

Yearsley Villa

Yearsley Villa

Inspection report

177 Huntington Road
York
North Yorkshire
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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

Yearsley Villa is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The registered providers live at Yearsley Villa and provide all care and support themselves to the three long-term residents. At the time of our inspection there were three people living at the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People told us they felt safe. The registered providers had completed safeguarding adults training. People were protected from avoidable harm and risk management plans were in place which provided clear guidance about the support people required to stay safe and well. Medicines were safely managed.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. The registered providers had the skills and knowledge required to meet people's needs. People's health needs were well met.

Care was provided with warmth and compassion. People had lived at the home for between 16 and 22 years and were happy, well cared for and content. The registered providers supported people to be as independent as possible.

Care records were person-centred and contained all relevant information to enable the registered providers to give personalised care and support. Care plans and risk assessments were updated as people's needs changed. People were supported to spend their time how they wanted to. People knew how to raise concerns if they were unhappy.

The registered providers showed a commitment to running a well-led service for the benefit of the people who used the service. Feedback was obtained from people who used the service and their relatives. People described the service as being 'homely and a family environment'.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Yearsley Villa

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 25 April 2018. We gave the service 48 hours' notice of the inspection visit because the service was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection was carried out by one inspector. Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority and notifications we had received from the provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. We used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

As part of this inspection we spoke with the three people who used the service. We spoke with the registered providers one of whom was the registered manager. We observed interactions between the registered providers and people using the service. We spoke with one relative and two social care professionals.

We looked at two care plans, training records as well as a selection of records used to monitor the quality of the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe here. It's comfortable and a nice place to live," another person said, "I just love it here." A relative told us, "It is absolutely fantastic. I have no issues whatsoever." During our inspection it was clear people felt safe and secure living at the home.

There had been no safeguarding incidents since our last inspection. The registered providers had completed up to date training and were knowledgeable about when and how to make a safeguarding referral. They had an up to date safeguarding policy in place.

Risk assessments were detailed and provided clear guidance about the support people needed to reduce the risk of harm. They included details about how to identify if someone was becoming unwell and what action should be taken to manage this.

The registered providers lived at the home and did not employ staff, on a regular basis. They provided all of the care and support people needed. However, they employed a member of staff to work on an 'as and when' basis. For example if they were all going out for a day trip the member of staff would provide additional support. The registered providers and staff employed had a Disclosure and Barring Scheme (DBS) check. This scheme enabled the provider to check that candidates were suitable for employment with people requiring personal care and support. These had not been updated for some time. We informed the registered provider it would be good practice to renew these on a more regular basis which they agreed to do.

Medicines were safely managed. People were given their medicines in line with the prescribing instructions. They were stored securely, with safe systems for receiving and disposing of medicines. Medication administration records (MARs) were completed correctly and there were no errors or gaps. The registered provider told us they were very careful to ensure people received their medicines correctly. Two people looked after their own medicines and these were stored securely in their bedrooms. We noted the training the registered providers had completed for medicines was overdue. We discussed this with them and they agreed to refresh this.

The home had a family feel. It was warm, clean and very well maintained, with access to a lovely garden and sheltered smoking area. People who lived there told us they had been involved in choosing the wallpaper for the main lounge which had been recently decorated and one person was in the process of selecting wallpaper for their bedroom.

Essential safety checks were in place. There was a gas and electrical safety certificate. The registered provider checked the call bell (in place for one person), fire alarm, water temperatures and fridge temperatures on a weekly basis. There was a fire risk assessment and we saw record of fire drills taking place on a four monthly basis. There was information about the support people required in the event of an emergency.

Is the service effective?

Our findings

People's needs were assessed and care was delivered based on their individual choices. One person said, "We have choice, I have a house key so I can come and go as I like. It's lovely here. I would recommend it to anyone." The registered providers were skilled and experienced in their roles having provided support to the three people living at the home for between 16 and 22 years.

The registered providers had completed a range of training courses. These included; first aid, fire training, moving and handling, safeguarding and Mental Capacity Act and Deprivation of Liberty Safeguards. However, there were no clear records of when these should be refreshed. We spoke with the registered provider about this and they agreed to ensure this was recorded. Some of the training was overdue and they agreed to complete this as soon as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA. The registered providers had completed training to aid their understanding of the legislation. They understood the importance of the MCA in protecting people and the importance of involving people in making decisions. Throughout our inspection visit we saw people were offered choices and the providers sought consent. We saw in the records that decisions had been taken which were in people's best interests and had involved the person and their relatives along with external health and social care professionals. However, there was no formal mental capacity assessment or best interest decision record. We spoke with the registered providers about the need to improve the records they kept for people in respect of the MCA and they agreed to do this.

At the time of our inspection no one had an authorised DoLS in place. Following the inspection the registered provider contacted us to say the DoLS for one person who lived at the home had now been authorised. They understood the need to formally notify the CQC of this.

We saw people had the choice of a range of meals. Some people were able to access the kitchen themselves to make snacks or drinks and were free to do this anytime. Everyone told us the food was good. One person said, "[Name of provider] is a great cook, she does a great fry up" another said, "[Name of provider] is a good baker. My favourites are lemon drizzle cake and biscuits with jam in them. I've got a sweet tooth." We saw that people were weighed monthly and could see one person had gained weight which they had lost during a period of ill health.

People's health support needs were documented in their care records. Contact details of health professionals involved in people's care were recorded. Support to health appointments was provided if this was needed. Two people had spent periods of time in hospital since the last inspection and the registered provider had spent significant periods of time supporting the hospital staff to meet their needs and also offering extra re-assurance to reduce the anxiety for the person.

Is the service caring?

Our findings

Everyone we spoke with spoke highly about the registered providers and the care they received. One person told us, "I just love it here, I like being with [names of registered providers]. I've lived here 22 years and I like their children too." A relative told us, "It is absolutely fantastic. [Name] regards it as their home. I'm welcome anytime and could not wish for them to be in a better place."

A social care professional we contacted said, "The home offers a family environment and, if we needed care that is all any of us would want for ourselves and our family. The care given by [the registered providers] is above and beyond. I wish we had more services like this."

The registered providers spoke with pride about the commitment and care they provided to people. They said, "We're really proud of the progress [Name] has made since coming back to us, the hospital said [Name] would not walk again but we have built them back up and they can now walk short distances inside the home."

All of the interactions we observed and the feedback we were provided by people, families and professionals showed the registered providers treated people with dignity, respect and compassion. People were supported to be as independent as possible for example two people had a key to the home which demonstrated they were treated as equals within the home.

One person did not communicate verbally but they gave us the thumbs up when we asked what the care was like. We saw a real sense of warmth and compassion between the registered providers and the person. They were able to communicate effectively with the registered providers as they knew each other so well they could read the person's body language and mood as well as using some signs to communicate.

People and their relatives were involved in the planning of their care. A relative we spoke with said they felt listened to and acknowledged. Care records indicated that relatives were involved in care planning and reviews.

The registered providers ensured people's confidentiality was respected. The registered providers understood their responsibilities for keeping people's personal information confidential. People's need to have space and time alone was respected. One person said, "If I want some time to myself I'll go to my bedroom. Otherwise we'll sit and watch television together."

Is the service responsive?

Our findings

We saw people received personalised care which was responsive to their needs. People had lived at the home for between 16 and 22 years. This meant the registered providers knew people well and were able to provide care and support which was personalised and individual. When people's needs changed the registered provider recognised and responded appropriately to ensure they could continue to provide a good standard of care.

Care plans provided information about the support people required and objectives such as 'support to access the local community' and 'accessing leisure activities of [Names] choice'. These had been developed with the person and, where appropriate, their family. They were clear, well written documents which gave the reader a sense of what was important to the person, how they liked to be supported and what they could do for themselves. Care plans had been reviewed and updated to reflect changes in people's needs.

One person had been ill and had been in hospital for a significant period of time. The registered providers explained they spent time with them, in hospital, helping the staff to understand their needs and making sure they were well cared for. The person's needs had changed following their stay in hospital and the registered providers had made the required adjustments to enable the person to return to their home. The person's social worker told us, "The registered providers understand this is the person's home and did everything they could to enable them to return. [Name] is looking better than I have ever seen." The person's relative also spoke highly about the care provided. They said, "[Name] has come on leaps and bounds. They have made a marvellous recovery since being back home."

A social care professional explained the support the registered providers gave meant one person's mental health had been stable for a long time. They told us this was as a result of the person feeling settled, safe and well cared for. They said, "The registered providers know [Name] inside out."

The home had not received any complaints since our last inspection. People knew how to raise concerns if they needed to. None of the people living at the home, their relatives or care professionals had any complaints or concerns. One person said, "If I was worried about anything I would go to [name of registered providers]." There was a complaints policy in place which provided details about how they would investigate any concerns raised.

People were supported to spend time doing things they were interested in. One person said, "I go out and about a bit, I like to meet my friends for lunch and a catch up." A relative told us, "[Name] enjoys the peace and quiet of being at home with the registered providers and relaxing with magazines, films and music. Also they go out together on day trips and to the shops. They're involved in day to day life with the registered providers which they enjoy."

At the time of our inspection no one at the service was receiving end of life care. However, the registered providers told us they would provide whatever support people needed to ensure they could remain at the home for as long as possible.

Is the service well-led?

Our findings

One of the registered providers was also the registered manager. 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.

The registered providers consulted with people and relatives about the service. They explained people talked about things over meals as would happen in a family environment. There was a record in each person's care plan to say they did not wish to take part in a structured 'residents meeting' as they felt able to discuss anything as and when they needed to. We observed people were at ease with the registered providers and the familiarity and fondness they felt meant they were able to discuss any concerns they had. The registered providers sent an annual questionnaire to people's relatives to gather their views on the service provided. We saw the registered providers had analysed these and where appropriate had provided further information to family members.

Records were clear and contained key information about the support provided to people. The registered providers used a diary for each person and recorded essential information in these. Weekly checks were in place and recorded; for example each week the registered providers checked the call bell worked (only one person used this system).

The registered providers had policies in place which provided guidance on best practice. Some of these were overdue the review date which had been set by the registered provider but we did not see this affecting the outcomes for people living at the home. We spoke with the registered providers about this and they agreed to review the policies.

The registered providers worked well with other agencies and services to make sure people received their care in a joined up way. This included working with community learning disability teams, speech and language therapists, GPs and occupational therapists

The home's mission statement read; 'to provide responsive, personal care and support to enhance and enrich the quality of people's lives.' During our inspection we found this reflected people's experience of care and support at the home.