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

The inspection was unannounced and took place on 11 and 12 October 2016.

The home is registered to provide accommodation and personal care, diagnostic and screen procedures and the treatment of disease, disorder or injury for a maximum of 45 people. There were 42 people living at the home on the day of the inspection. There was a registered manager in place. 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 told us they felt safe and well cared for and staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively and to ensure people who used the service were safe. People told us staff were available when they needed care.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met. People were supported by staff to have their medicines when they needed them.

The assessment of people's capacity to consent had been completed. People's rights and freedoms were respected by staff. Staff understood people's individual care needs and had received training so they would be able to care for people in the best way for them. There were good links with health and social care professionals and staff sought and acted upon advice received, so people's needs were met.

People using the service were positive in their feedback about the service. People told us they enjoyed meals times and were positive about the choice of food they received. People said their privacy and dignity was maintained and we made observations that supported this.

People received care that met their individual needs. People were encouraged to express their views and give feedback about the service. People said staff listened to them and they felt confident they could raise any issues should the need arise.

Staff spoke highly of the management team and of the teamwork within the service. Staff were supported through supervisions, team meetings and training to provide care and support in line with people needs and wishes. The quality of service provision and care was continually monitored and actions taken where required.

People were positive about the care and support they received and the service as a whole.

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.

People received support from staff to help them stay safe. Staff knew how to recognise risks and report any concerns.

People were supported by sufficient staff to meet their needs and provide support when they needed.

People were supported by staff to take their medicines when they needed them.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training and on-going support to enable them to provide good quality support.

Staff were knowledgeable about people's support needs and sought consent before providing care.

People enjoy the meals provided and menus we saw offered variety and choice. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good

The service was caring.

People said they liked the care staff who supported them. People and relatives said staff provided support and care to people with dignity and kindness.

People and relatives valued the positive relationships they had with staff. Relatives were free to visit whenever they wanted, they felt welcomed and supported by staff too.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs. Staff provided care that took account of people's individual needs and preferences and offered people choices.

People and their relatives were supported by staff to raise any comments or concerns about the service.

Is the service well-led?

Good

The service was well-led.

People were cared for by staff that felt supported by the management team.

The management team had systems in place to check and improve the quality of the service provided and take actions where required.

Yardley Grange Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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 inspection took place on the 11 and 12 October 2016 and was unannounced. The inspection team consisted of one inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority and the clinical commissioning group (CCG) about information they held about the provider.

During our inspection we spoke to six people who lived at the home, we also spoke with eight relatives, all of whom were visiting on the day of our inspection.

We spoke to the registered manager, the provider chief executive, two nurses, four care staff, the cook and a member of the housekeeping staff. We also spoke to a healthcare professional who was visiting the home on the day of our inspection. We looked at records relating to the management of the service such as, care plans for eight people, the incident and accident records, medicine management, complaints and compliments, three staff recruitment files and staff and resident meeting minutes.

Good

Is the service safe?

Our findings

At our comprehensive inspection of Yardley Grange nursing home on 12 and 18 August 2015 we found that the management of medicines required improvement, some people were not receiving the prescribed dosage of medicines and there were no written protocols in place for some medicines. This inspection found improvements had been made. We found there were more frequent audits of medicines to identify and address any errors. New body maps had been introduced to record the rotation of medicinal patches and protocols (written guidance) had been updated.

People told us they enjoyed living at the home and they felt safe. One person said, "I'm in a place of safety, I have my buzzer [to call staff]…I do feel safe here." Another person told us, "I'm safe, they [staff] look after me well." One relative told us staff knew the support their family member needed, they said, "They keep her safe, I am confident of that." A second relative commented they felt staff, "Are aware of all the processes to keep people safe but also keep it a home."

Staff told us they had received training in safeguarding and identified the different types of abuse. All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling the registered manager or nurse, so plans would be put in place to keep people safe. Every staff member we spoke with was confident if they raised concerns that action would be taken to protect people. Staff described how they regularly shared information about people's well-being and safety as part of staff handover discussions.

People told us staff were available when they needed them. One person said, "They support me when I need it." Another person said that staff worked hard but when they pressed their buzzer to call staff, "You don't wait long." One relative said, "It's hard for them [staff] but they cope. I'm here every day…there's always someone [member of staff] here."

Five staff members told us people were safe and staffing levels were suitable to meet the needs of people living at the home. One member of staff told us staffing levels were, "Generally Okay…..People are safe and buzzers are responded to." Another member of staff said, "There is enough staff. Sometimes I would like more, but buzzers are always responded too. People don't have to wait." The registered manager told us that staffing was based on people's needs and was reviewed to reflect any changes. One member of staff confirmed this and said, "When one person required one to one support there was extra staff."

We discussed staffing with the registered manager they told us the provider had recently appointed two nursing staff. They advised that agency nurses had been used to cover the vacancies, and they had looked to use the same agency nurses to ensure consistency. This was confirmed by one relative who said, "They try to get the same temps so they know how they work." The chief executive told us the charity's board had considered ways to improve nurse recruitment and retention and had increased wages.

People had their needs assessed and risks identified. Staff were aware of these risks and the kept them under review. For example, we saw one person had their weight monitored because they were at risk of not

eating enough to stay healthy. Staff we spoke with were clear about the help and assistance each person needed to support their safety. One person told us, "I don't need much care but they supervise me when I have a bath to make sure I don't fall." Two relative's told us staff made regular checks to ensure their family member remained well. We saw people encouraged to walk to the communal lounge. Staff ensured they observed people as they walked and stayed within reach of the person should they need assistance.

The registered manager told us that the provider employed a physiotherapist to help assess people when they came into the home and provide support to maximise their mobility. They also provided training to staff on mobility equipment.

We checked three staff files and saw records of employment checks completed, which showed the steps the provider had taken to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

People we spoke with told us they were satisfied with their medicine support. One person said, "They [staff] or [nurses] give me my pills and always on time. I know what they are for." Another person told us, "The nurse brings it….I've never missed taking it." We observed a medicines round with a member of the nursing staff and looked the medicines records for 23 people. People were offered their medicines with the nurse offering support and guidance. Written guidance was followed if a person required medicines 'when required'. For example, to relieve pain. We saw that regular checks of the MAR (medicine records) were completed and action taken if errors, for example, missed signatures, were found.

Good

Is the service effective?

Our findings

People we spoke with told us staff had the right skills to care for them. One person told us, "They [staff] really do know what they are doing. " One relative said there was good teamwork amongst the staff and they said, "The nursing care is first class I can't fault them." Staff told us they had undertaken a range of training so they could provide the support and care people living at the home needed. Two relatives spoke positively about the staff and how they supported their family member's health needs. One relative said when their family member went into the home, "We noticed a difference immediately , their health went straight up."

All staff we spoke with told us they received training that helped them to do their job. All staff were able to give an example of how training had impacted on the care they provided. For example, three staff told us that first aid training was very good and gave them the confidence to provide first aid support when needed. One staff member told us training had provided them with greater knowledge of people living with dementia and had improved how they supported people.

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.

We saw that where it was assessed people lack mental capacity records showed decisions where they would need help. Staff were able to explain to us when a best interests decision meeting should be considered and told us they did not make assumptions about people's capacity and that they asked people's permission before providing care and support..

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA and saw the registered manager had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty.

Staff understood the importance of obtaining people's consent when supporting them. We saw staff asking for peoples consent before providing support and when one person refused support the staff member respected this and said they would come back later to check again. Five staff members told us where people were unable to give verbal consent they looked for facial expressions and hand gestures to gain consent and enable people to communicate choices.

People told us they chose how to spend their day and where they like to be. One person told us, "I'd say I make my own choices." Three people told us they chose to spend time in their individual bedrooms, one

person said, "I could eat in the dining room but I prefer my room." A relative told us their family member chose to spend time in one of the small quiet lounges. They told us, "We visit in their room but they like to spend time in the [room name]."

People told us they enjoyed their meals. People we spoke with told us food was good and that a choice was always offered. One person said, "There's enough [food] and its nice, you don't need seconds." Three people told us their meals were brought to their room as this was where they preferred to eat their meals.

We saw that people were offered a choice of drink and when meals were served. When one person did not eat their meal, they were given encouragement by a member of staff. When they still did not eat their meal they were offered a hot sandwich, which we saw them eat and enjoy. We saw that people who were not able to eat independently, were supported to do in a way that met their needs with staff assisting them.

We spoke with the cook and they told us they looked to meet with people when they first came into the home to discuss their likes and dislikes. The cook was knowledgeable about people's preferences and dietary needs. For example, where people required softened meals. The cook told us a member of the kitchen staff talked to each person people every day to collect their meal choices. This was confirmed by one person who told us, "The man comes up from the kitchen in the morning and asks us the choice."

The cook attended residents meetings to get feedback on the menus. We saw that where suggestions had been made, for example a request for more pasta dishes, this had been incorporated into the menu. We saw that people were supported to have a choice of drinks and snacks throughout the day. One relative told us, "People are encouraged to have drinks, staff are very good."

People's healthcare needs were met. People told us they were supported to access healthcare professionals, for example dietician, optician and speech and language advisor. The GP also visited regularly or if people were unwell. One person commented, "If I need to see the doctor he comes in." Another person told us, "My chiropodist comes here it's the same one I've used for a long time." A third person told us, "I go to my own dentist; the carer [member of staff] comes with me." People told us they were happy with the actions taken by the staff in monitoring their healthcare needs. One person told us how they were supported by staff to attend a regular health clinic and a relative told us, "The nurse calls the doctor if [family member] needs him, they also arrange ongoing tests."

Good

Is the service caring?

Our findings

People spoke positively of the staff and said they were caring and respectful. One person told us, "They [staff] are kind." Another person said of staff, "They really care, they look after me so well." All relatives we spoke with also told us they felt staff were caring. One relative said, "I'd give them [staff] ten out of ten, you can't fault them. They are so caring." Another relative commented, "I can't speak highly enough of them all. It's the finer touches…they treat everyone with such respect and dignity."

Relatives told us they felt staff cared for them too. One relative said, "We know their names and they know ours. They treat us as family." Two relatives gave us examples of when staff had supported them. One relative said, "It was the best support I could have asked for at that time and they just did it without me asking." Another relative said, "Nothing is too much trouble for them."

We heard and saw positive examples of communication throughout our inspection and people were relaxed around the staff supporting them. One relative said, "The staff are fantastic …I watch [family member's] face, she lights up with staff." Staff were aware of people's well-being and levels of anxiety. We saw staff offering people reassurance when they needed it. For example, when one person became anxious over the lunch period, several members of staff took time to talk to them and offer reassurance.

People told us they had developed good relationships with the staff. One person told us staff used a name they liked. They told us, "They [staff] say hello [person's preferred name]. They have called me that since school." One relative told us, "They give [relative's name] hugs because that what she likes." We saw that people engaged positively with staff and staff communicated with people in a friendly manner. One person told us, "I have a joke with the staff, they make me laugh."

We heard staff chatting with people as they walked around the home, offering people support and reassurance where necessary. Staff told us an important part of their role was to encourage independence. One person recognised this support and told us they enjoyed making their own hot drinks using the hot water dispenser. The person told us, "They [staff] watched me first time to check," the person was safe using this item of equipment.

The provider had received positive written feedback from people and their relatives. For example, one relative had written to, "Express gratitude for the exceptional care received. Staff provided excellent care and support not only to [family member's name] but also to us." Another relative had written in to thank staff on their professional and caring manner in supporting their family member to celebrate a milestone birthday. They commented said their family member had enjoyed the occasion.

People were involved in the planning of their care and support. People told us support was provided the way they wanted. One person told us when there where changes in their care, "[Registered manager] talks to me about it." Relatives told us they had been involved in reviews of their family members care and they felt listened to. One relative commented, "They respect [family members] views. Don't dismiss anything, no matter how small." Staff took into account people's individual needs and responded accordingly. For

example, we also saw one member of staff supporting a person with their meal, they chatted easily with them and shared a joke and provided assistance in a dignified manner.

People's friends and relatives visited when they chose. Relatives we spoke to said they felt welcomed at all times. One person said, "My family visit, they come when they like." One relative commented, "You can visit anytime, I'm here a lot." Another relative told us they had visited at all different times of the day and was always made welcome by staff. They said, "They [staff] make me very welcome…they always say hello." We saw there was a quiet room available to relatives to meet with their family member. There was also tea and coffee making facilities and we saw relatives using the room and making their own drinks throughout the inspection. Two relatives also told us they were offered meals if visiting over a mealtime.

People said they felt respected by the staff and t who treated them with dignity. One person commented that they liked to keep themselves private and chose to stay in their room and staff respected this. Another person said before staff went in their room, "They always tap, tap on the door. " One person told us, "Staff close the door and curtains when I'm getting changed." Three relatives also confirmed that doors and curtains were closed to ensure people's privacy. One relative said, "[Family member] has been here over a year and I've never seen staff change them, they always close the doors and curtains."

We saw staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw that when staff spoke to each other regarding care they moved to a more private area.

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "I love all the residents. They are all so different. I want to make them happy." Another said, "I love it here. Its fantastic interaction with people, all the time and every day."

Good

Is the service responsive?

Our findings

People we spoke with told us they got the care and support they wanted. People said the staff met their needs, one person told us, "The girls are golden, if I need anything I just ask for it." Another person told us, "They [staff] know what I like." Relatives told us staff knew people well. One relative said, "They [staff] are knowledgeable of [family member]." Another relative said, "They know [family member] well. They know what she likes and what works best for her." People told us they had felt staff listened to them. One person said, "I said I didn't want a male carer and I don't get one."

Staff knew each person well including their family members and their life history. Within people's care records we saw an assessment of people's needs and care plans. The care plans provided guidance for staff to support the person with all aspects of their daily living and included information on their life history and aspirations. Staff told us this information was useful but felt the best way in getting to know people was talking to them.

People we spoke with felt the staff knew them. One person told us, "If I have a concern I tell one of the staff, she gives me a hug and calms me down." A relative commented, "They picked up immediately when [family member's name] was unwell, it's like they were one step ahead." We saw that when one person showed signs of becoming anxious, staff recognised this and responded by offering reassurance and talking about things they knew would help settle the person. We saw the person become less anxious and chat with the member of staff.

Five relatives we spoke to told us communication was good and staff let them know when things changed in their family member's health. One relative told us, "Communication is good, the nurses tell me to ensure I'm always up-to-date." Another relative said, "I'd say it was a pro-active environment. I'm informed of what I need to know."

Staff were able to tell us about the level of support people required, for example people's health needs and number of staff required to support them. We saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information shared at staff handover, where the support required for each individual people in the home was discussed. For example, one person had been unwell and had been prescribed a course of antibiotics that would be delivered that afternoon. We spoke to an external healthcare professional who visited the home during our inspection. They confirmed that staff called them to the home when appropriate and responded to guidance given.

People told us and we saw that they got to do things they chose and enjoyed and which reflected their personal interests. One person said, "I enjoy my puzzle books and I have my papers and the TV." Another person told us enjoyed gardening, they said, "They gave me the raised beds in the garden to look after. I like to snip, snip in the garden." Two other people told us they enjoyed visiting family and friends and going to church. People told us activities and celebrations in the home were advertised on the information board and staff told them 'what's going on.' One person told us they were part of the fund raising committee and were involved in organising events. They said, "I'm sorting the music for the Christmas service." Two

relatives told us families were encouraged to join in activities. One relative said, "They ask us [the family] to events, singers, things like that."

Group and individual activities were arranged and the registered manager told us about some of the activities enjoyed by people. For example, a shopping trip to the local shopping mall and a pub lunch. We also saw people enjoying a craft session, working with staff to make a haunted house for Halloween.

People told us they were involved in planning their care. One person said, "I tell them what I want." Two relatives confirmed they were also involved in reviews. They said, "They respect [family member's] views. They don't dismiss anything, not matter how small."

Two people told us they had been able to decorate their room the way they liked. One person said, "I call my room my haven. These are all my photos." Another person told us they had made their room, "As homely as possible, we could do what we wanted with decoration and move furniture around."

People said they felt able to complain or raise issues should the situation arise, Five people we spoke with told us they had no complaints and had not had to raise any issues. One person told us, "I'd complain to the nurse but never had a problem." One person told us that when they raised a concern, the registered manager had listened to them and taken action. They said, "I raised an issue to [registered managers name], she sorted it…it was resolved"

We saw that where complaints had been received during the last twelve months, these had investigated and the supporting documentation showed the progression and conclusion of the complaint.

We saw that residents' meetings were held. Where issues where raised we saw that a response was fed back at the next meeting. For example, residents had discussed the frequency of meetings to encourage better attendance and also gave positive feedback on meals which had been passed to the cook and kitchen staff.

Good

Is the service well-led?

Our findings

At our comprehensive inspection of Yardley Grange nursing home on 12 and 18 August 2015 we found that the audits of medicines had not identified issues to enable action to be taken. This inspection found improvements had been made. Medicines audits were now completed which included a check of the recording sheets and a count of medication.

People we spoke with told us they were happy living at the home and it was well run. One person said, "I'd say it's well managed." Another person said, "I'm happy here and there is nothing I would change." Relatives also spoke positively of the service. One relative said of the home, "It's amazing." Another relative said, "This has been such a positive experience," and told us they would recommend the home to everyone.

People knew who the registered manager was. We saw that they talked to people, who showed they were familiar with her and that she knew about things that were important to them. For example, she spoke to one person about a family event. One person told us they would go to the registered manager if they had concerns. Relatives told us they felt the registered manager was approachable. One relative said, "I see her about, I could see her if I needed to."

Staff spoke positively about the management of the home and that they received regular supervisions. They told us the supervisions gave them opportunity to discuss issues and also discuss any further training needs. One member of staff said, "You can raise and discuss anything you want."

Staff told us they felt supported by the registered manager and senior nurses and could approach them for advice. One member of staff said, "[Registered manager] is very knowledgeable and is always willing to listen." Another member of staff said, "It's an open door, [registered manager] and [senior nurse] are available." They told us if they needed advice or guidance, "They both make time and show me."

The registered manager felt that all staff worked well as a team. Staff confirmed this and one member of staff said, "It's a good team, all the staff are very good, we all work together." Staff told us communication was good and we saw that care staff meetings had been held where staff were able to raise issues and ideas and the registered manager gave feedback, for example sharing compliments from relatives. One member of staff told us this made them feel valued.

The registered manager had systems in place to check and review the service provided. The registered manager told us they did routine checks with people to ensure they were well and spot checks to observe staff practice. We saw the actions that were taken following the most recent spot check. We saw that there was a review and check of areas such as medicines, care plans, record sheets and equipment. Checks showed actions taken to make improvements for example, discussion in staff supervisions. The registered manager spoke of the value of the checks and was keen to ensure continuous learning and improvement.

The provider had sent a survey to all people living at the home in April 2016 asking for their feedback and opinions on the care provided. A response was made by nine people and the overall results were published

in a report. The results showed that people were happy living at the home and with the care provided. In September 2016 the provider had introduced a new electronic response system in the reception area of the home to get improved levels of feedback from any visitors including relatives and healthcare professionals. The provider was able to print off reports at any time giving immediate and up-to-date comments and feedback. A report of feedback to date showed positive responses.

The Clinical Commissioning Group (CCG) carried out a check on various aspects of the nursing care at Yardley Grange in September 2016. The home received a good report and the highest rating band.

The registered manager said they received good support from the provider; a registered charity with a board of trustees. We spoke with the provider representative; they told us the ethos of the organisation was good teamwork where everyone was equal. They also encouraged an open reporting culture, so any concerns could be picked up and address quickly. They told us trustees from the board visited monthly to check on the home and the registered manager also reported to board meetings on all aspects of the home including activities, new admissions, staffing etc. They were also copied into any notifications made to the Care Quality Commission (CQC) so they were aware of events at the home. The registered manager also competed a monthly report of any incident and accidents so that any trends could be identified and action taken.