

Yarningdale Health Care Limited

# Yarningdale Health Care

## Inspection report

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### Ratings

Overall rating for this service

Good 

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?

**Good** 

# Summary of findings

## Overall summary

This inspection took place on the 4 July 2016 and was unannounced. Yarningdale provides care and support for up to 20 younger adults with complex mental health needs. At the time of this inspection 13 people were living at the service.

At the last inspection carried out in December 2015 there were four breaches of Regulations. The provider send an action plan to show how they were going to resolve these breaches and we found they had been successfully addressed at this inspection.

The home is required to have a registered manager and a registered manager was in post. However at the time of the inspection the registered manager had been on a planned absence from the home for three months. 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's medicines were generally administered safely. However we found some incidents in recording that needed to be addressed. People were supported to access other healthcare professionals to maintain their physical and mental health and well-being.

Staff were trained to meet the needs of people. They had the training the provider considered necessary to support people using the service. Although some specialist training was on going, this had not been fully completed. Staff had safeguarding training and knew how to keep people safe.

People were offered the opportunity to pursue hobbies and interests either inside and outside the home. They had access to fresh air and we saw the garden was in constant use. People who lived upstairs were assisted to spend time in the garden.

Staff were deployed in the best interests of people and there was enough staff to meet people's needs in a timely manner. There was a thorough recruitment processes in place.

People were given the opportunity to plan their meals and had a choice of nutritious food and drink throughout the day. People were happy with the food. People's dignity was promoted at all times. Care was taken during meal times to preserve the dignity of people by ensuring all people who were on a special diet had food that appeared the same as those on a regular diet. Staff were caring at all times and had good relationships with people.

The staff understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards. All the staff we spoke with understood the implications for

people who were living under different sections of the Mental Health Act 1983.

Staff had read people's care plans and therefore they were aware of information relating to people's needs and wishes. The provider had introduced a handover sheet that included an easy read page of important details in relation to people's needs and wishes.

There was an effective quality assurance system in place that was carried out at registered manager level and provider level. This included visits from the provider to verify the information provided with people and staff.

## 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 consistently safe.

We found that medicines were not always administered and recorded in a consistent manner. Risks to people's health and wellbeing were identified in risk assessments. Risk was monitored. There was enough staff available to deliver people's planned care or to keep people safe. Staff were recruited safely.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had the training the provider considered necessary to assist people to live well. People had access to healthcare professionals. When people did not have the ability to make decisions about their care, the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed.

**Good** ●

### Is the service caring?

The service was caring.

People's independence and dignity was supported. People told us they were treated with care and given choices. Staff were kind and caring and had developed good relationships with people. Consent was always sought prior to care being offered.

**Good** ●

### Is the service responsive?

The service was responsive.

People had personalised care. They or their representative were involved in planning their own care. People were offered the opportunity to pursue activities and hobbies. People knew how to complain about their care and the provider had a complaints policy available for people and their relatives.

**Good** ●

### Is the service well-led?

The service was well led.

**Good** ●

There was additional management support in place to ensure the service was proactive in resolving the issues raised at the last inspection visit to ensure they were providing effective care to people. The provider had effective systems in place to consistently assess, monitor and improve the quality of care. This meant poor care was identified and rectified by the provider.

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# Yarningdale Health Care

## **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 was 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 inspection took place on 04 July 2016 and it was a follow up to the inspection visits carried out in December 2015 and was unannounced.

The inspection team consisted of one inspection manager, two inspectors (one pharmacy inspector) and a mental health specialist advisor.

During the planning of our inspection we reviewed the action plan received from the provider and other information we held about the provider and the service which included notifications we had received from the provider about events that had happened at the service.

We spoke with four people, three relatives, five care staff, the area manager and the acting manager. We observed care and support in communal areas and also looked around the home.

We viewed four records about people's care and records that showed how the home was managed. This included care plans, risk assessments, staff rotas, staff recruitment records and training records. We also viewed two people's medicines records.

# Is the service safe?

## Our findings

At our last inspection carried out in December 2015 we found a breach in Regulation 18 in relation to the safety of people. This breach was met at this inspection visit.

People's medicines were generally administered safely and as prescribed by their GP. Staff had been trained to administer medicines safely. Medicines were stored appropriately within a locked cabinet. We looked at the medicines administration record (MAR) for two people and found that these had been completed correctly. There was a system to return unused medicines to the pharmacy. Protocols (medicine plans) were in place for people to receive medicines that had been prescribed on an 'as when needed' basis (PRN). Routine reviews by psychiatrist, community nurses, annual reviews by the GP and diabetic clinics were also evidenced. People's records were not always up to date. This meant that staff did not always have the correct information available to administer medicines safely. For example, one person had the wrong GP recorded on his information sheet and his MAR showed a cream that had been stopped six months ago. Another person's information incorrectly stated how they took their medicines. We saw that the provider took steps to ensure that this information was updated immediately.

However we found some records showed that people did not always get their medicine as prescribed. For example, we found a cream that had been prescribed "to be applied twice a day" but the record showed that it was only being applied once a day. If people do not get their medicines as the prescriber has intended, there is a risk that their health and wellbeing could be affected.

People and their relatives told us they felt safe or had no worries about the safety of their relative. One person said, "This is my home, it is safe." Another said, "The girls especially [named staff member] will make sure I am safe." A relative told us, "Things are much better here and [relative's name] is kept safe and well." People who didn't have verbal communication showed signs such as a smile or thumbs up to let us know they were safe.

Staff were trained to keep people safe and how to recognise and respond to signs of abuse. Staff told us, "We have just finished training again, so we definitely know what to do. Now we know we will be listened to." Another said, "When you know everyone who lives here it's easy to care about them and keep them safe."

All the staff we spoke with said they had received training on keeping people safe and were able to demonstrate that they had a good understanding of how to do this. All knew the procedures to follow if they suspected abuse had occurred. They assured us that they would follow up on concerns until they were sure the issues had been dealt with. The registered manager was aware of their duty to report relevant incidents of concern to the local authority and to the Care Quality Commission and had done this. However we saw records that showed an incident of concern had taken place. This was where a service user who was nil by mouth (because of swallowing difficulties) had eaten a sweet. This had been given to him by another service user in a short period while they were unsupervised. This was against the directions in their risk assessment. All appropriate actions were then taken. This had not been reported to CQC, however it was reported to the Local Authority.

People had individualised risk assessments which looked at risks to their health and well-being. Each assessment identified the risk to people, the steps in place to minimise the risk and the steps staff should take if an incident occurred. Risk assessment was ongoing. For example risk assessments were detailed and provided clear guidance around choking risks. There were clear instructions to staff about the consistency of food and fluids and how they should assist people to eat, these were in line with the swallowing recommendations from dietary professionals. There was also guidance available for them about how they should deal with the situation if the person was to choke. We observed staff follow these risk assessment guidelines.

Staff had direction on how to provide personal care for people who had injury sites, this was to ensure no additional damage was done. Staff understood and respected people's right to take reasonable risks so that their independence was promoted. The garden was made safe for people and we saw it was in use by those who wanted to on the day of our visit.

We saw that staff understood the risk to people and followed written risk reduction actions in the care plans. There were systems in place for staff who cared for people on a daily basis to input their observations on people's safety and welfare.

There were enough staff on duty to ensure the safety of people. The manager had a recognised system of establishing staffing needs. People confirmed there was always 'someone' around if you needed them.

People were protected from risks posed by the environment because the provider had carried out assessments to identify and address any risks. These included checks of window restrictors, hot water and fire systems. The provider had contingency plans for staff to follow in the event of an emergency such as a gas or water leak. Staff were aware of these plans and what they needed to do. This enabled staff to know how to keep people safe should an emergency occur.

Each person had a plan on how their needs should be met in an emergency. These were readily available to staff. Staff were aware of them and that they were colour coded to show at a glance how much assistance people needed.

We found thorough recruitment procedures in place. These ensured the staff had the right skills and attitude, and were suitable to support people who lived at the home. The provider checked whether the Disclosure and Barring Service (DBS) had any information which might mean a person was not suitable to work in the home; and checked staff references. The DBS is a national agency that keeps records of criminal convictions. We saw from staff records that they did not commence employment until all the necessary checks were completed.



## Is the service effective?

### Our findings

At our last inspection carried out in December 2015 we found a breach in Regulation 18 in relation to staff training. This breach was met at this inspection visit.

People told us, "The staff are great they look after me really well." All training the provider considered mandatory had been completed and staff told us they were equipped to meet the needs of people. New staff received induction training at the provider's office base before they cared for people. The staff we spoke with were confident their training had given them the necessary skills to be able to care for people. Records we looked at, discussion with staff and our observations confirmed that staff had access to a variety of training courses felt necessary by the provider. For example one staff member said the registered manager ensured training was provided to meet the needs of people. Another member of staff told us they had received specialist training on how to care for people who are living with Huntington's disease. There were systems in place to ensure the training was effective. They were able to explain how the training helped them to care for people better. Other specialised training had been identified. This had been planned but at the time of the visit had not been fully completed.

The manager and staff confirmed staff supervisions and appraisals were taking place on a regular basis. Supervision is a supportive meeting held with a senior staff member and an individual or group. We saw team meetings took place regularly and staff said they were very useful and good for keeping up with changes in care practices and training available. This meant that staff had been supported to deliver effective care to meet people's needs.

People and their relatives said that their consent was sought before care and support was offered. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met, and found that they were. People who had capacity to consent to their care arrangements had their decisions about care clearly documented, and staff respected this. Capacity assessments were in place for people who needed this, and the provider followed the principles of the MCA. Staff had good understanding of the principles of the MCA, including how to support people to make their own decisions, and when a DoLS application may be required. The provider was working in accordance with the MCA, and people had their rights upheld in this respect.

The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to ensure that restrictions in people's care are proportionate and lawful. The provider had made appropriate applications

and staff understood how to ensure that care was in accordance with the MCA DoLS. This meant people's rights were being upheld, and any restrictions in their care were lawful and proportionate.

Forms in relation to 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) were included in some people's care plans. These had been completed by the visiting GP in conjunction with people or their representatives.

Those people without family or representatives had access to advocates who gave independent advice and acted in their best interest. We spoke with an advocate as part of the inspection process and they confirmed they were invited to act on people's behalf appropriately and they were happy with the care and welfare of the people they acted on behalf of.

People's health was promoted through good nutrition. People told us the food was good or very good. One person said, "We are asked what we want and we get it." Staff were aware of people's dietary needs and had systems in place to respond to people's changing needs. For example one person developed a chest infection and needed a change of diet to keep them safe. We saw that this was done as soon as the person had seen their GP.

People who were at risk of malnutrition had their weight checked on a regular basis. If they were at risk of losing weight they were referred to specialist dietary services.

The service was visited regularly by the local GP. People were supported to have good physical and mental health. They were supported to attend hospital visits and all had their health reviewed on a regular basis. They were also taken into the local town to visit their dentist on a regular basis. Opticians and staff who supported good foot health visited the home on a regular basis. This meant people were supported to have optimum health.

## Is the service caring?

### Our findings

Staff cared for people with kindness and care. Our observations supported this. We saw staff show kindness and compassion to people. For example when one person was showing signs of distress we saw staff sit beside them and chat until they settled.

People's dignity was promoted. We saw extreme care was taken to ensure people's food all looked the same despite their dietary needs. For example if pizza was on the menu those who needed a soft diet had their pizza steamed rather than oven baked. This meant the consistency was appropriate while looking exactly the same. When cooking lasagne the chef cooked the different layers separately and then pureed each one and reconstructed the lasagne to ensure it looked the same as the one other people were having. On the day of our visit there was an event in the garden. We saw all people were offered the same food adapted to meet their dietary needs and wishes. This included pizza and hamburgers and chips. For the chips to be the same for all, the chef had boiled potatoes, mashed them, shaped them as chips, coloured them and froze them. They were then cooked in the steam oven making them soft in texture but chip like in appearance.

Care was given behind closed doors and we saw staff knock on doors and wait to be invited in before entering the room. People confirmed this was the usual approach to care. This demonstrated staff respected people's privacy and dignity.

People told us staff always checked with them before starting their care. One person said, "The girls always ask me if I'm ready to start." A relative said, "Yes they are good at that." We saw staff get people's permission before they moved them in their wheel chair and in another case before they took their photograph. Not all people we spoke with remembered if they were involved in care planning however all said they were happy with the care. Two people said it was, "Much better now." Relatives were able to confirm that care planning was conducted in an inclusive manner. For example no changes were made to the care plan without a discussion with those involved or their representative. Records showed people who did not have a representative had access to an advocate service. This helped insure their views were sought and where possible respected.

People were encouraged to be independent and to make their own decisions. For example, how they wanted to spend their day. Some people liked to stay up very late at night, therefore they liked to have a later start to their day. Staff assisted them to make their breakfast at time that suited them. We saw one person had a late breakfast and staff sat with them and chatted while still encouraging them to eat well. People were assisted to make their own decisions in a variety of ways. For example, one person had flash cards to assist them to make their needs and wishes known to staff. People showed signs of being happy with their care. We saw people smile and laugh and joke with staff and each other.

Staff communicated with the residents effectively and used different ways of enhancing that communication by touch, ensuring they were at eye level with those residents who were seated and altering the tone of their voice appropriately.

Staff were continually kind and compassionate and continually got people's consent to care before they offered assistance. We saw staff ensured they knew people's needs and wishes before proceeding. For example, we saw staff discreetly check if people were awake and in need of assistance to get up and dressed. We saw people smile to show staff got it right. People's skills and independence were respected and staff encouraged people to do as much as they wanted or could do. We saw people get their own breakfast cereal.

## Is the service responsive?

### Our findings

At our last inspection carried out in December 2015 we found a breach in Regulation 9 in relation to the care and welfare of people. This breach was met at this inspection visit.

People had their needs assessed and a plan of care drawn up to assist staff to look after them. Two people and one relative said that the staff discussed any care needed with them so that they were sure the person was cared for in the manner and time of their choosing.

The plans included information on people's care needs, how they communicate, behavioural and social needs and detailed how people wished to be supported. People and their relatives had also been included when the plans were developed and updated. This ensured the care delivered was what people wanted. For example, how to care for people who had a wound and how to move people without putting them at risk. People's choice of bedtimes and rising were recorded and we noted on our visit that these were an accurate reflection of people's needs and wishes.

People had meetings on a regular basis. These were to decide on activities and to plan menus. Families were encouraged to give feedback. One family member said, "It's much better now we have someone who will listen to us." There had been family meetings and others had been planned for the near future. We saw that letters had been sent to families to invite them to be part of how care was planned or to capture their views if they were unable to attend meetings.

Staff had been given protected time to read the care plans and to make sure they were familiar with people's needs and wishes. Staff were able to tell us what these were. There was a short care plan that was used at staff handover times. This showed the condition people lived with and how to meet their needs resulting from this. This was updated on a daily basis as necessary. Then this was fed into to the care plans. Care plans not updated in this manner were reviewed on a monthly basis to ensure they remained reflective of need. This ensured staff had ongoing access to up to date easily accessible information.

There was an area in the care plan that focused on people's life history and on how they wanted to spend their day. For example one person liked arts and crafts. Their work was displayed throughout the service. Other people like to spend time outside the service, such as going to the gym. There were outings to concerts planned for those where music was important to them.

The service endeavoured to ensure relationships that were important to people were maintained and people were assisted to visit families and friends. Visitors were welcomed to the service.

There was a complaints process in place. This included how verbal complaints and grumbles were recorded and addressed. Advocated were available to people who needed assistance to make a complaint. At the time of our visit complaints had been responded to and there were none outstanding. The service had many compliments on the care offered to people.

## Is the service well-led?

### Our findings

At our last inspection carried out in December 2015 we found a breach in Regulation 17 in relation to how the service was managed. This breach was met at this inspection visit.

The provider put extra resources into the management of Yarningdale to address issues raised at the last inspection in December 2015. At the time of our inspection visit these were ongoing. An action plan was submitted following the last inspection to meet the issues we raised. This had been acted on and on this inspection the service met people's health and social needs.

Staff told us their morale was good and that they were trained to care for people. They said they had guidance on how best to care for people and if they had a problem or an issue to talk through, the management group was there to assist. People knew who the management group was and said they were able to talk to them should they need to.

People and staff were aware of the provider's vision and were included in how the home was run and how people were cared for. Their opinions were sought in a variety of ways including a resident's forum, relatives and staff meetings.

People had a named nurse and care worker. There was a meeting of all departments on a daily basis to ensure all areas of the service were aware of people's needs and wishes. This was a short but effective meeting and ensured people's changing needs were met. For example, if a person was ill and their diet needed to change.

The provider had an effective quality assurance process in place. This included the manager completing an audit of all aspects of the service. This included the administration of medicines however the mistakes identified on the day of our visit had not been recognised. The audits also covered people's risk assessments and how people were assisted to have a good quality life. This was further reviewed by the area manager and spot checked through a visit from a senior manager from the provider's head office. People and staff were spoken with to ensure the records were correct.

The provider and the registered manager were aware of their duty to report incidents to CQC. A review of evidence held by CQC supported this.

All staff had job descriptions and they were deployed to areas of the home on a daily basis. Staff we spoke with were aware of their responsibilities to people and their obligation to read care plans and hand over notes. All staff we spoke with were able to tell us about the people they cared for, the risks to their health and how they like to spend the day.

The service had a system in place to record and review all accidents and incidents. These were reviewed by the manager. We saw that independence was balanced with risk in an appropriate manner and people's right to take reasonable risks was respected.

At the time of the inspection visit additional resources had been put in the service to ensure the rapid resolution of areas that needed to improve. These additional resources were being managed and there were plans in place to ensure the service was meeting people's needs in a timely manner before these resources were withdrawn.