

Yearsley Villa

Yearsley Villa

Inspection report

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York
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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Yearsley Villa is a small residential home in York which provides support for three adults with a learning disability. The registered providers live at Yearsley Villa and provide all care and support themselves to the three long-term residents.

We inspected this service on 1 December 2015. The inspection was announced. The registered provider was given 24 hours' notice, because we needed to be sure that someone would be in when we visited.

The service was last inspected on the 15 May 2014 at which time it was compliant with all the regulations we assessed at that time.

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

Summary of findings

We found that people's needs were assessed and risk assessments put in place to manage and reduce the risk of avoidable harm. People's medication was managed safely.

The registered manager had not fully assessed the risks associated with fire safety, the safety of the home environment or how they would deal with an emergency. This could have placed people at risk of harm. This was a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The registered providers had up-to-date training and were skilled and experienced in their role. People were supported to make decisions, eat and drink enough and access healthcare services where necessary.

People using the service told us the registered providers were kind and caring. We observed positive interactions and people were relaxed and at home in their surroundings. People using the service were supported to make decisions and express their wishes and views. The registered providers maintained people's privacy and dignity when providing care and support.

We saw there were systems in place to assess people's needs to provide person centred care. Care plans were reviewed and updated regularly. The registered provider had a system for gathering formal and informal feedback and listening to people's views and experiences.

People using the service were positive about the management of the home and the registered providers were committed to providing a safe and effective service that benefited and improved people's quality of life.

Summary of findings

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 not always safe.

The registered providers understood the safeguarding process and knew how to respond to keep people safe.

People's needs were assessed and risk assessments put in place.

The registered manager had not fully assessed environmental risks and risks associated with maintaining a service in the event of an emergency. This placed people using the service at increased risk of harm

People's medication was managed safely.

Requires improvement



Is the service effective?

The service was effective.

The registered providers had up-to-date training to enable them to provide effective care and support based on current knowledge and guidance on best practice.

People were supported to make decisions and had choice and control over their daily routines. People's rights were protected in line with relevant legislation.

People were supported to eat a balanced and nutritious diet. People who used the service were complimentary about the food provided.

Good



Is the service caring?

The service was caring.

People were positive about the care and support provided.

The registered providers had developed positive caring relationships with people using the service.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed; care plans were reviewed and updated regularly and the support provided was tailored to meet those needs.

There was a complaints policy in place and people felt able to make comments or raise concerns if needed.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The registered manager promoted an open, honest and positive culture within the service.

People who used the service were positive about the management of the home.

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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 registered 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.

We inspected this service on 1 December 2015. The inspection was announced. The registered provider was given 24 hours' notice, because we needed to be sure that someone would be in when we visited.

This inspection was carried out by one Adult Social Care Inspector. Before the inspection, we looked at information we held about the service which included notifications sent to us since the last inspection. Notifications are when

registered providers send us information about certain changes, events or incidents that occur. We also sought relevant information from City of York Council's safeguarding and commissioning teams who informed us they had no concerns about this service.

We did not ask this service to send us a provider information return (PIR) before the inspection. The PIR is a document that the registered provider can use to record key information about the service, what they do well and what improvements they plan to make.

As part of this inspection we spoke with the three people who used the service. We spoke with the registered providers one of whom was the registered manager.

We looked at two care plans, training records as well as a selection of records used to monitor the quality of the service. We observed interactions between the registered providers and people using the service.

Is the service safe?

Our findings

People using the service told us “I do feel safe here because it’s small and comfy.” We observed that people were relaxed and at ease throughout our inspection and clearly felt safe in their surroundings.

The registered providers did not employ staff and carried out all care and support for people using the service. We saw that the registered providers had up-to-date training on safeguarding vulnerable adults and were knowledgeable about the types of abuse they might see and what action they would take if they had concerns. The registered manager explained that they had a good relationship with the Local Authority care managers and would seek advice and guidance on safeguarding issues if they had concerns. The registered providers had a safeguarding adult’s policy in place, but we noted this needed up-dating to reflect changes in legislation introduced with the Care Act 2014. The registered manager sent this to us following our visit. The registered manager confirmed that there had been no safeguarding concerns since our last inspection of the service. Despite this, the registered providers sufficiently understood the process and procedures involved with safeguarding vulnerable adults and could appropriately respond where necessary to keep people using the service safe.

We reviewed two care plans and saw that people’s needs were assessed, risks identified and risk assessments put in place detailing how those risks would be managed. Risk assessments were detailed and person centred and included challenging behaviour risk assessments and epilepsy risk assessments. We saw that risk assessments were reviewed on an annual basis or more often if people’s needs changed. This helped to minimise risks to people living at the home.

There was an up-to-date electrical installation condition report and gas safety certificate. We saw that portable appliance tests had been completed and that the fire alarm was tested weekly. We saw that the fridge temperature and freezer temperatures were checked daily. We noted that water temperatures were checked weekly and recorded. This is important to minimise the risk of legionella and to ensure that water comes out of the tap at a safe temperature.

We noted that the registered manager did not complete a formal environmental risk assessment used to identify and respond to potential hazards within the home environment. The registered manager told us they responded to issues as they arose, but did not document this. We observed that padding had been added to a shelf above a fire place due to concerns about people using the service falling and injuring themselves. The registered manager told us that they would complete a more formal environmental risk assessment and document this in future.

We found that the registered providers did not have Personal Emergency Evacuation Plans (PEEPS) in place for people who would require assistance or support to leave the premises in the event of a fire. Although PEEPS are not a mandatory requirement, it is necessary that registered providers assess people’s needs and consider associated risks in relation to fire safety. We saw that the registered manager had completed a fire risk assessment; however, this was last updated on 03/01/2008. The registered manager told us they would address this and it would be updated annually in future.

We also noted that the registered provider did not have a documented business continuity plan detailing the arrangements in place should an emergency situation such as flooding, fire or outbreak of an infectious disease force the closure of the home or affect the registered providers ability to provide care and support. The registered manager told us that their current insurance policy covered them in case of an emergency or “Business interruption” and they would work closely with the local authority if necessary to arrange temporary accommodation in the event of an emergency.

We asked the registered manager what their contingency was in the event of sickness or necessary absences. They told us that they had an agreement with an experienced care worker who could provide short-term assistance and support in an emergency, although this assistance had not been required for over a year. We noted that this person did not receive training from Yearsley Villa. The registered manager told us that this person was not a member of staff. That they had experience and training as a carer working for another provider and, whilst they had seen copies of their training certificates, they had not retained these. Although this person had not been needed to provide assistance for some time, we recommended that the

Is the service safe?

registered manager obtained copies of this care worker's training certificates in order to ensure and evidence that they were suitably qualified and that their training was up-to-date, in case they were required to provide on-going care and support in the event of an emergency.

We concluded that the registered manager had not thoroughly assessed the risks in relation to fire safety, the safety of the home environment and with regards to business continuity. This meant that we could not be certain that appropriate steps had been taken to maximise the safety of people using the service.

This was a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered providers did not employ staff, running the home themselves and providing all care and support. For this reason, there were no staff rotas as the registered providers told us that they were available at all times of the day and night. We noted that people using the service did not have significant night time needs and as such the registered providers operated a sleeping night service, responding to incidents where necessary. During the day the registered manager told us that there was always someone in the house to provide support as required.

We saw that the registered providers had received DBS clearance. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help prevent unsuitable people from working with vulnerable groups.

One person using the service required assistance to manage their medication. This was recorded in their care plan and a consent form to support with medication completed. Two people using the service self-administered medication; this had been agreed with the person and their G.P and secure storage was provided in the person's room.

The registered providers had training on managing medication. We noted that the registered manager's training needed updating. They told us that they did not support with administering medication, but had enrolled on the course and were due to complete refresher training by the end of December 2015. The registered provider's described the process for ordering, recording, storing, administering and disposing of medication where necessary.

We observed that medication was stored in a secure place. Medication administered was recorded on a Medication Administration Record (MAR) and our checks of MARs showed that these were accurately completed and contained no gaps or omissions. We were told there had been no medication errors. We noted that the registered providers did not countersigning handwritten records when new medication was received to reduce the risk of transcribing errors; however they agreed to do this in future.

Is the service effective?

Our findings

People using the service were happy with the care and support provided by the registered providers. We observed the registered providers were skilled and experienced in their roles having provided support to the three people using the service for between 12 and 20 years.

The registered providers completed regular training. We saw that up-to-date training had been completed on a range of topics including food hygiene, first aid training, diversity and equality, challenging behaviour, person centred care, medication administration, record keeping, diversity and equality and safeguarding vulnerable adults. The registered provider told us that certain training was refreshed annually, such as safeguarding and DoLS, or within three years depending on the course. This ensured that the registered providers updated their knowledge and understanding of best practice so that they could continue to provide effective care and support.

The registered providers did not have supervision or complete annual appraisals as they ran the home themselves and did not employ staff.

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. Where people 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS. At the time of our inspection people using the service were not subject to DoLS and were supported to make decisions and have choice and control over their daily routines. The registered manager explained “We support them [people using the service], talk with them and share information. We discuss and explain reasons for recommendations.”

We saw that the registered providers had completed up-to-date training on the MCA and DoLS. However, we

noted that the policy and procedures in place regarding DoLS needed to be updated in light of recent changes in case law. We discussed this with the registered manager who told us they would address this.

The registered providers told us that people who used the service lived as part of the family. All meals were prepared by the registered providers and then eaten together or staggered according to people’s preferences. People using the service told us “Food is very nice, had a nice tea last night. I like [registered providers] cooking, they do nice meals” and “I like the food – chicken pork sausages – all sorts. Yes we get enough to eat [registered provider] cooks it for us, but if we don’t like it they cook something else.” Another person smiled and nodded when asked if they liked the food.

We observed that there was a range of food and drinks available so that people were supported to maintain a well-balanced and nutritious diet. The registered provider did not produce a menu, but instead asked people what they would like to eat or made suggestions based on their knowledge of their likes and dislikes. A main meal was cooked each evening, but we were told that alternatives could be provided. We observed that there were drinks available throughout the day for people using the service to help themselves and where support was required we observed the registered providers assisting to ensure people drank enough. We observed that food and snacks were available between meals. This showed us that people were supported to be able to eat and drink sufficient amounts to meet their needs.

We saw that people using the service were weighed monthly. There was no current involvement from either a dietician or speech and language therapist although we saw that historically people’s needs had been assessed when needed.

Care plans contained information about people’s health needs and healthcare professionals involved in their care and support. The registered providers kept a running record of the care and support provided and this included records of visits to healthcare professionals. We saw that people were supported to see their G.P and the dentists regularly. One person told us “[The registered providers] makes appointments if I need them. I have a dental appointment in January.”

Is the service effective?

We saw that one care plan, detailing care and support needed to meet a person's health needs, had been sent to their G.P to review and comment on. This showed us that

the registered providers were taking appropriate steps to ensure that people's health needs were met and that support provided was based on up-to-date professional knowledge.

Is the service caring?

Our findings

People using the service told us they were happy at Yearsley Villa and got on well with the registered providers. Comments included “I like it here, being with the dogs, I like them [the registered providers] as well they are good company” and “I like it, they’re friendly.” Other people we spoke with used non-verbal communication to indicate that they were happy with the care and support they received.

The registered providers live at Yearsley Villa and provided all care and support themselves. People using the service had lived at Yearsley Villa for between 12 and 20 years. The registered providers explained that people using the service were an extended family and through the regular daily contact, they had developed positive caring relationships with the people using the service.

We observed positive interactions between people using the service and the registered providers. There was a relaxed atmosphere within the home and people using the service appeared at ease and comfortable in their surroundings and saw it as their home. We observed that communication and interaction between the registered providers and people using the service was kind, caring and respectful.

People using the service could make their own decisions and the registered providers supported them to do this. People we spoke with said “There’s no routine I go to bed when I want to.” Other people told us that they were free to

go out and pursue their own interests as they wished with comments including “I can go to town if I want; I’m free to come and go there’s no routine.” We noted that some people using the service independently enjoyed going to work or going out into town or to meet relatives and friends and that this was encouraged by the registered providers.

The registered providers told us they spoke with people using the service to ascertain their wishes and views commenting “We are very open, people will approach us with concerns, we talk – you get to know people.”

We asked people using the service if they felt their privacy and dignity were respected. Comments included “Yes I go to my room if I get bored. I’ve got a television and listen to music.” The registered manager told us they maintained people’s privacy and dignity by protecting people’s personal space and speaking with people on a one to one basis about confidential matters. We saw that people using the service had their own bedrooms and these had been decorated and personalised according to people’s own preferences. This showed that people were supported to express their individuality and pursue their own hobbies and interests

One person we spoke with told us that the registered providers knocked before entering their rooms to maintain their privacy and respect their personal space. We observed that appropriate care and support care and support was provided in communal areas.

Is the service responsive?

Our findings

People's needs were assessed and care plans put in place detailing how those needs would be met. We saw that care plans were reviewed and updated regularly to reflect changes in people's needs. Care plans contained information about what people were able to do for themselves and details of tasks they may require support with. Care plans also contained person centred information about people's likes, dislikes and personal preferences. This showed us that the registered providers had considered the individual needs of people using the service when planning their care and support.

The registered providers were knowledgeable about the needs of the people using the service and were able to provide person centred care based on their familiarity and understanding of the people they were supporting. The registered providers told us they shared information regularly with each other and as there were no other staff they felt easily able to keep up-to-date with important information about the people using the service. To support this, we saw that there was a daily diary in place for each person using the service and this recorded important information about what people had done that day as well as information about up and coming appointments or events. We saw this was an effective way to record and share information to ensure that care and support was responsive to people's needs.

We observed that people using the service had their own rooms which were personalised according to their needs and personal preferences. People were supported to pursue their own interests and engage in activities and access the wider community. People using the service were supported to attend day centre services, meet with friend and relatives and to pursue hobbies. One person using the service had a job and told us "I go to work through the week; I like it I've got lots of friends."

The registered provider told us that people using the service did not want a residents meeting and information was fed back informally where necessary. One person confirmed this saying "House meetings are not necessary if there is anything wrong they'd tell us...I could talk to [the registered providers] , but don't think I've ever had anything to complaint about." The registered provider told us they ran the service like a family home and they spoke at meal times or got together if there was important information they needed to discuss.

The registered providers had a complaints policy in place at the time of our inspection. There had been no compliments or complaints received, although we saw positive feedback had been received via the service user and relative's surveys. People using the service told us they felt able to speak to the registered providers if they had any issues or concerns and felt that these would be listened to. One person told us "If I have any problems I go to them and they sort it out."

Is the service well-led?

Our findings

The registered providers are required to have a registered manager as a condition of registration for this location. There was a registered manager in post on the day of our inspection and, as such, the registered provider was meeting this condition of their registration.

People using the service said “I love it here. I’ve got my room and it’s decorated nice. It’s always kept clean and tidy.” We asked people if they thought the service was well-led, comments included “They’re really nice, they are there if needed...I can talk to them if I have problems.”

We observed that there was a positive atmosphere within the service and people felt comfortable and at home in their surroundings. We saw that interactions between people that used the service and the registered providers were relaxed and informal and that the registered providers were attentive to people’s needs.

The registered provider had a documented mission statement and participation strategy outlining the core principles and values which they aspired to when providing care and support. This showed us that the registered providers were committed to providing open and inclusive care and support to the benefit of people using the service.

The registered manager told us that they had an informal quality assurance process and responded to issues or concerns as they were identified. They explained that Yearsley Villa was their home and run as a family home with people using the service part of the extended family. The registered manager explained by living there they were able to identify and respond to concerns on an on-going basis to maintain the quality of care and support provided. The registered manager told us, however, that they would document formal environmental risk assessments and update the fire risk assessment annually in future. We concluded that these processes would augment the informal quality assurance processes.

Records we saw were generally well maintained and updated as required. We noted that some information from care plans needed to be removed or archived to ensure that they contained only the most up-to-date and relevant information. The registered manager assured us they would do this. The registered providers did not employ any staff and wrote all care plans and risk assessments themselves. The registered manager told us that they reviewed and updated care plans when needed and had annual reviews with the local authority to review the whole package of care. This system was effective in ensuring the quality of the care and support plans.

People living at Yearsley Villa had chosen not to have formal meetings to seek their views, but there were informal systems in place to seek their feedback. There had been no complaints made about the service, however, we could see that the registered manager took account of comments and feedback to improve the quality of the service. We saw that surveys were sent to people using the service and their relatives. Where these had been returned we saw that they had been reviewed by the registered manager who had provided detailed written responses to any comments.

We asked the registered manager how they kept up-to-date with changes in relevant legislation and guidance on best practice as we noted that some of the policies and procedures including the safeguarding policy needed to be updated. The registered manager told us that they completed regular training to update and refresh their knowledge. They also explained that they received information via the Care Quality Commission and received a magazine which included information about wider developments in adult social care. The registered manager told us they would review and update out-of-date policies and procedures.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered manager had not fully assessed the risks to the health and safety of people using the service and had not done all that is reasonably practicable to mitigate any such risks. Regulation 12 (2) (a) (b).</p>