

J Care (UK) Limited

Yarborough House Care 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?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Yarborough House Care Home is a care home providing accommodation and personal care for up to 25 older people, some of whom may live with dementia. At the time of our inspection 23 people lived at the service.

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

There were not enough staff to give people timely care, provide the reassurance and support people required when they were distressed and keep the home clean. Standards of cleanliness were poor and expected infection control guidance and procedures were not followed.

Risks to people were not always identified and managed. Accidents and incidents were not effectively monitored to consider lessons learnt and reduce the risk to people. There were several incidents that should have been notified to Care Quality Commission (CQC), but this had not been done.

Areas of the service needed redecoration, refurbishment and maintenance. We contacted the local environmental health agency to request a visit to the service and support the provider with the disposal of items left in the grounds.

Staff morale was mixed and staff turnover was high. Some staff did not feel listened to. Staff did not have training in some key areas and some staff had not received formal supervision. One area of the recruitment process required improvement to ensure safe and robust recruitment of new staff.

Quality assurance systems were not operated effectively and failed to ensure compliance with regulations. Where issues had been identified the provider did not act in a timely manner to address these.

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. Medicines were managed safely, and people's nutritional and health needs were met. People were safeguarded against the risk of abuse.

The service worked with local agencies and had developed close community links. People told us they liked the staff and were happy and settled in the service.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 21 March 2018).

Why we inspected

The inspection was prompted due to concerns received about infection prevention and control, the environment, staffing levels and the management of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. Following the inspection, we requested an action plan from the provider which detailed the improvements they needed to make.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Yarborough House Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to infection prevention and control, the management of risk, staffing, staff training and support, the environment, notification of serious incidents and safeguarding matters to CQC and failure to operate effective monitoring systems to improve the quality and safety of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Yarborough House Care Home

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.

Inspection team

The inspection was completed by two inspectors on both days.

Service and service type

Yarborough House Care Home 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 announced from the car park of the service on the first day of inspection. We did this to discuss the safety of people, staff and inspectors with reference to Covid-19. We told the deputy manager and nominated individual (NI, the nominated individual is responsible for supervising the management of the service on behalf of the provider) we would be returning on the second day.

What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local clinical commissioning

group and local safeguarding team. 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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with six people who lived at the service and observed the interactions and care delivery in communal areas of the service. We spoke with the deputy manager and NI. We also spoke with eight members of staff, including care workers, the team leader, two domestic staff and the cook. We spoke with four relatives following the inspection.

We looked at multiple records about people's care. We looked at other information related to the management of the service including quality assurance audits, staff rotas, staff training records and staff recruitment files. Some of the documentation was reviewed at the service and some the NI sent to us.

After the inspection

We requested information in relation to policies, procedures and risk assessments, staff training, staff turnover statistics, dependency records, incident records and records of quality monitoring. We also continued to seek clarification from the provider to validate evidence found.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- People were not protected against infection as systems in place to prevent and control infection were ineffective, and staff were not following good practice guidance. We were not assured the provider was admitting people safely and meeting social distancing rules.
- The community infection control team had completed an audit on the 7 August 2020 and rated the service inadequate, having identified many shortfalls with standards of hygiene and a lack of equipment to support effective hand hygiene practice.
- On the first day of the inspection, little improvement had been made and standards of hygiene remained poor. For example, we found some bedding, flooring, furniture and equipment was dirty, strong malodours in three bedrooms and one person's overnight catheter tubing was left on the floor. The provider acted to improve the cleanliness of the building and when we visited on the second day, we found some areas of the home were cleaner.
- There were no effective systems in place to ensure good standards of cleanliness were maintained. The cleaning schedules did not include all cleaning duties and were poorly completed. There were insufficient hours allocated for cleaning the service.
- Following the inspection, the infection control team carried out another audit and found minimal improvements had been made. The provider arranged for contract cleaners to complete a deep clean of the service.

Infection prevention and control systems were ineffective placing people at risk of infection and ill health. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were insufficient staff to meet people's needs and keep them safe.
- The skill mix of staff, layout of the building and complexity of people's needs had not been fully considered when determining care staffing levels. The provider's dependency tool was ineffective. There were limited hours for domestic staff, no laundry staff or kitchen assistants employed, and care staff were expected to assist with these duties.
- The lack of appropriate staffing levels impacted on staffs' ability to provide timely care and spend time in the communal areas to safely supervise people. We observed an incident between two people during breakfast when staff were not present to support people's distressed behaviours.
- Staff were frustrated because they had asked for more staff and only had time to provide basic care and there was no capacity to spend quality time with people. During the inspection we did not observe any

activity support, there was no activity coordinator employed.

- The provider increased the number of care staff on duty during the day on the second day of the inspection and staff were more visible and routines were more paced. Domestic hours had recently been increased to four hours a day, but this was still insufficient provision to improve and sustain the standards of hygiene required.

The lack of sufficient staff meant people were not safe. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment processes were in place; risk assessments were needed for all staff when employment checks identified concerns, to ensure safe recruitment practices.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's health related risks were identified and regularly reviewed, but staff had limited access to the electronic recording system, which meant they may not have up to date information to support people or respond to risk. Two care workers told us they had not read any of the care plans and risk assessments and relied on verbal instructions.
- Risks to the interior of the environment had been identified, but there were none in place for the exterior of the building and grounds to support and protect people's safety.
- Regular checks were in place to ensure equipment remained safe; however, these checks had not identified the window restrictors fitted to the window on the first-floor landing could easily be disabled and the number of extension leads in use in one person's room could risk overloading the wall socket. The person told us, "I've been worried about those plugs."
- Accidents and incidents had been recorded on appropriate forms and in care notes and followed up. Not all incidents had been included in the monthly audits, which meant the analysis to identify patterns and trends was ineffective.

The provider had failed to ensure risks were appropriately assessed and mitigated. Whilst we found no-one had experienced harm, people were placed at risk of harm if risks were not managed and systems improved. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines arrangements were safe and managed appropriately; people received their medicines as prescribed.
- Improvements had been made to the storage of medicines which required refrigeration following the audit by the community infection control team. Stock control was better organised and temperatures were now within recommended guidelines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "The staff are kind to me, I feel safe here."
- People were protected from avoidable harm and abuse. Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns to relevant professionals. All safeguarding concerns had been reported to the local safeguarding team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- The environment had not been properly maintained. At the last inspection, the provider sent us an updated renewal plan for essential maintenance work. Improvements had not been sustained.
- Items of furniture were worn and broken and needing repair or replacement, this included commodes, tables, a chest of drawers and dining chairs.
- Paintwork was marked on walls and woodwork throughout the service and had worn off the handrails revealing bare wood.
- There was a hole in one person's bedroom wall. The linoleum flooring had lifted and buckled in two bedrooms and there were rips and worn areas in the flooring in other bedrooms.
- Privacy screens had not been provided in two shared rooms.
- The garden areas and grounds were in disrepair and very overgrown. Many items including old furniture, equipment and garden waste had been left in the grounds, waiting for disposal. We contacted the Environmental Health Agency to support the provider with this concern.

Failure to ensure the premises and grounds were properly maintained is a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the flooring in the dining room was replaced and areas of the service were repainted. Following the inspection, the provider confirmed all commodes had been replaced and the items left in the grounds had been removed.

Staff support: induction, training, skills and experience

- Not all staff had sufficient skills or knowledge to undertake their role competently. The training matrix showed 19 staff had not completed the required course for donning and doffing of personal protective equipment (PPE). During the inspection, a member of staff was not wearing appropriate PPE and multiple items of PPE had been disposed of inappropriately.
- Although all staff had completed a new course in infection prevention and control in recent months, their practice was poor given the number of shortfalls found in relation to the standards of hygiene in the service.
- Not all staff received regular supervision. There were no recorded supervision records for the registered manager since the last inspection or for the deputy manager since their employment in 2019. Other staff such as some domestic workers had not received regular supervision.
- Where issues had been raised to the NI about the poor conduct of staff, we were given assurance concerns had been discussed with those members of staff, however there were no records of these discussions and

action taken.

The lack of effective training and support meant staff were not enabled to carry out their role competently. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider confirmed all outstanding staff training in donning and doffing of PPE had been completed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed and recorded. However, staff did not have time to read the care plans which meant there was a risk people's care needs and preferences may not be consistently met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity, decisions were made in their best interests. For example, decisions had been made whether to test people for COVID-19.
- Staff sought people's consent and included people in making decisions.
- Staff recognised restrictions on people's liberty and applications to deprive people of their liberty had been made. Systems were in place to monitor any conditions put in place and when a new DoLS application was needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs and preferences were met. Relevant professionals had been contacted when concerns were found, and their guidance was followed.
- People said they enjoyed the food. They were provided with a variety of meals and refreshments throughout the day. The lunch time experience was rushed on the first day of the inspection and people were better supported on the second day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice.
- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.
- Relatives told us they were kept informed of any changes. A relative said, "Staff always contact me if there are any concerns, sometimes their [family member] blood sugar levels drop and they have fallen; the staff always get medical support."

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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders did not ensure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, we found shortfalls in the audit programme to support appropriate monitoring and improvements with the facilities and renewal programme. Not enough improvement had been made at this inspection and the provider was now in breach of regulation 17.

- The provider did not have a robust system in place to monitor the quality and safety of the service. This meant they had failed to pick up the issues we identified during our inspection. These related to environmental repairs and renewal, standards of hygiene, staff training and supervision, risk management and staff deployment. As a result, the provider was unable to effectively identify and address quality shortfalls.
- Systems for recording, monitoring and analysing accidents and incidents were not robust. Although accidents and incidents were appropriately responded to and monitored, not all accidents and incidents had been included in the audits. Oversight and analysis of accidents and incidents was only completed six monthly and was ineffective.
- The provider had failed to address shortfalls highlighted to them in a timely way and had not followed their action plan to address these. The community IPC team had visited the service on 7 August 2020 and rated the service inadequate. The provider's action plan indicated many of the improvements would be completed immediately or by the 12 August 2020. However, we found significant shortfalls in relation to standards of hygiene. Following the inspection, the IPC team completed another audit of the service and again the rating given was inadequate.
- There was a lack of oversight from the provider. The provider did not complete their own audits or review audit information completed by the management team and other staff to assure the quality and safety of the service. The NI confirmed they had not inspected the service following the audit by the community IPC team.
- COVID-19 guidance was not always fully assessed and followed, despite assurances provided to the CQC that these were in place.
- Managers were not clear about their own individual or collective responsibilities, which did not provide a consistent management approach.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People did not receive high quality, person-centred care as staff were overstretched and care provision was task focused. Staff said they did not have time to spend with people.
- Staff supervisions were inconsistent and not completed in line with the provider's policy.
- Some staff did not feel their concerns were fully listened to or acted on, including their concerns around staffing levels.
- Staff did not always have access to current information about people's care needs. Paper records were being phased out and were not sufficiently detailed about people's needs and preferences. Detailed electronic records had been introduced, but most staff did not have time to read these.

The provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the service and ensure compliance with the regulations. This was a breach of Regulation 17 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider had failed to notify the CQC of notifiable incidents that happened in the home. This included allegations of abuse and serious injuries.

This was a breach of Regulation 18(2) of the Care Quality Commission (Registration) Regulations 2009. We will take action outside of the inspection process in relation to this matter.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were happy and settled at the service, they liked the staff and were satisfied with their care. One person said, "Yes, I like it here. My room is nice and the staff are kind and helpful."
- The service worked with external health and social care professionals. We received mixed feedback from visiting professionals. One health professional described the positive care and management of a person's pressure ulcer with good results. Another professional felt the poor staffing levels impacted on effective engagement with their patients, which led to increased anxiety and distressed behaviours at times.
- Relatives told us the management were approachable and they called or emailed the manager if they had any concerns. Comments included, "The exterior of the home is very overgrown, I emailed the manager and they cut back some of the plants and tidied things up a bit, but a lot more work is needed. It's a real shame" and "We can't visit if the weather isn't fine. I've asked the manager what arrangements they are making and they said they are looking into this."
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured robust infection prevention and control procedures were in place and effectively assessed and mitigated risk, which put people at increased risk of harm. Regulation 12 (2) (d) (h)
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured the premises and grounds were properly maintained. Regulation 15 (1)(e)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance, assurance and auditing systems had not effectively assessed, monitored and driven improvement in the quality and safety of the services provided and ensured compliance with regulations. Regulation 17(1)(2) (a)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured adequate numbers of suitably skilled and competent staff had been deployed to meet people's needs. Nor

had the provider ensured all staff received appropriate training, support and supervision.
Regulation 18(1)(2)a