

J Care (UK) Limited

Yarborough House Care Home

Inspection report

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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? | Requires Improvement ● |

Summary of findings

Overall summary

Yarborough House Care Home is a residential care home for 25 older people, some of whom may be living with dementia. It is situated on a main road and close to community facilities and bus routes. Accommodation is provided over two floors, the first floor being accessible via stairs or a passenger lift. At the time of our inspection visit there were 16 people using the service.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People gave us positive feedback about the management team. There were a range of audit systems in place to monitor the quality of the service. We found some shortfalls in the re-decoration and renewal programmes, which were addressed following the inspection.

People who used the service were supported by caring staff. People were treated with dignity and respect by staff who knew their needs and understood their preferences. Staff showed a genuine interest and affection for the people they cared for.

We observed a positive and inclusive atmosphere within the home with people and staff getting on well. People's views were sought during care reviews, resident meetings and surveys. The provider had systems in place to respond to complaints about the service.

People were involved in planning their care and support. Care plans contained person-centred information about people's needs and guidance for staff on how best to support them. Staff explored people's wishes about how they wanted to be cared for at the end of their life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were provided with the opportunity to participate in meaningful activities which interested them and were encouraged to maintain links with the local community.

People told us they felt safe. There was sufficient staff deployed to ensure safe care and treatment.

Systems in place minimised the risk of harm to people. These included effective risk assessment of people's needs, safeguarding matters, management of medicines, safe recruitment and effective management of accidents and incidents. The provider ensured safety checks and servicing of equipment was completed regularly.

Staff received regular training; supervisions, observations and appraisals were used to monitor their performance and support their continued professional development. There were staff meetings which enabled them to receive information and express their views. Staff told us they felt supported by management.

The registered manager was very experienced and had managed this service for many years. People and relatives spoke positively about the service and said it provided good quality care in a personalised and friendly way.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

Yarborough House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 12 February 2018. The inspection was carried out by two adult social care inspectors 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 service. The area of their expertise was in care of older people.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports, safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury.

We contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England.

We spoke with ten people who were able to express their views, but not everyone was able to communicate with us. Therefore we used the Short Observational Framework for Inspection (SOFI) which is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven relatives who were visiting the service during our inspection. We also spoke with the

director, registered manager and a selection of staff which included a senior care worker, two support workers, the cook and the activity coordinator.

We looked at four people's care records, three staff files and reviewed records relating to the management of medicines, complaints, staff training and maintenance of the premises and equipment. We checked how the registered manager and provider monitored the quality of the service; we also looked around the environment.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I have a hoist and I always feel safe in it. They all seem to know what they're doing." Another person told us, "I always feel safe. I know that a press of the button can summon help straight away."

People continued to be kept safe from the potential risk of harm and abuse. Staff had completed safeguarding training and in discussions were clear about what constituted abuse, the signs and symptoms which may alert them to concerns and the action they would take to protect people. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Safe recruitment processes continued to be followed. Records showed appropriate checks had been completed before employment commenced.

People's risks were safely managed. There were a range of risk assessments in place which were specific to people's needs. These included mobility, risk of falls and skin integrity. Staff had a good understanding of the risks associated with supporting people. They were updated each day at handover about people's needs and any changes. We observed safe care practices taking place, such as staff supporting people to mobilise around the service. Accidents were recorded and analysed to look for patterns.

Health and safety related checks were completed regularly to help keep the premises and equipment safe for people. This included fire safety checks, fire drills and checks of lifts, hoists, electrical, gas and water safety. There were also policies and procedures for dealing with emergency situations.

People received their medicines as prescribed. Medicines were securely maintained and staff completed relevant training and had their skills in administering medicines assessed, to ensure they were competent in following medicines procedures safely.

People were supported by a regular team of staff, many of whom had been employed by the service for several years. Records showed the director and registered manager regularly reviewed the staffing levels and this was linked to the dependency of people's needs. At certain times of the day, the routines were busy but we saw call bells were answered promptly and people did not have to wait long to receive assistance. At lunch time we noted staff were not always present in the dining room to supervise people and the meal service was disorganised at times. When we spoke with the director and registered manager about this, they confirmed they were reviewing the meal service arrangements and monitoring staff deployment to support the necessary improvements needed.

Is the service effective?

Our findings

We found people continued to be supported in an effective way. One person told us, "All the staff do a good job and look after us very well." A relative told us, "Staff are skilled and experienced and it shows in the care they provide."

Staff employed were skilled, trained and knowledgeable. Throughout our inspection we observed staff confidently meeting people's needs. Staff completed a range of essential and service specific training. Staff also received regular supervision and appraisal to support them in their role.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's consent and ability to make specific decisions had been assessed and recorded within their care plans. Records showed when people lacked the capacity to make certain decisions about their lives; their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests. The registered manager had appropriately identified situations which may amount to a deprivation of someone's liberty and submitted authorisations to the supervisory body. This showed us people's rights were protected.

We found people's health care needs were met. Records indicated people who used the service had accessed the healthcare services relevant to them. Changes in people's healthcare needs had been noted and support and advice had been sought from the relevant professionals when required.

People's nutritional needs were met. Menus were varied and the meals prepared looked well-presented. Observations showed people were offered choice and alternatives were available. People's food preferences and dietary requirements were known and catered for. Staff monitored their weight and professional guidance had been sought when needed.

People's bedrooms were personalised. We saw areas in the service had been redecorated and reconfigured to improve the facilities. This included the provision of new en-suite bedrooms, a new lounge area and further work was in progress. There was some use of contrasting colours, photographs on doors and pictorial signage to provide orientation for people living with dementia. We found some areas of the home required refurbishing, with worn and tired furniture and carpets needing replacement. The director confirmed new furniture had been purchased and they were awaiting delivery; there were plans to redecorate and replace more of the flooring on the ground floor. One person told us, "It needs sprucing up a bit, but feels very homely."

Is the service caring?

Our findings

Staff were polite and kind towards people who used the service throughout our inspection. We saw numerous friendly conversations and positive interactions, which demonstrated staff cared about the people they supported. Where people became anxious, unsettled or distressed, staff were quick to intervene and provide kind and calming reassurance. Staff spoke with people in a kind and compassionate way demonstrating they cared about how people were feeling.

Staff knew people well and took an interest in their lives and what mattered to them. We saw people responded warmly towards staff showing us they enjoyed staff's company and the conversations they shared. A person who used the service said, "They are really good carers and my friends. I can talk to them properly and I think they are smashing." People were supported to remain as independent as possible and told us the staff took their time with their care support and they never felt rushed.

There was a happy and inclusive atmosphere at the home. One person's relative told us, "This place is very relaxed and homely. It's a good size too and that suits them. [Family member's] happy, so I'm happy. It's not a care home, it's a real home." One member of staff told us, "I love working here. It's a smaller home and we really get to know our residents well. It's a family atmosphere." Staff explained they read people's care plans, spoke with people and their families and shared information with each other to help them get to know people and to establish a good rapport.

People who used the service told us staff treated them with dignity and respect. We saw staff addressed people by their preferred names and spoke with them in a respectful manner and tone.

Staff were aware of the individual wishes of each person, relating to how they expressed their culture, faith and sexuality. We observed people were supported to live a life that was reflective of their individual wishes and values. The provider had ensured that all staff had been trained in equality and diversity.

People were supported to make decisions and have choice and control over their daily routines. Information was available about the use of advocacy services to help people have access to independent sources of advice when required. People had used an advocate where needed.

We saw staff maintained confidentiality. They completed telephone calls and discussions about people's health care needs in private in the office. Information was held securely within the service and access was restricted to ensure it was not viewed by unauthorised people.

Is the service responsive?

Our findings

People and their relatives had been involved in developing their care plans and had taken part in regular reviews. One person's relative told us, "I was able to give them a history of [Family member] too. I told them about the person they were, their school days and other background information. I've been involved in all the changes in their care needs. I think the staff cope really well with their complex needs. I feel they listen to me."

The care plans we looked at showed people's needs were assessed prior to living at the service to ensure these could be responded to and met. From these assessments care plans were developed and described how the person would prefer to be supported with their care. The care plans contained information which described the person in detail and this had been formulated with their input. This made the care plans person-centred. We talked with the director during the inspection about the documentation system and how the duplication of some records could be reviewed, to provide a more user-friendly system. The director confirmed they planned to introduce a more up-to-date electronic recording system in the future.

End of life care plans had been developed and contained person centred information and preferences. A person told us, "They [staff] approached the whole thing in the right way, so it wasn't too upsetting."

There was a range of group and individual activities provided at the service by an activity coordinator. These included gardening, games, bingo, quizzes, art and crafts, jigsaws, manicures and films. People were also supported to participate where possible, in meaningful activities associated with independent living skills, such as dusting and folding laundry. We found the service had been proactive in making links with the community. One person told us they felt they had a life outside the home as they were able to go to the local Salvation Army Citadel. Musicians and singers visited regularly to provide entertainment and people told us how they voted on their performance, to decide whether or not to invite them again.

People received information about what they could expect from the service and how to make a complaint if they were not happy. A complaints procedure was in place and information was displayed about how to complain about the service. There had been no recent formal complaints received by the service. One person told us, "I know how to complain, I would speak with the manager and they would deal with it." Another person said, "You can speak to any of the staff here, they are all very approachable."

Is the service well-led?

Our findings

The registered manager and director completed a wide range of audits to monitor the quality of the care and support provided. Where issues were found, action plans were put in place address these. However, we noted an action plan had not been created in respect of the shortfalls identified following the audit of infection prevention and control systems, completed by the community matron in October 2017. The report showed that in the main, these shortfalls were around the condition of some equipment and furniture impacting on the standards of cleaning and hygiene. A detailed action plan was provided following the inspection, which covered appropriate improvement work and timescales for achievement.

Improvements had been made to aspects of the facilities since the last inspection. We found some maintenance issues during the inspection, both internally and externally, which had not been identified in the environmental audits. Although a renewal programme had been developed, this did not identify all the redecoration and refurbishment needed around the home and improvement work in the grounds. We discussed the environmental audit and renewal programme with the director. We advised these needed to be more comprehensive, to ensure the quality assurance systems could effectively and consistently drive continued improvement in respect of the facilities. The director told us that a new audit of the premises would be completed immediately and this would inform a more detailed renewal programme. Following the inspection we received copies of the documents and confirmation that a significant amount of furniture and furnishings had been replaced, with more redecoration planned over the next year.

People who used the service and relatives were asked to complete satisfaction surveys on a regular basis to capture their thoughts about the service. They could also attend meetings to share their views. We saw changes had been made to activities and meals following recent consultation.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was experienced and had managed the service for many years. People and relatives were very satisfied with the quality of the care and felt they received a highly personalised service. There was an open culture within the service. We saw people and their relatives conversed directly with the registered manager and director in a relaxed and familiar way. One person said, "The manager is brilliant and goes out of her way to help you." One person's relative told us, "They [registered manager and director] are both very good and approachable, I've no concerns and they seem lovely."

Staff told us the management team were a visible presence within the service, were approachable and listened to their views. One member of staff said, "The manager is great, she treats us all as equals and tries her best to sort out any issues or problems." A second member of staff said, "Some of us have worked together for a long time and we have a great team here. The manager supports us very well, listens to us and makes changes when needed. The owner is good too."

Staff confirmed they had regular team meetings. Topics discussed included the health and welfare of people who used the service, care practice and records, upcoming events and any matters staff wished to discuss. The provider shared information so lessons could be learnt following incidents. The registered manager was part of best practice forums within the social care sector to support them to keep their knowledge up to date and share this with the staff team.

Staff confirmed they had a clear understanding of their roles and responsibilities and understood when they needed to escalate any concerns or issues. The registered manager was aware of their responsibility to submit notifications to the CQC to inform us of certain events in line with legal requirements.