

Yardley Great Trust

Yardley Grange Nursing 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 ●

Summary of findings

Overall summary

About the service: Yardley Grange Nursing Home is a care home that is registered to provide personal and nursing care for up to a maximum of 45 people aged 65 and over and who may have a physical disability.

People's experience of using this service:

- Without exception all the people and relatives we spoke with praised the home. People felt safe and well cared for. One person said, "I'm very happy here" and a relative said, "I can't speak more highly, very good care. It feels like one big family now. They care for mum as if she was their mother."
- People's preferences were respected and staff were sensitive and attentive to people's needs.
- Staff were seen to be kind, caring and friendly and it was clear staff knew people and their relatives well.
- The home was described as well managed, with one relative saying, "This place is very well run with good organisational skills."
- There were sufficient numbers of nurses and staff employed to ensure people's needs were met.
- Recruitment practices were safe and staff received the training they required for their role.
- Risks to people's health, safety and well-being were assessed and management plans were in place to ensure risks were reduced as much as possible. Staff were aware of their responsibilities to safeguard people.
- People's care plans contained personalised information detailing how people wanted their care to be delivered. People and their relatives were involved in making decisions about their care.
- People's healthcare needs were met: the GP service visited the home twice a week. People received sensitive and compassionate care at the end of their lives.
- People received their medicines safely and as prescribed. Medicine management practices were safe.
- Consideration was given to providing a variety of leisure and social activities for people to enjoy.
- The home was spacious and well furnished. The environment was safe and equipment regularly serviced to ensure it remained in safe working order.
- Comprehensive quality assurance systems were in place to assess, monitor and improve the quality and safety of the service provided.

Rating at last inspection: At the last inspection in October 2016, the home was rated 'Good', (the report published in November 2016).

At this inspection we found the home continued to meet the characteristics for 'good' in all key questions, and the rating for the service remains 'Good'.

Why we inspected: This inspection was scheduled based on the previous rating of the home.

Follow up: We will continue to monitor intelligence we receive about the home until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Yardley Grange Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector, an assistant inspector and an expert by experience undertook this inspection on 15 April 2019. An expert by experience is a person who has personal experience of using services or who cares for older people.

Service and service type:

Yardley Grange Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before our inspection we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the home. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. Prior to the inspection, the provider

completed a Provider Information Return (PIR). This form asks the provider to give some key information about the home including what the home does well, and any improvements they plan to make in the future.

This information was reviewed and used to assist with our inspection.

Many of the people living at Yardley Grange Nursing Home were being cared for in their bedrooms due to their very poor health, and as such weren't able to share their views with us. We spent time with people observing their support in the communal areas and monitored the care provided to two people who were being cared for in their bedrooms.

During the inspection we spoke with:

- Six people
- Six relatives
- The registered manager and the deputy manager
- One nurse
- Five members of care staff
- The activity co-ordinator
- Administrative, housekeeping and catering staff
- A GP
- A community nurse

We looked at:

- Four people's care records
- Training records for all staff
- Three personnel records
- Records of complaints
- Quality assurance audits
- People's and relatives' feedback records
- We observed lunch and people receiving their medicines.

After the inspection we received emails from a relative and a friend who gave us positive feedback about the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People and relatives told us the home was managed in a way that protected their safety. One person said, "very much so", when asked if they felt safe. Relatives also felt the home provided safe care: one said, "I could not wish for [name] to be in a better place than Yardley Grange. I cannot praise the staff highly enough. It gives me such peace of mind."
- Staff received training in safeguarding adults. They were aware of their responsibilities to protect people and to report concerns regarding people's safety and well-being.

Staffing and recruitment:

- Recruitment practices were safe with pre-employment checks, including disclosure and barring (police) checks, carried out prior to the commencement of employment. Checks were made to establish that nursing staff held a valid registration with the Nursing and Midwifery Council both during recruitment and thereafter.
- People and staff told us there were enough nursing and care staff employed to ensure their needs were met. One person told us, "I am happy here, [there are] people always around me" and another person said, "I need two staff to assist me and they are always available." The home also employed housekeeping, laundry, catering, activity and administrative staff.
- During the inspection, we observed staff to be attentive to people and call bells were answered promptly. When we checked the care of two people being cared for in their rooms, we saw they had been attended to and supported to change position, and have drinks and meals throughout the day.

Assessing risk, safety monitoring and management:

- Systems were in place to monitor people's safety. Staff checked on every person every 30 minutes to ensure they were comfortable and safe, and records of these checks were maintained. A relative told us the staff were "constantly" checking their relative, saying, "He is safe here."
- People were protected from risks associated with their care needs. Assessments identified risks, for example, in relation to mobility, skin care and nutrition.
- Management plans guided staff to support people in a way that reduced these risks. Records showed that where necessary, specialist advice from healthcare professionals was sought.
- One person told us they had recently had a fall and the staff had "dealt with the situation very well."
- The home had a defibrillator and equipment used to respond to people should they choke when eating.
- Environmental risk assessments ensured the environment was as safe as possible for people.
- Fire safety precautions were managed well.

Using medicines safely;

- Medicines were managed safely and people received their medicines as prescribed.

- Only nurses administered medicines to people.
- Some people required their medicines to be given covertly (hidden in food), and where this was necessary, appropriate guidance and authorisation had been sought.
- Where people wished to, and were assessed as safe, they were supported to manage their own medicines: one person told us, "I keep my multivitamin tablets in my room in a locked box."
- There were safe arrangements in place to receive, store and dispose of medicines.

Preventing and controlling infection:

- The home was very clean, tidy and free from unpleasant odours.
- People told us they were happy with the cleanliness of the home and their rooms as well as how their clothes were laundered.
- Staff had access to, and were seen to use, protective clothing such as aprons and gloves to reduce the risk of the spread of infection.

Learning lessons when things go wrong:

- Evidence was available to show that when something had gone wrong, the registered manager responded appropriately and used any incidents as a learning opportunity.
- The manager used people's and relatives' feedback, as well as reviews of accidents, to make improvements to the home.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments identified people's care needs and provided staff with guidance on how to meet these needs in line with best practice guidance and people's preferences. For example, in relation to nutrition and skin care.
- Regular care reviews ensured changes to people's needs were identified quickly and care plans amended to reflect these changes. People, and their relatives where appropriate, had been involved in the planning of their care and their wishes were respected. One relative told us, "When [name] needs change, they always update the care plan and also involve me to make sure I am satisfied."
- Good communication between nursing and care staff meant people's needs were well known and understood within the team.

Staff support: induction, training, skills and experience:

- Staff received the training and support they required to do their job. Training was provided in care related topics, such as dementia awareness, end of life care, skin care, and nutrition and hydration, as well as health and safety issues. One member of staff told us the training they received was "excellent".
- Nursing staff were supported to undertake the training they required to meet the registration obligations of the Nursing and Midwifery Council.
- New staff were provided with induction training, and if new to care, were supported to undertake The Care Certificate. The Care Certificate is an agreed set of 15 standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals.
- People and relatives told us staff were knowledgeable and competent.

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

- People had choice and access to sufficient food and drink throughout the day, as well as overnight. Meals were well presented and people told us they enjoyed the food. Their comments included, "Very nice. I had a chicken breast yesterday, it was lovely, very lovely", "The chef is great" and "They offer two choices and snacks are always available. I like crisps and staff always leave crisps in my room." A relative told us that during their regular visits they noticed lunchtimes were relaxed and never rushed.
- Support was provided for people to be as independent as possible with eating and drinking. For example, some people were provided with adapted plates and cups which meant they did not require assistance from staff and could eat and drink at their own pace.
- Some people were at risk of choking due to swallowing difficulties, and guidance had been sought from

speech and language therapists. Staff were aware of how to prepare people's food and drinks to reduce risks.

- People at risk of not eating and drinking enough to maintain their health were provided with nutritionally enhanced food and drinks, or were supported through parental nutrition, (nutritionally balanced food given through a tube directly into the person's stomach). Their intake was monitored and regularly reviewed by a dietician. A relative told us, "She has been eating and drinking far better and I understand has gained one and a half stone in weight. This is excellent news as she was fading away at her previous care home."

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

- People's healthcare needs were being met. The GP service visited the home every Monday and Thursday. One GP told us the home's communication was very good and they were provided with the information they required about people's healthcare needs. They said the staff sought and followed guidance.
- The community nursing team visited regularly to take blood samples, and told us, "It's one of the good homes. All the staff know everyone, and they are very caring towards people."
- A physiotherapist visited the home on a weekly basis, and in addition to making recommendations for people living at the home, they provided practical training in moving and handling for staff.
- People had opportunities to see a dentist or optician regularly or when needed. One relative told us, "This home has good relationships with health professionals such as optician, chiropodist, physiotherapist etc. and maintains sufficient communication with the respective families."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home 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.

- People were supported to make decisions about their care, and where necessary relatives were consulted about people's preferences. One person told us, "I have full capacity to make my own decision about my daily tasks."
- People's consent to receive care and support was gained by staff with each interaction. Where people were unable to consent, capacity assessments had been undertaken and best interest decisions made on people's behalf.
- Where restrictions had been placed on people's liberty to keep them safe, authorisation from the local authority had either been gained or applied for.

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

- The home was spacious with a number of pleasant communal areas for people to spend time in. A hospitality room provided visitors with tea and coffee making facilities and a quiet area to meet with people other than in their bedrooms.
- The garden and patio area were pleasant and secure.

- Bedrooms were personalised.
- Toilets and bathrooms were adapted to the needs of people with reduced mobility.
- A passenger lift provided access to the first floor.
- Technology and equipment was used effectively to meet people's care and support needs. For example, sensor mats were used to alert staff when people at risk of falling got up from their chair or bed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew their needs, personalities, likes and dislikes well.
- Without exception people and relatives told us how well they were cared for. One person said, "I can't say a bad word about anyone them, they're lovely." One relative said, "The carers are very sympathetic, thoughtful and interact with [name] who is able to understand them, despite the fact that [name] has issues, they manage to communicate effectively" and another said, "I also have been made to feel like a part of this home."
- Our observations showed staff were kind, caring, friendly and attentive. Staff respected what was important to people.
- The home celebrated important events in people's lives. One relative said, "We as a family were very happy when they organised [name] birthday party and dressed her very well, decorated her room and the lounge with balloons, and also made a cake, which shows they offer personalised care."
- One person living with dementia enjoyed singing, and their relative told us the manager printed a certificate to present them with a 'best singer' award. Afterwards the family sent a thank you card describing how much this meant to the person.
- Staff told us they enjoyed working at the home: one said, "I love it here" and another said, "I absolutely love it here, it's a family and the staff are very caring." Staff felt the home was a happy place to live and work.

Supporting people to express their views and be involved in making decisions about their care:

- People, and their relatives where appropriate, were fully involved in creating and reviewing their care plans.
- People's views were sought, listened to and used to plan their care and improve the home.
- People told us they were offered choice in how they received their personal care and how it was provided.
- Care plans included information about people's personal, cultural and religious beliefs.

Respecting and promoting people's privacy, dignity and independence:

- People's right to privacy and confidentiality was respected. Staff were seen to be discrete when asking people if they required support with personal care. Bedroom doors were closed when staff were attending to people.
- Staff were keen to ensure people's rights were respected and not discriminated against regardless of their disability, culture or sexuality.
- People were supported to maintain and develop relationships with those close to them.
- Relatives were invited to spend as long as they wished with people and were able to have meals with them. If wished, relatives were able to stay overnight.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received care and support in a way that was flexible and responsive to their needs. One person said, "I'm very happy here" and a relative said, "I can't speak more highly, very good care. It feels like one big family now. They care for mum as if she was their mother."
- Staff knew people well and could describe their likes, dislikes and preferences. Staff were aware of people's history and used this information to tailor their support and interactions with people.
- Care plans provided staff with descriptions of people's abilities and how they should provide care and support in line with people's preferences.
- People's communication needs were identified and staff were guided to ensure people had their hearing aids and glasses to support their communication. The home could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard. One friend told us the staff supported their friend to read the emails they sent to them, saying, "The font is enlarged, enough that [name] can see parts of the email, the care workers read them to her, as she requests, it now works very well, I am pleased with Yardley Grange and the staff."
- The home employed an activity co-ordinator and people told us they enjoyed a wide range of activities, including a trip out every Friday. One person said, "I am in a committee here in regard to social things. I am quite a sociable person and like to know what is happening in the home. We are never restricted from doing any social or recreation activities of our choice." Another relative told us, "The good thing is they have a minibus and they have organised a few trips for the residents." One person told us they had enjoyed the Mother's Day Celebrations: they said, "We had a lovely Mother's Day - beautifully laid tables, china cups and saucers. We had a great day."
- Many of the people living at the home were being cared for in their rooms due to their poor health. The activity co-ordinator and staff said they spend time with people, for example, talking to them and looking at photographs etc, so they weren't too isolated. A relative told us, "[name] is bed bound and can't communicate, but he does not feel lonely, when carers are passing by they make sure to stop by and give him a smile and use pleasant body language."
- The home supported people to practice their faith. A Christian service was held in the home every month. Although no-one currently living at the home was of a different faith, the home would support people to remain in touch with their community and religious leaders.

Improving care quality in response to complaints or concerns:

- People and relatives had no complaints and felt confident they would be listened to if they did. A relative told us, "We don't have any complaint or concerns, if we have any we can easily to talk with the senior staff or manager."
- Records of complaints were maintained and actions identified to resolve issues. The registered manager reviewed all complaints and told us they used these as an opportunity to learn and make improvements.

End of life care and support:

- Where people's wishes were known about how they wished to be cared for at the end of their lives, this was recorded in their care files.
- Staff were supported through training and guidance regarding caring for people at the end of their lives.
- The home had received excellent feedback from family members whose relatives had been cared for at Yardley Grange at the end of their lives. One thank you card said, "Can't praise you all enough for the love and comfort you gave to dad - he loved you all dearly and we all do. You loved and cared for him like your own Dad, we all felt like your family."

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People, relatives and staff told us the home was well managed and provided high quality care. One person told us, "This place is very well run with good organisational skills" and a relative said, "Unbelievable care provided by the staff here."
- The home informed relatives of any concerns with people's health or if an accident had happened, fulfilling their duty of candour. A relative told us, 'The manager is very approachable and easy to talk with; a very open and transparent place with friendly environment. A home from home.'
- The manager was committed to providing high-quality care for people in an environment where people could feel at home. A relative said, "I am very fortunate to have this lovely home with lovely people who genuinely look after [name]."

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

- The registered manager was supported by a deputy manager and a team of nurses and senior care staff. Each had recognised responsibilities and clear lines of accountability: they understood quality performance, risks and regulatory requirements. All were responsive and keen to share information during the inspection.
- Staff told us they felt listened to and the management team and nurses were approachable.
- Comprehensive audit systems were in place and demonstrated a good oversight of all areas of service provision. These ensured the registered manager had the information they required to monitor staff performance as well as the safety and quality of the care provided.
- The registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

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

- The registered manager regularly sought views from people, their relatives and staff to monitor and improve the home.
- Regular staff meetings took place to ensure information was shared and expected standards were clear.
- Staff told us they felt listened to, were supported by the manager, and had an input into the running of the home.
- The registered manager was also supported by the provider's senior management team.
- In December 2018 the local continuing care team carried out a quality audit which looked at the services management of patient safety, care planning, patient experience, workforce, management and

environment. The audit demonstrated the service was 97% compliant with expectations.