Yardley Great Trust

Yardley Grange Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
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?	**Requires improvement**

Overall summary

The inspection took place on 12 and 18 August 2015 was unannounced. At the last inspection on 18 September 2014 we found that the provider was meeting the requirements of the Regulations we inspected. Yardley Grange is a nursing Home providing accommodation for up to 45 older people. At the time of our visit 45 people were living there.

There was a registered manager was in post. 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.

People were not always supported with their medication so they received their medication as prescribed.

All staff spoken with knew how to keep people safe from abuse and harm because they knew the signs to look out for and appropriate referral were made so people were protected.

Summary of findings

People were protected from unnecessary harm because risk assessments had been completed and staff knew how to minimise the risk when supporting people with their care.

There was enough staff that were safely recruited and trained to meet people's needs.

People were able to make decisions about their care and were actively involved in how their care was planned and delivered.

People were able to raise their concerns or complaints and these were thoroughly investigated and responded to, so that people were confident they were listened to and their concerns taken seriously.

Staff supported people with their nutrition and health care needs and referrals were made in consultation with people who used the service if there were concerns about their health.

Processes were in place to monitor the quality of the service provided to people but these were not always effective.

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.

People were kept safe because procedures were in place so staff could report concerns and knew how to keep people safe from abuse.

Risks to people were assessed and managed appropriately, and there were sufficient staff to meet people's care needs.

People did not always received their medication as prescribed.

Requires improvement

Is the service effective?
The service was effective.

Staff were trained to support people and had the skills and knowledge to meet peoples care need.

People received food and drink to meet their needs and were supported with health care needs as required.

Good

Is the service caring?
The service was caring.

People's privacy and dignity was respected. People were positive about the care they received.

People were supported to express their views on the care they received and staff were knowledgeable about their needs.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and planned, so that they received care that was personalised and individual to them.

People were able to comment on their experience of using the service and were confident that they could speak with staff if they had any concerns and that they would be listened to.

Good

Is the service well-led?
The service was not always well led.

People and staff told us that the manager and senior staff were accessible and open to new ideas both from people using the service and staff to ensure a quality service was provided.

Internal monitoring systems were not always effective to ensure safe practices at all times.

Requires improvement

Yardley Grange Nursing 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 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.

The inspection team consisted of three inspectors, one of which was an expert by experience on 12 and 18 August 2015. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service and on the 18 August 2015 an inspection was undertaken by a pharmacy inspector.

Before our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.'

During our inspection we spoke with nine people that lived at the home, six relatives the registered manager and deputy manager and eight staff members which included trained nurses and care staff. We also received feedback from a social care professional; this was a person who had a lot of involvement with reviewing the needs of people that lived at the home.

We observed how people were being cared for using a short observational frame work for inspectors. [SOFI]. SOFI is a way of observing people's care to help us understand the experience of people who live there.

Requires improvement

Is the service safe?

Our findings

People spoken with told us they felt safe living at the home and the staff were very nice. One person told us, "I feel safe; the staff are not disrespectful in any way." Another person told us, "Yes I feel safe, I have never heard them [staff] say a cross word. They are all very nice." Relatives we spoke with told us they felt their relatives were safe and secure. Relatives we spoke with were confident about the staff's ability to keep people safe and were confident that any concerns would be acted upon. One relative told us, "I think staff do a brilliant job. I know that people are safe or I would not leave the [person name] here.'' A staff member told us. "If we notice a bruise on someone we tell the manager and she refers it to the safeguarding team at the local authority."

Staff confirmed that safeguarding people from abuse was included in their training plan and staff spoken with told us that they had regular updates so they were kept updated. Staff were aware of the whistle blowing policy and knew how to report issues of poor practice. Whistle blowing means that staff can report issues of concern and their identity is protected. Records we hold and those seen during our visit showed that the provider had told us about any safeguarding incidents and had taken the appropriate action to ensure people were kept safe.

The manager was clear about reporting any concerns that may be potential abuse to the appropriate authority so the concerns could be investigated. People were supported to take risks but also protected from unnecessary harm. One person told us, "I know the risks I want to take and staff respect my wishes, just because you come into a home does not mean that you have no say, the staff very much respect my decisions. " We saw that plans had been put in place to minimise the risk associated with these activities whilst supporting people's individual choices.

People were protected from the risks of injury because equipment was checked for safety and risk assessments were in place to ensure that people's needs were safely met. For example, walking aids were checked to ensure they were safe. Risk assessments and management plans were in place to manage identified risks. For example, we saw that pressure relieving equipment was in use and plans put in place to manage people that were prone to falls. Staff told us they had up to date information about how to reduce the risks when supporting people with their care. All staff spoken with told us that as people's needs changed or when new risks were identified people's risk assessments would be updated. Records looked at confirmed this.

A relative told us, "There are always staff around.'' Staff told us there was enough staff to meet people's needs. With the exception of one relative, who said they felt there could be more staff on at weekends, everyone else spoken with said, and we saw that there were enough staff to meet people's needs. A person that lived there told us, "They seem to have plenty of staff, although they have a lot to do." Another person said, "There is always plenty of staff around and there is at least one in the dining room/lounge at all times. "The manager said staffing numbers and people's needs were discussed with staff on a weekly basis and adjustments made were necessary. Records seen showed that staffing levels were based on peoples care needs.

We looked in detail at 11 medicine administration records and found that people were on the whole receiving their oral tablets at the frequency prescribed by their doctor. However we did find two people who had been prescribed blood thinning tablets had each received the wrong dose on one occasion Our audit showed discrepancies between the quantity of liquid medicines found and the administration records, which indicated that these people had not received the correct dose. People who had been prescribed inhaled medicines were not receiving the dose that had been prescribed. We audited those inhalers that had dose counters and comparing these with the administration records it was discovered that two people had received more of their inhaled medicine than had been prescribed and the administration record for one person showed they had been administered 104 doses from an inhaler that only contained 60 doses

We looked at records for people who were having analgesic skin patches applied to their bodies. We found the provider was making a record of where the patches were being applied. We looked at three of these records and found that the patches were not being rotated around the different sites of the body in accordance with the manufacturer's guidelines. The provider therefore was not able to demonstrate that these patches were being applied safely and could result in the risk that people's pain would not be well controlled.

We found that where people needed to have their medicines administered by disguising them in food or drink

Requires improvement

Is the service safe?

the provider had not ensured that all of the necessary safeguards were in place to ensure that these medicines were being administered safely. There were no written protocols in place to inform staff on how to prepare and administer these medicines. There was also no evidence that a safety check of these protocols had taken place and therefore there was a risk that people's health could be affected.

We found that where people needed to have their medicines administered directly into their stomach through a tube the necessary safeguards were not in place to administer these medicines safely. There were no written protocols in place to inform staff on how to prepare and administer these medicines and therefore there was a risk to people's welfare.

Medicines were being stored securely, and at the correct temperatures, for the protection of people using the service. Medicines requiring cool storage were being stored at the correct temperature and so would be effective.

All staff spoken with said all the recruitment checks required by law were undertaken before they started working and that they received an induction into their role so they were able to support people based on the information in care records and by getting to know the individuals. One person told us, "When new staff start they work with someone else for a bit so they learn what they have to do, lovely staff here."

Good

Is the service effective?

Our findings

Staff were supported to meet people's needs. People spoken with and their relatives said they thought the staff were well trained and knowledgeable about their needs. One person told us, "I think the staff are trained they appear to know what they are doing and they know what I need.'' One relative said, "I am quite confident about staff's knowledge and skills when handling people's needs." Another person told us "Staff are very skilled."

All staff said they received the necessary training, supervision and appraisal to support them to do their job. Training records looked at confirmed that the provider had a planned approach to staff training so people's care needs could be met by staff who had completed the necessary training to meet peoples care needs. Staff told us they were supported by qualified nurses so if they had any concern they would report to the nursing team. The manager told us that staff completed practical training sessions in some topics such as moving and handling and training based on people's individual medical conditions, such as diabetes.

People spoken with told us that staff always asked them what they wanted doing before providing care. One person told us, "Staff talk to me about my care and I tell them what I want." We saw that where communication was difficult pictures where used to gain the person's views about what they wanted support with. We saw staff communicating effectively with one person and when we asked the person if they were happy with the way staff supported them we were given the thumps up. This showed that staff demonstrated they had the skills to meet people's care needs.

Staff spoken with and records showed that people's care plans were agreed with them, or where necessary someone acting on their behalf and in their best interest. The manager told us and records confirmed a best interest assessment would be completed so decisions could be made on behalf of people who did not have the capacity to make decisions. Where necessary advocates would also be involved.

Staff spoken with told us that that they would assume people had capacity even if an assessment had been completed to say they did not, choices would still be given so they had some control. Our observation confirmed this. Where people are not able to make decisions about their care or do not have the capacity to make informed choices a best interest assessment is completed. This ensures any decisions that are made are in the person's best interest. The manager had ensured that where people could not make decisions about their care referrals were made to the appropriate authority.

People told us and we saw that people could have their meal in the dining room or in their bedrooms if they chose and people told us their individual wishes were respected in regards to where they ate their meals. We saw drinks and snacks being served at various times. This indicated that people were provided with food and drinks based on their individual needs, choices and preferences.

Everyone spoken with were complimentary about the food. People told us and we saw that people were given a choice of food and drinks. One person told us, "The food is good and we get plenty to eat. They come round each day and ask us what we want to eat." Another person told us that they did not have to adhere to meal times, so they could have their meal when they chose. One relative told us that their relative was on a soft diet and that this was always provided. We asked staff about culturally appropriate and specific dietary meals for people who may have this need and they told us that these would be provided for people when needed. One person told us, "I am a vegetarian and they provide Quorn foods and they are nice. They [staff] are looking after me."

During the lunch time observation in the down stairs dining areas we saw that there was not always staff present in the dining area to support people with their meals. For example, one person had a full plate of food and staff did not attend to support the individual within a reasonable timescale so the food would be cold. We saw that the staff that were present were collecting and taking meals to various different people who were having their meals in their bedrooms. The manager told us that there was normally staff allocated to the dining areas and would look into this and ensure that people were not waiting for assistance.

During our observation in the second dining area. We saw where people needed support with eating, that staff supported them at a pace suitable to each person's needs. We spoke with the manager about our observations and the two different experiences that we observed.

Good

Is the service effective?

Staff spoken with told us that where people were at risk of poor nutrition, this was assessed and managed to ensure people received a healthy balanced diet. Staff told us that fortified foods and drinks were provided if needed. If people were at risk of losing weight their weight was monitored as required and referrals were made for a dietician and speech and language support if necessary.

People told us and records confirmed people were supported to see their GP, attend hospital appointments, or other healthcare professionals such as the dentist or chiropody. A relative told us that staff always let them know if they have any concerns about [the person name] and felt that the staff were very prompt in making referrals if needed. One person told us, “If I am not well they will call the doctor out.” People, their relatives and staff told us that they also had regular visits from chiropodist, optician and dentist. A relative told us, “There are no problems with the healthcare provided.”

Good

Is the service caring?

Our findings

People had built good relationships with the staff that supported them. One person told us, “They [staff] are nice, I feel comfortable them.” Another person told us, “They [staff] are joyful people. We have a joke.” A relative told us, “The [staff] are friendly, they chat to dad about the old times and programmes on the telly.” Staff spoke about people in a kind, compassionate and caring way. Some people at the home were living with dementia and could not tell us about their experience. Our observation showed that staff gave people time and listened to people. We saw that people were addressed respectfully in a kind and considerate manner. We saw that when people asked staff questions time was given to respond so people felt valued.

People’s privacy, dignity and independence was maintained. One person told us, “They always ensure the doors and windows are shut.” Another person said, “They always call me by my name. I always have a towel to cover me.” Staff spoken with were able to tell us how they maintained privacy and dignity.

Staff told us they always involved people and asked what help they wanted and ensured that doors and windows were kept closed. Staff told us that they [people] were encouraged to do some things for themselves such as washing their hands and face and choosing meals and clothes. We saw that care plans identified what people could do for themselves and what they needed support with.

People told us, “Staff here are excellent and marvellous.” “Staff are alright we can have a laugh with them” “I think they are very kind and supportive, sometimes, I am demanding.” “Better than I was expecting.” “The staff here make the effort to know you by name, and this makes us comfortable and it makes us feel as though we are at home.” Staff told us that people’s personal histories and life experiences were written in their assessment and staff talked to people about their past, so they knew how people wanted to be cared for. One member of staff told us, “I treat people as if they are my own relatives and I feel a sense of reward when I have finished my shift and go home.”

People told us they were able to see their visitors in the privacy of their rooms. Staff spoken with told us there was a dignity charter in place. Staff said they always knocked people’s doors and wait to be invited in. Staff told us and people confirmed all personal care was done in a way that maintained people’s dignity. We saw that people were dressed in individual styles of clothing reflecting their age, gender and weather and we saw that people’s dignity was promoted at all times.

Good

Is the service responsive?

Our findings

People spoken with told us they were involved in assessing their care needs with staff and were involved in planning their care, so they decided how they wanted their care and support to be delivered. One person told us, “They did an assessment and I was involved.

People told us their needs were reviewed with their involvement. Care records looked at contained information about people past history and lifestyle. One person told us, “I was involved in the assessment and they asked what I wanted.” A relative said, “They asked mum what she wanted.” Another person who had recently moved there told us that they had an assessment but had not yet completed their care plan. Another person told us, “They call my social worker and we discuss my needs together.”

Staff spoken with told us that the assessment process included information about people’s background and lifestyle before they moved into the home and personal preferences. One staff member told us, when peoples care needs change then their care plan changes, but we don’t rely on care plans because people are different each day, so we go by what people want and this is backed up with peoples care plans.’’

A relative told us, “[Person’s name] is very happy here and I am quite confident with staff at the home to care for her.’’ One person was employed to undertake activity with people and people who lived there told us that activity did taken place, which included arts and crafts, relaxation, excises,and individual one to one sessions were the activity is based on one person. Records looked at did not always reflect the activity taking place. We saw that were one to one session had taken place no information was available. We asked one person about their one to one session and was told we just have a chat. The activity person told us that they have a budget for trips and bring in various entertainments throughout the year.

We saw that there were group activities that people could take part if they wished. People told us they could practice their faith. One person told us that they regularly go to church each week and had joined a knitting group at the church. Staff told us that people were able to practice their faith or religion as they wished and there were both, catholic and Church of England priests visiting the home, as these were the predominant beliefs of people living there. This showed that people’s social and spiritual needs were taken into account.

All the people and relatives spoken with said they felt confident to raise their concerns and it would be listened to and acted upon. One person told us, “We can complain and they will deal with it.” A relative told us, “The manager is brilliant, if there is anything I go to her.” Record seen showed that where concerns had been raised these were dealt with effectively. One relative told us, They are not really complaints that I have made just areas were I think improvements could be made. The manager has listened and thing have got better, so I know that the staff listen, and they do things with such good will.’’ This indicated that people had confidence that their concerns would be taken seriously.

Requires improvement

Is the service well-led?

Our findings

All the people, relatives and staff spoken with told us, and we saw that the atmosphere in the home was open, friendly and welcoming. People told us and we saw that the manager and all staff were approachable. One person told us, “The manager is very nice, I can speak to her at any time.’’ A relative told us, “I can approach management at any time without an appointment’’. We observed that people spoke with the manager and staff without hesitation and the door to the office was kept open so people could speak with the manager at any time. Relatives told us they were made to feel welcome by the staff team, and that there were no visiting restrictions so people maintained close relationships with their families and friends. One visitor told us, "The staff are very professional. They keep me informed and I can always ask questions if I need to."

The provider sought the views of people about the quality of service provided in the form of meetings, questionnaires and general observations so that changes could be made if needed. We sampled some of the questionnaires that had been returned from relatives and people who lived there. Where suggestions had been made action had been taken so people knew that they had been listened to. All staff told us that they were able to put forward ideas and were encouraged to give their views about the service. Staff told us they felt comfortable in expressing their views about the service so improvements could be made for the people who lived there. There were established links to the local community that involved healthcare professionals, local places of worship, and local activity groups that would come into the home and entertain people.

We saw that there were systems in place to monitor the quality of the service provided. For example, the manager used an analysis of staffing levels so people’s care needs would be met and staffing levels increased when needed. We saw that complaints were analysed so action could be taken to reduce reoccurrence. We saw that staff meetings took place regularly so staff views were sought.

We saw that reviews of people’s care took place so people were involved in their care. We saw that people’s health care was monitored and referral made promptly. However a medication audit undertaken by our pharmacy inspector found short falls in the management of medication records which had not been identified as part of the management of the home in relation to people receiving their medication safely.

Information available to the staff for the administration of ‘when required’ medicines was not detailed enough to ensure that the medicines were given in a timely and consistent way by the nursing staff. We looked at the when required protocol for those people who had been prescribed an emergency medicine and found that the information available would not ensure that these medicines were administered effectively.

Good record-keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is important to an individual’s care and safety. If records are inaccurate, future decisions may be wrong and harm may be caused to the individual.