

Yarningdale Health Care Limited

# Yarningdale Health Care

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Yarningdale Health Care is a residential care home providing personal and nursing care to 21 younger and older adults at the time of the inspection. The service can support up to 23 people. The service supports people in two buildings. One building is home to 22 people who are supported across two floors, the other building has been converted and supports one person. All bedrooms within the service have accessible en-suite bathrooms.

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

People received care and support from trained staff who understood how to protect them from harm and abuse. Staff understood how to report accidents and incidents, and the registered manager ensured these were reviewed and actioned appropriately.

People's risks had been assessed and their care records provided staff with the information required to manage the risks identified.

Staff had received training in infection, prevention and control (IPC), the service had an IPC in place. Staff spoke with knowledge and confidence about how they managed risks in relation to COVID-19. We observed staff to be wearing the correct PPE throughout our inspection.

The registered manager had a quality assurance system in place to ensure all aspects of the service were audited and improvements were made where required.

The service provided a person-centred culture, people were involved in the planning of their care and had opportunities to suggest improvements to the service. People told us the improvements they had suggested had been actioned.

People, relatives and staff spoke positively about the registered manager and staff felt supported in their roles.

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

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

### Rating at last inspection

The last rating for this service was good last report (published 25 June 2019).

### Why we inspected

We received concerns in relation to infection control. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

#### 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Yarningdale Health Care

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Service and service type

Yarningdale Health Care 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

This inspection was unannounced.

#### What we did before the 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, clinical nurse manager, domestic assistant, team leader and skills coordinator.

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

#### 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 also spoke with three relatives about their experience of the care provided.

# 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

- People were protected from harm and abuse. Staff had received training in this area and understood how to report any concerns to the registered manager, provider and relevant professionals.
- Safeguarding incidents had been reported, reviewed and actioned appropriately.
- Staff understood the provider's whistleblowing procedures. Whistleblowing is when staff report suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone is neglecting their duties, including if anyone's health and safety is in danger.

Assessing risk, safety monitoring and management

- People's risks had been assessed and their care records provided staff with the information required to manage the risks identified. One person's records needed updating to reflect their recent change in need. The person had previously needed support to reposition every 3 hours, however this was no longer the case. The registered manager had also identified this and had a plan in place to ensure the person's care records were updated.
- The service had risk assessments in place to reduce known risks to people and staff. For example, one person had a comprehensive risk assessment in place for moving and re-positioning. The risk assessment provided clear direction to staff on how to support and prepare the person prior to and during the activity.
- Environmental risks were well managed. Regular checks had been carried out which included water checks and fire safety.

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure the staff recruited were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- There were enough staff to keep people safe and meet their individual needs. Relatives and staff told us they felt the service was adequately staffed, we observed staff supporting people positively and in a timely manner.

Using medicines safely

- Medicine was administered by trained nurses.
- The service worked in partnership with other professionals to ensure people received their prescribed medicines as required. There was clear guidance for staff for safe administration of 'as required' medicines (PRN). This meant people received these medicines when they needed them.
- Regular checks were completed of the medicines stock and records. We reviewed these records and found

that people had their medicines administered safely and in line with the prescribing instructions. The registered manager had identified errors with the medicine counts and had put a system in place to reduce the reoccurrence of this.

#### Preventing and controlling infection

- Staff received training in relation to infection prevention and control. Staff told us how they managed risks in relation to COVID-19 such as how they took part in regular testing. We observed staff to be wearing the correct personal protective equipment (PPE) throughout our inspection.
- People told us that the service had kept them up to date with any changes to the way they were operating in line with government guidance. A relative told us, "They have explained everything I need to do when I visit, the home is very clean, the staff are always using the hand sanitiser and they all wear masks."
- The service had an infection control policy in place which staff followed. The service had Personal Protective Equipment (PPE) stock, and staff confirmed the provider always ensured they had an adequate supply.
- Domestic staff spoke with knowledge and confidence on how they ensured the environment was clean. This included regular cleaning of high touch areas. The cleaning records evidenced that these tasks were consistently completed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were reported correctly by staff to the registered manager. These were reviewed, and actions were taken to reduce any further risks from happening again.
- The provider had recently completed an audit which identified gaps in fluid chart and mattress pressure recording charts. The registered manager had implemented an action plan to address this.



# 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 now 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

- The service provided a person-centred culture. People were involved in their care planning and detailed plans had been developed for staff to follow.
- People, relatives and staff spoke positively about the registered manager. One relative told us, "I would go as far to say [registered manager] goes above and beyond for the home, they take time to talk to me whenever I visit or call", and a staff member told us, "It's a great place, its happy and positive, the manager listens and takes onboard what you say."
- The service had appointed a service user ambassador who worked to represent the views of the people using the service. They told us about the improvements that people had suggested around the décor of the home and how these had been actioned.

Continuous learning and improving care; 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

- The registered manager was knowledgeable about the duty of candour. They had not had to put this into action in this service, however they were able to explain the steps they would take to ensure this regulation was met.
- The provider had recently identified areas that required improvement in relation to people's monitoring records. The registered manager had an action plan in place to address this.

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

- The registered manager had a quality assurance system in place which ensured all aspects of the service were audited and improvements were made where required. For example, the management team completed daily walk rounds, held daily morning meetings with staff and weekly meetings with heads of departments to check all aspects of the service were running safely.
- Staff were clear about their role and responsibilities. Staff had received comprehensive training which ensured they provided care and support to the required standard. One staff member told us, "We have regular staff meetings, morning meetings and daily shift handovers where we go through appointments, wellbeing checks, any changes and plan what we need to do".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service had regular opportunities to suggest improvements to the service through survey's, service user forums and in person to the service user ambassador or registered manager.
- The provider gathered feedback from people, their relatives and staff. The registered manager used this information to develop an action plan to drive improvements.
- The registered manager had a supervision schedule in place to ensure all staff had a regular one to one meeting. Staff told us they had regular supervisions and felt supported in their roles.

#### Working in partnership with others

- The service worked in partnership with other professionals such as GP's and speech and language therapists to support people to access healthcare when they needed it which had improved people's outcomes.
- We saw that the service had acted promptly when there had been a concern about a person's health. The service had contacted the relevant health professional to seek advice and support.