management
The medication trolleys were kept in one the secure medical rooms, located on each floor. I audited the medical room on the ground floor. The systems were capably demonstrated by one of the home's team leaders. I found the systems to be safe and well-managed, with the only issue relating to a self- medication risk assessment. Good practice included:

- Keys were kept by the senior member of staff in charge.
- The trolleys were tidy, well organised and attached to the wall when not in use.
- Medication was delivered regularly in original packaging – a non MDS approach.
- Controlled drugs were stored correctly. A random stock audit tallied.
- PRN protocols were in place and well written.
- 'Do not disturb' tabards were worn by staff administering medication.
- Plastic pots and spoons were either disposed of after use or sterilised in a machine purchased for that purpose.

The home used an electronic medication system (EMAR). The EMAR system involved scanning the medication boxes prior to administration and the system generated a MAR chart. The system prompted all prescribed medication administration and so it was not possible to 'forget' any medication or not sign for it. The key to demonstrating the system is being used correctly is to ensure the stock present in the boxes and packets matches exactly the amounts recorded on the computer system. I undertook ten random stock audits and all were correct.

Resident 1 had been assessed as capable of managing his own medication by use of a Dossett box. The team leader said that Resident 1 had been observed decanting his medicines into the Dossett box and managing them appropriately. There was a self-medication risk assessment in place for this situation that stated, *"Senior team members are responsible for carrying out checks to ensure [Resident 1] is taking the prescribed medication."* The risk assessment did not say how often checks should be made (e.g. every day?, every week?, every time a medicine is due?). The lack of precision in the required action is a theme that will be referred to again in the 'Responsive' section.

The statement that staff were responsible for checking the medication self-administration was not consistent with the opinion that Resident 1 was able to take his medication safely on his own without support. If checks were to be made at every administration then records would need to be made of each administration as though the staff were administering it. Resident 1's medication regime and risk assessment required a full review.

See Recommended Action 1.

Premises Safety & Management

The home was warm, clean and well presented. No unpleasant odours were noted anywhere. Sluice rooms were locked at all times. COSHH products were stored safely throughout the home for the most part, although the locking system on the downstairs COSHH cupboard under the sink had malfunctioned leaving potentially hazardous cleaning materials unlocked. The lock was repaired straight away by the maintenance manager.

There was one example where a call bell rope had been tied around the accessibility bars in one of the toilets and so it did not reach the ground. This meant that the call bell would not be accessible to someone who had fallen.

See Recommended Action 2.

Laundry Room

This room was spacious with both an 'In' and an 'Out' door. It was clear that soiled laundry was stored correctly and washed separately on a sluice wash. Dissolvable red bags were used for safe storage and laundering.

Kitchen

The team were still awaiting the first environmental health inspection of the kitchen. The chef reported that all equipment was functioning well. Tanglewood had clear record-keeping systems for the kitchen that were signed off regularly by the manager.

CQC Key Question - Effective

The following CQC quality statements apply to this key question:

- Assessing Needs
- Delivering evidence-based care and treatment
- How staff teams and services work together
- Supporting people to live healthier lives
- Monitoring and improving outcomes
- Consent to care and treatment

Supervision & Appraisals

The provider used a system called Coolcare to monitor the frequency of supervision and appraisal meetings. Supervision meetings took place quarterly with an annual appraisal. The system showed that all had been kept up to date. Minutes of supervision meetings were kept on personnel files and were signed by both parties.

Training

When new staff were appointed to work at the home they attended and completed a range of training that equipped them with the basic skills to do their jobs. Updates would then be scheduled at sensible frequencies.

Mandatory training compliance figures were very high, at **96.5%**. Mandatory training subjects included safeguarding (adults and children), Oliver McGowan learning disability and autism course, basic life support, COSHH, fire safety, dementia awareness, GDPR, equality and diversity, dignity and respect, food safety, health and safety, infection control, moving and handling and MCA/DoLS. Medication training was at **88%**, with the reason being there were a couple of new starters still undertaking their required training.

Mental Capacity - DoLS

Not assessed at this inspection.

Eating and Drinking

I witnessed the lunchtime experience in the first-floor dining room, which was a positive, sociable experience. Good practice included:

- Old-style background music was playing.
- Tables were nicely laid.
- Correct menus were on display.
- Several people chose to come to the dining room to eat and were given a choice of where to sit.
- Staff were wearing appropriate protective equipment.
- Residents were offered napkins and other clothing protectors if they wished to wear them.
- Plenty of staff assisted with the lunchtime.
- Choices of drinks were given to people, including wine in some cases.
- Choices of main courses were given to people in a way they could understand.
- One-to-one support was given to individuals where necessary in an appropriate way.

Premises Presentation
Entrance and Reception Area
The home had a bright and welcoming entrance and reception area with many places to sit and wait to be seen. There was a sink on the way in for use by anyone who wished to wash their hands. The manager's office was easily accessible at the side of the reception area. A friendly and experienced front of house manager ran the reception area.

Information such as the home's registration certificate, employer's liability information and the complaints policy were displayed prominently. The home did not as yet have a CQC rating, but this would be displayed after the first inspection.

Design and Adaptation
The home was designed and purpose built for people who have mobility restrictions. All bedrooms had en-suite toilets and wet room showers. Full assisted bathing facilities were also available on each floor.

Communal Rooms
The lounges and dining rooms were welcoming, clean and very nicely furnished. There was a main lounge and dining area on each floor, as well as a variety of smaller lounges. There was an activity room, sports lounge, gallery café, multifaith room and

a family room. There was an enclosed balcony on the first floor and an open balcony on the second floor for people to sit out during warmer weather. There was also a fully kitted out hairdressing salon and nail parlour. Snack and hydration stations were available on all open floors.

Bedrooms

The occupied bedrooms were nicely personalised with people's own belongings and photographs of their families. This enabled them to feel settled at the home. The bedrooms were fitted with smart televisions and refrigerators.

Garden

The secure gardens around the home were well kept and presented. All bar one of the ground floor bedrooms had areas outside their patio doors for individual people to access the garden areas.

CQC Key Question - Caring

The following CQC quality statements apply to this key question:

- Kindness, compassion and dignity
- Treating people as individuals
- Independence, choice and control
- Responding to people's immediate needs
- Workforce wellbeing and enablement

Residents

There was kind, cheerful and caring relationship between the staff and the residents. Several of the staff mentioned how fond they were of the residents. There was a calm and happy atmosphere of cordial support on both open floors. Feedback from residents was positive and grateful about their experiences of living at the home so far. Quotes included:

"I'm very happy here. It's lovely."
"I have a nice bedroom with everything I need and I get good food."
"All of the staff are kind and they make time for you."
"The carers gel together. I see some good teamwork."
"You can joke with the staff. That's good. I need that. They are positive people."
"I'd say everyone here does their jobs well, the carers, the cleaners and the managers."
"I certainly have no complaints."
"It's jolly good here. I'm from a nurse training school and so I'd know."

Other people were not able to converse meaningfully due to their needs, but everyone had a good sense of wellbeing. The standard of personal care was high throughout the home. People were supported to be clean, well-presented and wearing properly fitting clothing.

Visitors

Visiting was able to take place unrestricted. Feedback from visiting relatives was similarly complimentary. One person said, *"The care staff and the managers seem really genuine. I have no concerns, but if I did then I'd be confident when raising an issue it would get dealt with. We've visited a lot of care homes and this one seems like the best."*

The carehome.co.uk website rated the home as 9.8 out of 10 from 28 reviews, which was indicative of very high satisfaction levels from people who used that website for feedback. Reviews were written in the most complimentary terms.

Privacy and Dignity

People were treated with dignity and respect throughout the day. Staff were observed to knock on doors prior to entering peoples' bedrooms. This indicated a respect for people's personal space. Continence products were stored discreetly. Staff were alert to situations where peoples' dignity may be compromised and intervened without fuss. Moving and handling manoeuvres were undertaken with respect. Call bells were left within reach of people spending time alone in their bedrooms.

Confidentiality

Care plans were stored electronically and were password protected.

CQC Key Question - Responsive

The following CQC quality statements apply to this key question:

- Person-centred care
- Care provision, integration and continuity
- Providing information
- Listening to and involving people
- Equity in access
- Equity in experiences and outcomes
- Planning for the future

Care Plans

The care planning system being used was Person Centred Software, is a well-respected electronic care planning system. Care plans were written following detailed assessments of people and contained plenty of person-centred information, including life histories. Specific care plans were in place for individual health conditions.

Care plans had been reviewed on a monthly basis, as prompted by the computer software. Established scoring systems were used to ensure that risks to people were identified and managed effectively. The system produced a list of required risk assessments that were completed for all. These included people's risk of developing pressure ulcers, risk of becoming malnourished (MUST & Waterlow) and moving and handling risk assessments. These risk assessments had also been regularly reviewed.

Staff had worked hard on the new care plans. However, the main issue with them was that they often were not specific or precise enough when describing the actions that staff needed to take. In some circumstances this had led to unclear daily care records. Specific examples are discussed in the next section.

Daily Care Records

Resident 2’s care plan referred to regular repositioning being required. However, the care plan did not say how often repositioning needed to occur, when it should occur or precisely how it should be undertaken. The management team said the person needed 2-hourly repositioning during the day and 4-hourly repositioning at night. There were some records that had been made of repositioning happening on some occasions over the past week, but not reliably at the frequencies stated.

See Recommended Action 3.

Resident 3 had some independence with her personal care, but also required some support from staff. The personal care plan stated, *"Staff members to offer [Resident 3] showers daily."* During discussion with the senior staff it transpired that the reality was more nuanced than this. Sometimes Resident 3 would shower herself and so staff should ask her how she had got on in the morning and record if she said she had showered. If she was struggling she should receive some support from staff and then this would be recorded. None of this was made clear in the care plan actions. There had been no records made of Resident 3 having any showers in the past four weeks.

Resident 4's personal care plan stated, *"[Resident 4] is to be supported with daily baths [to soothe sacral area]."* Again, talking to staff it transpired that the reality was more complex. No records of any baths had been made for the last four weeks, apart from one refusal.

See Recommended Action 4.

Resident 5 had been admitted to the home six days prior to the inspection. One of the main issues highlighted in her pre-admission assessment was that she was not eating or drinking well. She had been placed on hydration watch, with a recommended daily target of 1,500mls. For the last four complete days the records indicated she had been offered much less than this (880, 460, 880 & 960mls). If offered less than the minimum daily target it would not be possible for her to reach the target. Resident 5 had also been placed on nutrition watch. Food records had mainly been kept well for the week, although on 13th & 14th September there were no records of Resident 5 eating any breakfast or being offered breakfast.

See Recommended Action 5.

The above examples suggested that a review of all care records was required, focusing on precision and clarity of care plan instructions, then with accuracy and attention to detail with daily recording requirements.

Consent to Care and Treatment
Mental capacity assessments (MCAs) were in place where there was a doubt about individual people's capacity to consent to various specific aspects of their care. The MCAs were well written and best interest decision making documents had been prepared when people lacked the capacity to consent to a specific decision. For example, in one case there were separately considered MCAs for:

- Residing at the home
- Opening letters
- Consenting to treatment for medical conditions
- Continence care
- Medication.

Activities Arrangements
The lifestyle staff were both on duty on the day of inspection and interacted well with residents on both floors. A classical concert was playing in one of the lounges, appreciated by several people who were sitting watching.

The activity plan for the day was clear from the early morning meeting. One-to-one sessions were to take place in peoples' bedrooms for people who did not often come out of their rooms to interact. Then there were activities of musical bingo, making Tik Tok videos and the main even was the drag act performance in the afternoon. This was a new activity that was being tried out. It proved popular with many of the residents.

The lifestyle staff also gave a positive and enthusiastic account of other activities. There were a range of day-to-day activities, such as carpet bowls, exercise sessions, quizzes, singing activities, gardening, dancing and various games such as word games. There had been many animals visit the home, including reindeer, rabbits, guinea pigs, snakes, snails, creepy crawlies and a Shetland pony.

Trips out of the home had been organised. There had been outings to York Minster, York Castle Museum, Winter Wonderland, Scarborough beach, Castle Howard, York boat races, an ice-skating rink, local pubs, a local primary school concert and a local garden centre. One person had been taken to a riding school several times to fulfil a wish of learning to ride a horse. One person was taken to the mayor's show – an activity special to her for many years.

CQC Key Question – Well Led

The following CQC quality statements apply to this key question:

- Shared direction and culture
- Capable, compassionate and inclusive leaders
- Freedom to speak up
- Workforce equality, diversity and inclusion
- Governance, management and sustainability
- Partnerships and communities
- Learning, improvement and innovation
- Environmental sustainability – sustainable development

Staff Feedback

Staff spoken with indicated they were happy working at the home and felt confident in the support they received from the management team. None of the staff raised any concerns about anything to do with the home.

One staff member said, *"I love it here. The residents are great."* Another staff member said, *"This is a much better home than some I've worked in before. It's not just the nice building, we are a good team and we are encouraged to look after the residents really well."* A third staff member spoke of working previously in a very high-quality service. While recognising the good start made at York Manor this staff member was aware there was still a lot to do to reach the standards she had seen before. She was keen to be a part of that journey towards future excellence.

Registered Manager

The manager, Rachel French, was an experienced registered manager and had been registered as part of the home's originating application.

The home had yet to be inspected by CQC and was unrated.

Management Governance

A robust internal auditing system was in place, as was the case in all of the provider's care homes. This was a robust system that covered a wide range of key areas. The sheer amount and depth of the auditing gave confidence the home was well run. The management team believed in the governance system and felt it helped keep them safe.

Daily clinical oversight and resident of the day processes ensured an ongoing eye on important clinical detail. Actions identified through the audits were placed on a home action plan. Governance work for August 2025 included:

- Call bell response time analysis (no data was available for August due to a system malfunction)
- Pressure ulcer audit (none)
- Wounds audit
- Bed rails audit (none)
- Weights and weight loss management
- Medication review monitoring
- Infections review
- Covert medicines, antipsychotics and benzodiazepines review
- CQC notifications
- Accident and incident review, with graphical and trend analysis
- Safeguarding review
- Finance audit
- First impressions audit
- Staff personnel file audit
- Care plans reviews
- Infection control audit
- Medication audits
- Health and safety audit
- Mattress audit
- Slings audit
- Fire safety audit and fire drill
- Catering audit

A dependency monitoring audit was completed to review notional dependency levels against staffing levels. The numbers presented in August's audits did not look correct, as the number of staff 'required' was recorded as well in excess of the staff provided for both day and night. The staffing levels provided were sufficient and were in line with many other similar care establishments.

See Recommended Action 6.

Provider Visits

There was an in depth 'MGV' (monthly management visit) report on file for each month. These had taken place each month and were completed by different staff members such as the regional director and regional support staff. Key sections in the report were environmental management, clinical management, people management and quality assurance. Action plans were set where necessary.

Management and Leadership Observations.

The manager was experienced and had a good track record of success from running another Tanglewood care home. York Manor opened in October 2024 and there were already 42 people in residence. This represented healthy growth and a service that was already proving popular in the local area.

The staff team presented as competent and they described their working conditions in positive and grateful terms. The atmosphere was lively, cheerful and there was a kind and caring culture evident amongst the staff group. Residents were complimentary about the care they received, as were visiting relatives. Staff were attentive and helpful when interacting with residents. There was a sense of community and the lifestyle team had evidently organised many activities in the local area.

Regulatory compliance and governance systems were robust and were becoming embedded within the home's structure. The comments about the daily care records, along with the recommended actions, were important to take account of. This was the one area where some management focus was required.

The team were welcoming of constructive criticism throughout the inspection process. The successes achieved so far were encouraging, worthy of praise and augured well for a bright future for York Manor.

Required and Recommended Actions

The following list consists of matters picked up during the inspection process that would be either in breach of regulation, arguably in breach of regulation, issues that CQC inspectors commonly criticise if not seen as correctly implemented and general good practice suggestions. The regulations in question are the HSCA 2008 (Regulated Activities) Regulations 2014, The Care Quality Commission Registration Regulations 2009 and The Mental Capacity Act 2005. There are other regulations that can be relevant, but these ones cover the vast majority of issues to consider.

1	Please review Resident 1's self-medication risk assessment.
2	Please ensure that call bell ropes in communal bathrooms are not tied up and extend all of the way to the floor.
3	Please rewrite Resident 2's skin integrity care plan and be precise about the repositioning requirements. Please then ensure that daily care records demonstrate repositioning taking place at the required frequency.
4	Please review Resident 3 and Resident 4's personal care plans to ensure they are accurate and informative in relation to the peoples' bath and shower requirements.
5	Please ensure Resident 5 is offered at least her minimum target amount of fluid each day. Please also ensure that breakfast is offered to her and recorded each day.
6	Please review the accuracy of the staffing numbers presented in the dependency monitoring matrix.

Inspection Methodology

The inspection took place over one full day on site at the home. Evidence was obtained in the following forms:

- Observations of care and staff interactions with residents.
- Observations of general living and activities.
- Discussions with people who lived at the home.
- Discussions with staff who worked at the home, including management staff.
- Inspection of the internal and external environment.
- Inspection of live contemporaneous care records.
- Inspection of live contemporaneous management records.
- Inspection of medication management systems.

The main inspection focus was against compliance with the following regulations:

- HSCA 2008 (Regulated Activities) Regulations 2014.
- The Care Quality Commission Registration Regulations 2009.
- The Mental Capacity Act 2005.

Full account is also taken of the following key guidance, although this list is not designed to be exhaustive:

- CQC's recently published Single Assessment Framework (SAF) and its associated Quality Statements.
- The recently retired Key Lines of Enquiry (KLOEs), as these were always a good technical guide for what appropriate quality care looks like.
- NICE guidelines on decision making and mental capacity.
- NICE guidelines on medication management.
- A whole variety of CQC's clarification documents from over the years.
- RIDDOR guidance on reporting injuries and dangerous occurrences.

The ratings awarded for each key question are professional judgements based on over 25 years' experience of inspecting and rating care services. I believe the most meaningful rating is a 'description,' not a 'score.' It is a 'narrative judgement,' not a 'numerical calculation.' This inspection does not attempt to mimic CQC's current complex scoring system.

Introduction to Author

Simon Cavadino
Simon has worked in the provision, management and regulation of social care and healthcare services for over 25 years. He currently works with a range of different care provider organisations, offering advice on the Health and Social Care Act (2008) and its accompanying regulations. He is able to undertake detailed compliance advice work and/or senior-level management advice and coaching. Simon trades under the banner of The Woodberry Partnership.

During his career Simon has worked as an inspector for the Commission for Social Care Inspection (CSCI) and for the Care Quality Commission (CQC). He has undertaken detailed inspection, registration and enforcement work during his two spells working for the national regulator.

Simon has also worked for care provider organisations in both the private and voluntary sectors, achieving high quality services wherever he has worked. His most notable career achievement was as Director of Operations for a private sector provider, where he commissioned, built, opened and ran 25 sought-after care services for adults with a learning disability over a period of 8 years.

www.woodberrypartnership.co.uk

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