

The Yachtsman Limited

The Yachtsman 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?

Good 

Overall summary

The inspection visit took place on 16 June 2015 and was unannounced.

The Yachtsman Rest Home is registered to provide personal care for up to 32 people. They support mainly older people or people living with dementia. Accommodation is on three floors with a passenger lift for access between the floors. There are two lounges, dining rooms and a smaller quiet lounge plus a large garden for people to enjoy. The home is situated close to shops, buses, the beach and the local facilities of Fleetwood. At the time of the inspection visit there were 27 people living at the home.

There was not a registered manager in place at the time of our visit. The registered manager had recently left at the end of May 2015. The provider had a manager currently on an induction period. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. A condition of The Yachtsman registration was they had a manager registered with the Care Quality Commission (CQC) in place.

Summary of findings

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. A condition of The Yachtsman registration was they had a manager registered with the Care Quality Commission (CQC) in place.

At the last inspection on 20 May 2014 the service was meeting the requirements of the regulations that were inspected at that time.

People who lived at the home, relatives and friends told us they felt safe and secure with staff to support them. We found people's care and support needs had been assessed before they moved into the home. Care records we looked at contained details of people's preferences, interests, likes and dislikes.

We observed staff interaction with people during our inspection visit, spoke with staff, people who lived at the home and relatives. We found staffing levels and the skills mix of staff were sufficient to meet the needs of people and keep them safe. The recruitment of staff had been undertaken through a thorough process. We found all checks that were required had been completed prior to staff commencing work. This was confirmed by talking with staff members.

We observed medication being dispensed and administered in a safe manner. The staff member took their time and concentrated on one person at a time to minimise risks associated with this process.

The cooks and staff members we spoke with understood the importance for people to be encouraged to eat their meals and take regular drinks to keep them hydrated. We observed during the day drinks, fresh fruit and biscuits were offered in between meals. Comments from people were positive about the quality of meals at the service. One person who lived at the home said, "The food is very good."

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. Relatives and visitors we spoke with told us they were always made welcome and offered a snack, meal and drinks.

The care plans we looked at were centred on people's personal needs and wishes. Daily events that were important to people were detailed, so that staff could provide care to meet their needs and wishes. The staff were involved in lots of activities and were seen to encourage people to get involved in group games. One staff member said, "We recently visited a local museum and took [person] to see a boat on display which he had made himself."

We found there were a range of audits and systems put in place by the provider. These were put in place to monitor the quality of service provided. Audits were taking place approximately every six weeks. The providers carried out these audits and looked at for example the environment, staff training and care plans of people who lived at the home.

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 safe.

People we spoke with including relatives and health professionals told us the service was safe and people who lived at the home said they felt secure and protected by the way the service operated.

Suitable arrangements were in place to respond to allegations of abuse.

We found staffing levels were sufficient to ensure people's safety and meet their needs.

Assessments were undertaken of risks to people who lived at the home and staff.

People were protected from unsuitable personnel working in the home because the recruitment procedure they had in place was followed correctly.

Procedures were in place to ensure medicines were safely administered.

Good



Is the service effective?

The service was effective.

People were cared for by staff that were well trained and supported to give care and support that was identified for each individual who lived at the home.

The registered manager and senior staff had a good understanding of the Mental Capacity Act. They assisted people to make decisions and ensured their freedom was not limited.

People were provided with choices from a variety of nutritious food. People who lived at the home had been assessed against risks associated with malnutrition.

Good



Is the service caring?

The service was caring.

We observed that staff treated people with respect, sensitively and compassion. Staff respected their rights to privacy and dignity.

People were supported to give their views and wishes about all aspects of life in the home and staff had a good understanding of people's needs.

Good



Is the service responsive?

The service was responsive.

Care records were personalised to people's individual requirements. We observed staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were fully stimulated and occupied.

The management team and staff worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager carried out processes to monitor the health, safety and welfare of people who lived at the home.

Audits and checks were regularly undertaken and identified issues were acted upon.

The views of people living at the home and relatives were sought by a variety of methods.

Good



The Yachtsman 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 was an unannounced inspection visit carried out on the 16 June 2015.

The inspection visit was carried out by an adult social care inspector and by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had a care background with expertise in care of older people.

Prior to our inspection we reviewed historical information we held about the service. This included any statutory notifications, adult safeguarding information and comments and concerns. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the support and care people received at the service. They included the registered manager, six care staff, four relatives and nine people who lived at the home. We also contacted the Lancashire commissioning department at the local authority. We did this to gain an overview of what people experienced whilst living at the home.

We had a walk around the building and looked at all areas of the premises. Part of the inspection was spent looking at records and documentation which contributed to the running of the home. They included recruitment of staff, two care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service. We also spent time observing staff interactions with people who lived at the home.

Is the service safe?

Our findings

People who lived at the home told us they felt safe and supported by staff and the management team. One person who lived at the home said, "It's safe, pleasant and I feel looked after." A relative we spoke with about the safety of the service said, "Yes the building is well staffed and I go away feeling [my relative] is safe and sound here."

We saw there were safeguarding policies and procedures in place. Staff we spoke with were knowledgeable about the actions they would take if they witnessed any abuse taking place. Training records we looked at confirmed safeguarding training is part of the service's mandatory training programme. Records we looked at confirmed this. The procedure to follow and contact numbers of the relevant agencies to contact should people wish to report witnessing any abuse was available in the reception area. One member of staff we spoke with about the safeguarding procedures said, "I do attend safeguarding training every year. It is good to keep our knowledge up to date."

During our observations we saw staff support people by providing safe care that were meeting their needs. For example we witnessed two staff using a hoist to support a person. They spoke with the person all the time and manoeuvred them in a safe manner. One of the staff we spoke with said, "It is important to follow the care plan correctly. We have all received training on how to use hoists."

Care records of people who lived at the home contained an assessment of people's needs. This led into a review of any associated risks. These related to potential risks of harm or injury and appropriate actions to manage risk. They covered risks related to, for example, falls, infection control and mental health care.

Staffing levels had been assessed and were monitored as part of the organisations audit processes. For example when admissions went up or down, staffing levels were amended.

The provider told us currently they were recruiting staff due to personnel leaving. Comments from staff about staffing levels included, "We normally have five care staff on. However I know they are recruiting." Another said, "We get through but we are a bit pushed in the morning." Another said, "Yes I feel we are fine with the numbers."

We examined two staff recruitment records. We found correct procedures had been followed when staff had been employed. This included references from previous employers, criminal record checks, qualifications and employment history. The provider had safeguarded people against unsuitable staff by completing proper recruitment processes and checks prior to their employment.

Staff recruitment records had documentation to confirm staff had completed an induction programme following their successful recruitment. This covered for example fire safety and health and safety. A staff member we spoke with about the recruitment process said, "I have just recently started, all checks were done. Annoyingly I had to wait a while before starting as a reference had not been received." This recruitment process confirmed the provider had systems to protect people from unsafe care because staff were properly recruited and received induction training.

We observed medication being dispensed and administered in a safe manner. The staff member took their time and concentrated on one person at a time to minimise risks associated with this process. We observed during the breakfast medication round the staff member went to give medication to a person. As a safety measure they locked the medication trolley to ensure people did not have access to the medication whilst they were away from where they were kept.

There was a clear audit trail of medicines received, administered and returned to the pharmacy. Related documents followed national guidance on record-keeping. The person responsible for medication told us the local pharmacist regularly provided information on good practices so that medicines were administered safely. Medication was stored safely and only trained staff administered medicines. This ensured medication processes were carried out using a safe and consistent approach by trained nursing staff.

The provider undertook medication audits on a regular basis to identify any issues and underpin the safe administration of medication to people who lived at the home. Records we checked included monitoring of stock control, storage area cleanliness, record-keeping, errors and audit trails of medicines going in and out of the home.

Is the service safe?

There were controlled drugs being dispensed at the home. This medication was locked in a separated facility. We checked the controlled drugs register and correct procedures had been followed.

Is the service effective?

Our findings

We arrived at the service during the breakfast period. We observed staff supporting people and we spent time talking with people who lived at the home. We found a relaxed atmosphere with people sitting at the dining table or in the lounge area having their breakfast. A staff member said, "People come and go when they like for breakfast there is no set rule."

We looked at training records for staff members. Records showed members of staff had completed key training that the provider had identified. For example the homes mandatory training for members of staff included, safeguarding vulnerable adults, dementia awareness and infection control. Training for these topics were updated annually. One staff member said, "Safeguarding training and other subjects are provided every year to us. It's good to keep our knowledge up to date." Most had completed or were working towards national care qualifications. For example national vocational qualification to level 3 and 4 (NVQ). One member of staff we spoke with said, "Yes they do encourage people to go further with their training, which can only help people who live here."

Staff members we spoke with and examination of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and any issues they may have. One staff member said, "Supervision with the manager is done every two to three months."

People who lived at the home and relatives confirmed to us they were involved in planning their care. They also told us they were asked for their consent and agreement to any care support they required. One relative visiting said, "We have agreed the care my [relative] needs, she now needs constant care which I believe she gets."

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the new manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure

that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The manager and provider demonstrated an understanding of the legislation as laid down by the (MCA) and the associated (DoLS). We spoke with the manager and provider to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. This meant clear procedures were in place to enable staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk and protect their human rights.

The manager had requested the local authority to undertake a DoLS assessment on people who lived at the home. We looked at one person's care plan and found appropriate arrangements in place to support this person. This showed the service knew the correct procedures to follow to make sure people's rights had been protected. During our observations we did not see any restrictive practices. The registered manager had also requested further DoLS assessments for people and were awaiting response from the local authority.

The cooks and staff members we spoke with understood the importance for people to be encouraged to eat their meals and take regular drinks to keep them hydrated. We observed during the day drinks, fresh fruit and biscuits were offered in between meals. A relative said, "I am here quite a lot and there is always drinks and snacks available." For example we witnessed a person who lived at the home request a drink before they came around with the mid morning snacks. This was not a problem for the staff member and immediately went to the kitchen and gave the person the drink they wanted. A staff member said, "No restrictions any time they can have a drink or something to eat."

The cook prepared special diets for people, for example pureed food and people who were diabetic. The cook said, "Not a problem I am aware of special diets for people and know how to prepare food for them. Everyone who works in the kitchen has completed their 'Food and Hygiene' training."

Is the service effective?

We found there was a wide and varied menu on display in the reception area with a four week rotating menu. People who lived at the home were asked every day during the morning what they would like. A staff member said, "I go round to all the residents daily and check what they would like. If it is not on the menu it doesn't matter they can have it." Eighteen people sat in the dining room for lunch. Staff

were also deployed to support people with meals in their rooms. We saw lunch was served in a relaxed atmosphere and no one was rushed. A person who lived at the home said, "The food is very good."

The manager and staff had regular contact with visiting health professionals to ensure people were able to access specialist support and guidance when needed. Records we looked at identified when health professionals had visited people and what action had been taken.

Is the service caring?

Our findings

We spoke with relatives and people who lived at the home. They told us staff were caring, treated people with dignity and were respectful. One person who lived at the home said, "The staff are kind, caring and I have nothing but nice things to say about them." A relative wrote in a survey sent to them by the manager, "My [relative] is looked after by caring people."

We spent time in all areas of the premises. This helped us to observe the daily routines and gain an insight into how people's support and care was managed. Our observations confirmed staff had formed good relationship with people who lived at the home. For example we observed a staff member spent time with one person who we spoke with. They told us they knew the staff member well and talked about families and previous occupations. The person who lived at the home said, "[staff member] is a friend that's how I regard him."

We observed staff being patient and kind towards people. For example, one person who lived at the home was sat chatting to a member of staff holding each other's hand and laughing together. The staff member then gently led the person away to the front lounge area where she wanted to be. We observed people being supported by two staff members to go to their bedroom as they wished. All the time during the support staff talked to her and did not rush her in any way. One staff member said, "It is important to talk with people especially taking their mind off doing something they find difficult, like walking to and from their bedroom."

We saw staff assisting people who lived at the home to eat at lunchtime. They were kind and patient, engaging the people they were attending to in conversation and making the lunchtime meal a pleasant and relaxing time.

We observed examples of staff being respectful of people's privacy as we walked around the building for example, We observed staff knocked on people's doors and they would not enter until a response was given. This was confirmed by people we spoke with. One person said, "Yes they always knock on my door and shout first."

There were no restrictions to visitors coming into the home at any time during the day. Those we spoke with told us the service kept them informed and involved in their relatives care and support. One relative said, "If I wanted to come 24 hours a day I could." Another relative said, "If a problem arises the staff are quick to inform me of anything."

Care plans of people we looked at were centred on their personal needs and wishes. Daily events that were important to people were detailed, so that staff could provide care to meet their needs and wishes. People we spoke with were confident that their care was provided in the way they wanted. One person who lived at the home said, "I'm quite content here. The staff are caring and know what I like."

The manager discussed with us end of life care. They had details of end of life care arrangements to ensure people had a comfortable and dignified death. This included consultations with health professionals and family members. Staff members and the manager we spoke with had a good understanding of making sure people who were receiving end of life care were treated sensitively.

The manager told us people who lived at the home had access to advocacy services. Information was available in the documentation the service gave to people, so that people were aware of who to contact should they require the service. This meant it ensured people's interests were represented and they could access appropriate services outside of the home to act on their behalf.

Is the service responsive?

Our findings

People who lived at the home were supported by staff that had a good understanding of their individual needs. The manager encouraged people and their relatives to be fully involved in their care. We confirmed this by looking at care records and the people we spoke with. For example one person who lived at the home said, "I am very comfortable and happy here. Looked after by staff that know what they are doing." Another said, "Staff are quick to respond if there is a problem. They are well trained."

In the afternoon staff engaged with people in 'armchair' activities. This was advertised on the actives board in the reception area. One staff member said, "We have a variety of things going on and the residents choose what they want to do." One staff member was dancing to music with a person who looked like they were enjoying themselves. We spoke with the staff member who said, "She used to be a dancer and likes to dance." Staff were seen to be playing various games and generally interacting with people.

The staff were involved in lots of activities and were seen to encourage people to get involved in group games. One staff member said, "We recently visited a local museum and took [person] to see a boat on display which he had made himself." We spoke with the person who told us they really enjoyed the day.

We found staff responded to the needs of people and were aware of individual care. For example a care plan we looked at stated the person liked to wear their glasses all the time. We observed a staff member ask another staff member to go to get the persons glasses for them. This meant staff were aware of peoples care needs and responded to situations that related to their needs.

We looked at care records of two people and found they were developed with the person and family members where it was appropriate. We found examples of this in care plans of people signing they agreed to the support and care. Also evidence of a family's input continued as the care plans were reviewed. One relative said, "They always contact us about [relatives] care."

There was evidence of information about people's personal histories and life experiences. The service had produced a document that requested details of the person's life. One staff member said, "This is so useful so we can know what people's likes and dislikes are. We can get to know people better." Another staff member said, "This enables us to engage people in conversation about their past life and experiences."

The service had a complaints procedure on display in the reception area for people to see. The manager told us the staff team worked closely with people who lived at the home and relatives to resolve any issues. Concerns and comments from people were acted upon straight away before they became a complaint. One relative we spoke with about complaints said, "Yes I know the process to follow when complaining." A person who lived at the home said, "No complaints at all."

People who lived at the home and visitors we spoke with knew how to make a complaint and confirmed they had received documentation of the process to follow. One person said, "The complaints information was passed on to us when we came here." A relative confirmed they had received information about the complaints process when they first came to the home. They were encouraged to raise any concerns they may have at any time with the management team.

Is the service well-led?

Our findings

People who lived at the home and staff told us how supportive and caring the new manager was. Comments included, "I am so pleased the [manager] has taken over. She is so approachable if you need to talk to someone. This is because we know her she has been working here for ages." Also, "It's early days but glad [manager] is in charge."

We observed during the inspection visit the manager was part of the staff team providing the care and support people required. One staff member said, "She does help out a lot despite having to get to know the management routines at the home." People knew who the new manager was and told us she always had time to spend supporting with the daily routines at the service.

The registered manager had left at the end of May 2015 and the provider had placed a new manager in charge. They were currently going through a probationary period to determine the provider and the manager were suitable for each other. The provider had notified CQC of the changes and will register the person once both are satisfied of the suitability of the role.

People who lived at the home and their relatives told us they were encouraged to be actively involved in the continuous development of the service. For example relatives were encouraged to attend resident/relative meetings and complete surveys sent out to pass their views on how they felt the service was performing. Completed surveys we looked at from May 2015 were positive. They included comments, "We are very happy with the care and kindness and staff at the Yachtsman." Also, "I am very happy with [my relative] care receives. We could not put her in a better place."

We found there were a range of audits and systems put in place by the provider. These were put in place to monitor the quality of service provided. Audits were taking place

approximately every six weeks. The providers carried out these audits and looked at for example the environment, staff training and care plans of people who lived at the home. From an audit carried in May 2015 medication training had been identified to be updated for all staff that were responsible for medication administration. Records confirmed this had been actioned and training had been put in place for staff to update their medication training.

We looked at the business plan developed for 2015- 2016. Part of that plan was to install a new lift. The manager told us this would be completed by the end of the year and the service was waiting for the building firm to commence work.

Staff and 'resident' meetings had been held at the home and minutes of the meetings were available for inspection. The last 'resident meeting took place on the 1 June 2015. The meetings provided people who lived at the home the chance to express their views on the quality of the service. People we spoke with told us the meetings were useful and gave them a chance to comment on how they felt the home was run. For example from the last meeting people expressed a wish to go out in the community more. This was recorded with an action plan of events and more trips planned. One staff member said, "Now the weather is better we will get out more. A person who lived at the home said, "I enjoyed the museum visit last week." A relative visiting the home said, "We do get invited to meetings which I think are a good thing for residents to air their views."

Staff meetings were held quarterly and the last was on the 30 April 2015. One staff member confirmed these took place and said, "I find them useful for a get together and share ideas." Another staff member said, "I do try and go because I feel we are contributing to the way we care for people and discuss any ideas for improvement and issues we may have."