

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?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We undertook this unannounced inspection over one day, on the 29 September 2015. The service was last inspected on 08 July 2013 and 25 September 2013, the latter being a follow up inspection from the July 2013 inspection, when a compliance action was made concerning the management of medicines and improvements were found to have been appropriately made.

Yarborough House is registered to provide personal care and support for up to 25 people 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. The service has two floors, the first floor being accessible via a passenger lift. At the time of our inspection visit there were 23 people using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care

Summary of findings

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.

Whilst people's human rights were protected by staff who had received training in the Mental Capacity Act 2005 [MCA] capacity assessments and best interests decisions had not always been fully completed for people unable to make informed decisions about aspects of the service provided. People were supported by staff to access their GP and district nursing service when required. People who used the service were given a variety of wholesome meals and could have alternative choices about these if they wished. People's weight and nutritional intake was monitored with the involvement of health care professionals when needed. Staff received regular professional supervision and were supported to gain further qualifications to help them develop their careers.

Staff understood their responsibility to keep people who used the service safe from harm and knew how to

recognise and report potential abuse. Staff were recruited safely and were provided in enough numbers to meet people's needs. People's medicines were handled and administered safely by staff who had received training in this aspect of practice.

People were cared for by staff who were compassionate and caring and who understood their needs and respected their wishes for privacy and dignity. People and others with an interest in their welfare were involved in decisions about their support which was regularly reviewed. A range of opportunities were provided for people to participate and engage in meaningful social activities

A complaints policy and procedure was in place to ensure the concerns of people who used the service could be addressed. People and others with an interest in their wellbeing were consulted about the running of the service and their opinions were sought on regular basis. The registered manager undertook a range of audits to ensure people lived in a service that was safe and well-run and met their needs.

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.

Staff were able to recognise potential abuse and had received training about how to report this to keep people safe from harm.

Staff were recruited safely and there were sufficient numbers of them available to meet people's needs.

Staff handled people's medicines safely and had received training in this aspect of practice.

Good



Is the service effective?

Some elements of the service were not always effective.

Whilst people were consulted to ensure they were in agreement about their support, assessments and best interests decisions had not always taken place for elements of the service where people lacked capacity to agree to their use.

Staff received a range of training to enable them to meet people's needs.

People were provided with a range of nutritional meals and their food and fluid intake was monitored by the staff with the involvement of health professional where this was required.

Requires improvement



Is the service caring?

The service as caring.

Staff demonstrated compassion and consideration for people's needs and engaged sensitively with them to ensure their privacy and personal dignity was respected.

An individualised approach was made for meeting people's needs and people were encouraged to maintain their independence.

Detailed information about people's needs was available to help staff support and promote their health and wellbeing.

Good



Is the service responsive?

The service was responsive.

A variety of opportunities were available for people to participate in social activities to enable their wellbeing to be promoted.

People were supported to access health care professionals when required.

A complaints procedure was in place to ensure people could raise a complaint if required and have their concerns addressed.

Good



Summary of findings

Is the service well-led?

The service was well-led

People who used the service and others with an interest in their wellbeing were consulted and able to provide feedback about the service to enable it to learn and develop.

Meetings were held with care staff to enable them to be clear about their roles and responsibilities

A range of audits were undertaken to ensure people were kept safe and the environment was well-maintained.

Good



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 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.

The inspection was carried out by an adult social care inspector over one day; it took place on 29 September 2015 and was unannounced.

We looked at the information we hold about the registered provider and spoke with the local authority safeguarding and quality performance teams before the inspection took place, in order to ask for their views about the service. We were told they did not have any on-going concerns about the service.

During our inspection visit we observed how staff interacted with people who used the service and their

relatives. We used the Short Observational Framework for Inspection [SOFI] in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with four people who used the service, six visiting relatives, three members of care staff, a senior care staff team leader, the activities coordinator, catering and ancillary staff, the deputy manager, the registered manager and the registered provider who was visiting the service. We also spoke with a member of the local authority social services staff who was conducting a review of the service provided for a person who was living in the home.

We looked at the care files belonging to three people who used the service, three staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits. We also undertook a tour of the building.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe and trusted the staff. One person who had recently moved in to the service told us, "I feel reassured and quite safe." A visiting relative told us, "I think I could live here, it looks and feels like a home, I spoke with [registered manager's name] and they put me at my ease." Another relative told us their family member was certain they wished to remain in the home following a review and commented, "Staff pop in to keep an eye out, which counts for a lot."

We saw evidence in people's personal care files that assessments about known risks to them had been carried out on issues such as falls, skin integrity, moving and handling and nutrition, together with information about how these were managed and minimised by staff. We found that people's risk assessments were updated on a regular basis to ensure the information they contained was kept accurate and up to date. We found that incidents and accidents were monitored on an on-going basis to ensure people who used the service were kept safe from harm and that action was taken to enable these to be minimised in the future.

There was evidence in staff files that potential job applicants were screened and checked before they were allowed to start work as part of the service's recruitment procedures. This enabled the registered provider to minimise risks and ensure potential staff did not pose a risk to people who used the service. We looked at the files of three staff and saw these contained clearances from the Disclosure and Barring Service [DBS] to ensure they were not included on an official list that barred them from working with vulnerable adults. We saw that employment and character references were appropriately followed up before offers of employment were made and that checks of job applicant's personal identity and work experience were carried out, to enable gaps in their employment history to be explored.

Care staff were enthusiastic about their work and told us that overall staffing levels were satisfactory and sufficient to carry out their roles. We found that staffing levels were assessed on an on-going basis to ensure there were

sufficient numbers deployed to meet the needs of people who used the service. People told us that staff answered their call bells promptly and in an efficient manner when required.

Policies and procedures were available for staff to follow to enable them to report safeguarding concerns that were aligned with the local authority's guidance. Care staff told us about safeguarding training they had completed to ensure they were familiar with their professional roles and responsibilities to protect people from harm and we found this was refreshed and updated on a regular basis. Care staff demonstrated a clear understanding about the different types of abuse and confirmed they were aware of their duty to report potential concerns and 'blow the whistle' on the service, if this was needed. Care staff were confident that management would follow up any safeguarding concerns appropriately. We saw the registered manager had cooperated with the local authority to resolve safeguarding issues and taken action including instigating disciplinary procedures when required and that notifications had been submitted to the Care Quality Commission [CQC] to enable the health, safety and welfare of people who used the service to be monitored.

There was evidence that a range of checks and tests of items of equipment and the building were regularly carried out to ensure people who used the service were kept safe from harm. We saw that contracts were in place with suppliers of equipment to ensure they were regularly serviced and that up to date certificates for utilities such as gas and electricity, emergency lighting and fire equipment were available. We saw people's care records contained personal evacuation plans for use in emergency situations and that fire training and fire drills were carried out.

People who used the service told us they received their medicines as they were prescribed. We found staff responsible for providing medicines to people had completed training on this element of their work. We saw that people's medicines were stored securely and that records were maintained of medicines that had been received, administered and reconciled that were audited on a regular basis, together with good practice information in relation to people's medical needs. We found a recording issue concerning the administration of a controlled anticipatory drug that was stored for use by the district nursing service when required. We were advised this had been recorded following discussion with the district nurse.

Is the service safe?

We spoke with the registered manager about this and they told us they would follow this issue up with the district nursing service and pharmacy as a priority to ensure that people who used the service were protected from harm.

Is the service effective?

Our findings

People who used the service and their relatives were very positive about the care and support that was provided. They told us they enjoyed the meals and that they were able to have alternatives, if they did not want what was served. One person said, “The food is brilliant you always get a choice.” Visiting relatives told us that care staff kept them informed about changes in their family members condition. A visiting member of local authority staff who was visiting the service on the day of our inspection told us, “Families are always very positive about the staff” and that, “Care plans are always up to date.” They went on to say the person who they had visited had told them he was happy to live in the home.

The registered provider had installed security CCTV in some public areas of the home, such as the car park, back garden and corridor areas and that information about its use was on display, together and written consent from people concerning its use had been obtained. We spoke with the registered provider about the use of CCTV filming of people who lacked capacity to agree to this. The registered provider advised they would ensure a capacity assessment and best interest decision about this was formally completed and would approach the local authority lead person on the MCA who was due to visit the home in the near future in this respect.

We found that training about the Mental Capacity Act 2005 [MCA] had been provided to staff to ensure people’s human rights were upheld and respected. Care staff we spoke with were aware of their professional responsibilities in this regard and were clear about the need for obtaining consent from people before undertaking interventions. Care staff demonstrated a good understanding of the principles of how the MCA was used in practice, together with use of Deprivation of Liberty Safeguards [DoLS] when this was required. Care staff told us, “We have a lot of best interests meetings for people.”

The Care Quality Commission is required by law to monitor the use of DoLS. DoLS are applied for when people lack the capacity to make informed decisions about their care and the support they require to keep them safe amounts to continuous supervision and control. DoLS ensure where someone is deprived of their liberty, it is done in the least restrictive way and in their best interests. We saw evidence of DoLS applications that had been submitted to the local

authority for authorisation, but were told that so far a formal decision about only one had been made and that the service was awaiting a response for the others. We saw evidence in people’s personal care files about support with making anticipatory decisions about the end of their lives where appropriate. We observed some people had consented to Do Not Attempt Cardio Pulmonary Resuscitation [DNACPR] and documentation about this was available in people’s files.

There was a light hearted atmosphere during meal times and we observed the dining room was bright and airy with gentle music playing in background. We observed a variety of nourishing meals were provided, with the days choices of these on display. We saw staff providing support to people with eating their meals where this was required and offering wipes to people after their meal to enable them to clean their faces and hands to enable their dignity to be promoted. There was evidence in people’s personal care files of nutritional assessments of their needs and regular monitoring and recording of their weight, together with involvement from community professionals, such as speech and language therapists and dieticians when required. We found the service had been given a five star rating in August 2015 for the standards of cleanliness of the kitchen facilities from the local environmental health officer, which is the highest rating that can be awarded. We observed the dining room area was somewhat cramped at times when people were eating their meals. We spoke with the registered manager about this who told us they would take action about this and consider using alternative seating arrangements.

We found a variety of training and development was available to ensure staff were equipped with the skills needed to carry out their roles. We saw this included an induction to the service together with a range of courses linked to a nationally recognised scheme. These included safeguarding vulnerable adults, moving and handling, health and safety issues, infection control, first aid and issues relating to the specialist needs of people who used the service, such as dementia. We saw staff uptake of training was monitored by the registered manager to ensure their skills were refreshed when required and that a programme was in place to encourage staff to undertake nationally recognised qualifications, such as the Qualifications and Credit Framework [QCF].

Is the service effective?

Care staff we spoke with were positive about the training they received and appeared knowledgeable and confident in their skills. Care staff told us they undertook a lot of their training on line but were also given opportunities to attend externally based courses to enable them to develop their practical skills. Care staff told us they worked well together and we observed they worked as a team. Care staff files inspected contained a variety of training certificates for completed courses, together with evidence of regular meetings with senior staff, to enable their performance to be monitored and skills to be appraised.

People's care files contained information about their individual health and medical needs, together with evidence of on-going monitoring and involvement from a

range of health professionals, such as GPs and district nurses to ensure people's wellbeing was promoted. Visiting relatives confirmed staff communicated with them well to ensure they were kept aware of changes in people's conditions and involved community professionals when this was required.

Throughout our inspection we observed staff engaging and consulting with people in a courteous and considerate manner to ensure their needs were effectively met. We saw use of environmental aids, such as various signage to help and assist people living with dementia to orientate themselves around the building and help them feel in control of their lives.

Is the service caring?

Our findings

We found people who used the service were involved in decisions about their support and observed that care staff treated them with compassion and kindness, to ensure their wishes were respected and their dignity was promoted. One person told us, “The care is tremendous, staff go out of their way.” Another advised they were encouraged to be as independent as possible and contributed to the running the home by helping out with things like laying out the tables at meal times. They commented, “I can vouch for the place.” A person who had recently been admitted to the home told us, “This was a good move, staff made me feel welcomed, staff are brilliant.”

Relatives were very positive about the service. One told us, “I am very, very impressed; staff explain things to people and respond in a caring manner.” Another advised they had initially had reservations about their family member moving in to residential care, but had quickly seen improvements in their general wellbeing and were now involved in undertaking activities and going out more than they had for a long while.

There was an inclusive atmosphere in the service on the day of our inspection. We saw staff actively engaging with people in a friendly and encouraging way. One person described the home as a, “Happy place.” We saw evidence care staff had developed strong relationships with people and observed they listened and involved them in making

decisions and choices about their lives. We observed care staff kneeling down and using a sensitive touch when talking with people, to enable effective communication to be made to ensure their dignity was promoted.

People’s care files were securely maintained and information contained in these included details about a range of their needs together with individual life histories, personal likes and dislikes; to help staff promote their wishes and aspirations. There was evidence of people’s involvement and participation in decisions about their support together with the use of best interest meetings when they were unable to decide about this. Information about the use of advocacy services was on display in the service, to enable independent support to be provided when this was required.

We observed care staff demonstrated consideration for ensuring people’s confidentiality and wishes for privacy were maintained. We saw that people were able to choose to spend time in their own rooms and able to bring items of furniture and favourite possessions to help them to personalise their rooms. Visiting relatives told us they were free to visit and were encouraged to take part in the life of the home and we observed a group of them joining in some activities that were on offer.

We found an individualised approach to support people’s need was provided and that the service had good links with the local community. Information about activities and local groups were on display in the reception of the service, to encourage people to maintain their independence and we were told a group of them regularly attended a local leisure centre.

Is the service responsive?

Our findings

People who used the service told us staff provided an individualised service that focussed on their personal needs. Visiting relatives said they had no complaints and were sure that issues would be resolved quickly when this was required. One relative told us, “If I felt I needed to complain I would have no problems, I have every confidence that action would be taken to put it right.”

We saw that people were consulted and provided with choices about their support to enable their wellbeing to be promoted. We observed an inclusive approach was provided and saw evidence of opportunities for individual support that were given. We observed the activity worker chatting with people about local news and forthcoming events and saw that staff demonstrated a good understanding of working with people’s individual strengths and needs to help them maximise their confidence and sense of self-esteem. There was evidence that people were encouraged to participate in a range of activities which included gardening groups, pamper days, trips out to the local leisure centre, sing songs, reminiscence sessions and visits from entertainers or community groups such as the salvation army. Visiting relatives told us they were encouraged to visit and take part in the life of the home.

There was evidence in people’s personal care files of a person centred approach that was provided, together with regular monitoring and evaluation of people’s support to ensure their needs were appropriately met. We saw that a range of assessments about known risks to people were carried out and kept up to date to ensure care staff had accurate information about their needs. People who used the service and their relatives told us about their involvement in reviews of their support and we saw evidence of liaison with a range of community health professionals to ensure their involvement and input with changes in people’s needs when required. Relatives we spoke to were very positive about the support that was provided to both them and their family members.

A complaints policy and procedure was in place to ensure the concerns of people who used the service were listened to and followed up when required. We saw a copy of this was displayed in the home. People and their relatives told us they knew how to raise a complaint if this was required but were satisfied with the service provided and confident any concerns would be addressed and resolved wherever possible. We saw evidence in the complaints book that concerns had been followed up by the registered provider and that people were kept informed of the outcome of issues that had been raised. The registered manager told us they maintained an open door policy and welcomed feedback as an opportunity for learning and improving the service that was delivered.

Is the service well-led?

Our findings

People who used the service and their visiting relatives told us they had confidence in the service and were happy with the way the service was run. People told us the registered manager was very approachable and accessible. Staff who we spoke with were very positive about the manager and told us they enjoyed their work. One told us, “Everyone gets on really well, it’s like a family and the manager gets stuck in when it’s needed.”

We found the registered manager had a wealth of knowledge and experience and took their role seriously. We saw evidence the service maintained close links with the local community and welcomed the involvement of relatives. People who used the service and their relatives told us there were regular meetings to which they were invited in order to raise issues or make suggestions about the home. We saw evidence of comments from people and their relatives that included, “The home is always friendly and welcoming.”

We found that notifications about incidents affecting the health and welfare of people who used the service had been submitted to the Care Quality Commission as required to enable the service to be monitored and take action when required.

There was evidence the registered manager took an active role in the supervision and delivery of people’s support and knew people who used the service well. We saw the registered manager had a visible presence throughout our inspection, providing support and guidance and when this

was required. Care staff told us they had confidence in the registered manager and were able to approach them with suggestions, issues or concerns about the service. They told us the registered manager was supportive and fair.

There was evidence that regular staff meetings took place to enable clear direction and leadership to be provided; this ensured staff understood what was expected of them and were clear about their professional roles and responsibilities. Minutes of staff meetings contained evidence of issues that were discussed to make sure people who used the service were receiving appropriate support and treatment.

We found the ethos of the service placed an importance on delivering a personalised approach and that the registered manager understood the need for involving people, their relatives and staff to help the service to learn and develop. Systems and procedures were in place to enable the quality of the service to be monitored and assessed. We saw use of regular surveys that were used to enable feedback of people’s views to be obtained. Minutes of resident and relatives meetings contained evidence that action plans had been developed to address issues that had been raised. This meant that people were able to participate and influence the way the service was managed.

We reviewed audits of people’s personal care plans, medicines management, accident and incidents and the environment and saw that actions had been made to address identified shortfalls that had been noted. We found an annual maintenance programme was in place and saw evidence of regular checks that were made of the building and equipment, to ensure people’s health and safety was promoted and maintained.