

The Salvation Army Social Work Trust

Youell Court

Inspection report

Skipworth Road
Binley
Coventry
Warwickshire
CV3 2XA

Tel: 02476561300
Website: www.salvationarmy.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

About the service: Youell Court provides accommodation and personal care for up to 40 older people. At the time of our visit 29 people lived at the home. Accommodation is provided in a purpose-built home across three floors. One floor provides specialist care to people who live with dementia.

People's experience of using this service:

- Individual and environmental risk was not consistently managed and management oversight did not always ensure the effectiveness of quality monitoring systems. Action was being taken to address this.
- People and their relatives were very positive about the service and the care provided.
- People felt safe living at the home and with the staff that supported them with care.
- Staff were recruited safely and received the training they needed to be effective in their roles.
- Staff knew how to protect people from potential abuse and avoidable harm to keep them safe.
- Overall medicines were managed and administered safely.
- People had access to healthcare professionals as needed and their nutritional needs were met.
- The management and staff team worked in partnership with other professionals and followed recommendations made to improve outcomes for people and maintain their health and wellbeing.
- People received information in a way they could understand and were supported to make choices about how to live their lives in the least restrictive way possible.
- The home's design met people's needs, the atmosphere was relaxed and the environment clean.
- Staff respected people's rights to privacy and dignity and promoted their independence.
- People and relatives said staff were caring and friendly and provided timely personalised care.
- People's needs were assessed to ensure they could be met by the service.
- End of life care was provided sensitively and in line with people's beliefs and wishes.
- People and relatives were involved in planning and agreeing their care.
- Care plans were detailed to ensure people received the care and support they had agreed.
- Staff felt valued and supported by the management team and provider.
- Feedback from people, relatives and staff was used to drive continuous improvement.
- Complaints were managed in line with the provider's policy and procedure. Lessons were learnt when things had gone wrong.
- People were supported to fulfil their dreams and aspirations and engage in meaningful activities.
- Staff knew people well, so they could provide them with care and support in ways they preferred.

Rating at last inspection: Requires Improvement (report published April 2018)

This is the third consecutive time the service has been rated 'Requires Improvement'.

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

Follow up: We will continue to monitor intelligence we receive about the service 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?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Youell Court

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:

The inspection was conducted by two inspectors, an assistant inspector and an Expert by Experience (ExE) with experience of care of older people and those living with dementia. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

Notice of inspection:

This comprehensive inspection was unannounced.

What we did:

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as alleged abuse. We sought feedback from the local authority who worked with the service. We assessed the information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection, we spoke with three people who lived at the home and five relatives. We spoke with

nine members of staff including the head of care, a team leader, care staff and the cook. We also spoke with the registered manager.

Some people were not able to tell us what they thought of living at the home; therefore, we used different methods to gather experiences of what it was like for them to live there. For example, we observed how staff supported people throughout the inspection. We also used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us. We reviewed a range of records about people's care and how the service was managed. This included five people's care records and a sample of medicine and personal hygiene records to ensure they were reflective of people's needs. We looked at three staff personnel files to ensure staff had been recruited safely. We also reviewed the records of accidents, incidents, falls, complaints, staff rotas, meeting minutes and quality assurance audits the management team and provider had completed.

Is the service safe?

Our findings

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

Requires Improvement: There was limited assurance about people's safety. Some aspects of the service were not always safe. Regulations were met. At our last inspection this key question was rated as 'Requires Improvement'. We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. This was because we identified concerns in relation to the lack of risk management.

At this inspection improvements had been made and the provider was no longer in breach of the regulations. However, further work was needed to ensure risk was consistently managed. The rating remains 'Requires Improvement'.

Assessing risk, safety monitoring and management: Preventing and controlling infection

- Some improvement had been made to the management of risk. Most individual risks had been assessed and risk management plans informed staff how to manage and mitigate risk. However, improvements were not consistent. For example, one person's falls assessment recorded their risk as low because they remained in bed. Staff told us this was incorrect because they assisted the person to get out of bed.
- The same person was at risk of developing sore skin and whilst staff knew how to mitigate this risk there was no risk management plan in place.
- Staff did not always recognise environmental risks. On the unit caring for people living with dementia a hot food trolley, operating at a temperature of 91.1 degrees was left unattended in the hallway. This presented significant potential to cause injury or harm because dementia can affect the ability to recognise danger.
- The sink in the medicine room was not secured to the wall which could cause injury if leant on. The registered manager was not aware of this risk until we alerted them.
- There were systems in place to prevent and control the risk of infection. However, some bathrooms and toilets had open top bins which increased the risk for cross infection.
- Whilst the risks we identified had not caused harm to people or staff the potential they created was a concern to us. The registered manager immediately addressed our concerns.
- All staff had received training in fire safety and knew what action to take in the event of a fire to keep people safe. Emergency plans were in place if the building had to be evacuated.
- Staff had completed infection control training and used disposable gloves and aprons as required.
- The environment was clean. Housekeeping staff followed cleaning schedules to ensure all areas of the home were regularly cleaned.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person explained this was because staff came 'quickly' when they pressed their call bell for assistance.
- People were supported by staff who understood how to protect them from the risk of abuse. Care staff had completed training on how to recognise abuse and understood their responsibility to report any concerns to their manager or to escalate these further if required.

- The registered manager understood the procedure for reporting concerns to the local authority and to us (CQC) and had followed this procedure when concerns had been identified.

Staffing and recruitment

- Safe recruitment practices were followed to ensure staff were safe to work with vulnerable people. •Since our last inspection most staffing vacancies had been filled which had reduced the need to use agency staff. Agency staff working at the home knew people and understood their needs.
- Staffing levels met people's needs. One staff member said, "Staffing levels are good. We have plenty of time to do everything we need to."
- The registered manager used a staffing and dependency tool for guidance on the number of staff required, and staff rotas showed planned staffing levels were being achieved.

Using medicines safely

- Effective processes were in place for the timely ordering, supply and safe disposal of medicines.
 - Medicines were administered by trained staff whose competency was regularly checked.
 - Medication administration records confirmed people received their medicines as prescribed.
- However, some prescribed creams had not been managed in line with the provider's policy and best practice guidelines because they had not been dated on opening, to ensure the cream remained in date and effective to use and there were no body maps to show where the cream should be applied. However, staff demonstrated they understood prescribing instructions. The registered manager addressed this with staff during our inspection.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents and said they received feedback about changes and learning, resulting from these at team meetings and daily handovers.
- The registered manager analysed incidents and accidents to identify any trends, for example, if incidents were occurring at a specific time of day or in one place. Where needed action was taken to reduce reoccurrence.

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. Legal requirements were met. Previously, effective was rated 'Requires Improvement', as the system to monitor people's nutritional health was not effective and some staff did not have the knowledge or skills to fulfil their roles effectively.

At this inspection improvements had been made. The rating has change to Good.

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

- People's nutrition and hydration needs were met. The system for monitoring nutritional intakes had improved. Timely referrals for specialist advice had been made when concerns, including weight loss were identified.
- Staff knew people's dietary needs for example, fortified meals, and understood how to support people to maintain their nutritional well-being. One staff member described how gently stroking a person's cheek encouraged the person to swallow whilst eating. We saw this happen.
- The lunchtime experience was positive. People and staff sat together to eat their meals in a relaxed atmosphere. Tables were set and contained a range of interesting and stimulating activities, including flowers and photographs to encourage people to sit at the table. Staff were attentive, observant and supportive. People enjoyed their meal. One person said, "They cook food I like especially for me."
- Snacks and drinks were offered to people throughout the day and a small fridge contained food items which people could help themselves too.

Staff support: induction, training, skills and experience

- Relatives were confident in the skills and knowledge of staff. One said, "[Staff] know what they are doing."
- Staff completed an induction prior to working independently. The providers induction reflected best practice recommendations.
- Staff gave example of how on-going training improved their practice. One said, "...it really made me stop and think about how I care for people. I learnt to be patient and give people time, it's so important not to rush people who have dementia."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had submitted DoLS applications where needed to keep people safe and had systems in place to renew and meet any recommendations of authorised applications.
- Staff completed MCA training and supported people in the least restrictive way possible to ensure people had maximum choice and control of their lives.
- People's capacity had been assessed where they needed assistance to make decisions and details of who had the legal authority to make decisions on their behalf was recorded.

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

- People's needs were assessed before they moved into the home to determine if the service could meet their needs. Assessments used information from people and relatives to establish their care and support needs, preferences and life-style choices.
- Information from assessments was used to develop care plans which were shared with staff to help them understand people's needs.

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

- People had timely access to healthcare and social care professionals when needed. One person said they thought it was 'wonderful' because they regularly saw their GP and optician.
- The management team and staff shared good relationships with professionals who had contact with the home to help support people's health and wellbeing. Any recommendations made were recorded and incorporated into the way people's care and support was provided.

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

- People were able to personalise their bedrooms with photographs and other treasured items to make them homely.
- There were wide corridors and doorways throughout the home so that people could easily access all areas including those people who used mobility aids.
- The environment on the dementia unit had been carefully designed to reflect people's needs.
- Communal areas were welcoming, well maintained and homely.

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. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity

- The atmosphere in the home was welcoming and homely. A relative told us, "It's happy place."
- People and relatives were complimentary about the level of care shown by staff. One person said, "I couldn't get better anywhere. It's excellent." Another said staff were 'caring and friendly'.
- During our SOFI we observed, genuine affection when people and staff shared hugs and held hands. Staff also sang to people which made people smile.
- People's beliefs, interests and experiences were recognised and respected. Equality and diversity training and discussion with the home's LGBT champion supported staff to ensure people's rights were upheld. The registered manager told us, "We want people to know we welcome everyone with an open heart and open mind."
- Relatives confirmed they were able visit their family members at any time. Staff also used the homes internet to enable people to 'video link' their family if they unable to visit in person.
- Staff recognised the importance and positive benefit friendships had on people's well-being. When staff supported two people to sit next to each other they held hands and smiled at each other.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence was promoted. One person said, "They help me do my own thing and close the door when I need help."
- Staff understood the importance of maintaining people's dignity. When a person spilt their drink a staff member quickly assisted them to change their clothing. The staff member told us the person's appearance was important to them.
- People's personal information was securely stored in line with regulatory requirements.

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

- People had choice in their daily lives. One person told us, "I can go to bed at 3 am if I want."
- Care records indicated people and their relatives worked in partnership with staff to plan and review their care.
- Staff checked with people before providing support and respected the choices people made.

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. Legal requirements were met. At our last inspection this key question was rated 'Requires Improvement'. This was because some care plans were not up to date or contained conflicting information. At this inspection improvements had been made. The rating changed to Good

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

- People were supported by staff who understood their needs and preferences.
- People's care plans were personalised, detailed and up to date.
- Communication plans guided staff how to support people to make day to day decisions about their care. For example, by visual prompts.
- People had access to information in different formats including, pictorial and large print. This was in line with the 'Accessible Information Standard' which is a legal requirement to ensure people with a disability or sensory loss are given information in a way they can understand.
- People had access to a wide range of activities they could choose to attend including those specifically designed for people living with dementia.
- Staff supported people to achieve their goals and aspirations. For example, one person had photographed a cathedral which had been a long-standing desire.
- Further social engagement opportunities were being developed including a self-service café where people would be able to socialise and entertain their visitors.

Improving care quality in response to complaints or concerns

- People and their relatives said they had no complaint but understood how to raise concerns if needed. A relative told us, "I would speak to the manager she is very open and patient."
- The management team took complaints seriously. Records showed complaints had been managed in line with the providers procedure which was displayed in the home.
- The home had received numerous positive comments. One related to the home's 'Gift from a far' initiative which provided relatives, unable to visit their family member, with a weekly email update. It read, "Thank you, I feel like you have brought my mom to me."

End of life care and support

- People's end of life wishes were recorded. One person had shared they wished to be surrounded by prayer in their final hours.
- Staff worked in partnership with other healthcare professionals such as, district nurses to ensure people had a comfortable and pain free death.

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.

Requires Improvement: The registered manager and the culture they created had started to support the delivery of high quality, person-centred care. Previously, well-led was rated 'Requires Improvement'. We found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance, as communication systems were not always effective, and the registered manager was developing their knowledge of some aspects of their role.

At this inspection visit improvements had been made. The provider was no longer in breach of the regulation. Legal requirements were met. However, further improvement was needed to ensure change was embedded and sustained. The rating remains 'Requires Improvement'.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Youell Court had a stable management team who with the support of the provider and staff, had worked hard to raise quality standards and whilst improvements had been made, further work was needed to fully embed the changes made.
- The management teams oversight of quality checks did not ensure these were always effective. Regular checks and audits had been completed but had not identified the shortfalls we found, particularly those relating to risk. The registered manager acknowledged our findings. Following our inspection they informed us of the actions taken and planned to address this.
- Staff spoke highly of the registered manager and their leadership style. One said, "[Registered manager's] door is always open and her commitment to good care shines through."
- Staff were supported through individual and team meetings. Staff felt valued. One said, "The managers are always praising us. It makes us all feel good." The provider used a range of initiatives to acknowledge and thank staff for their hard work and commitment.
- Relatives and staff told us communication had improved. Staff coming on duty received a handover, so they knew what was happening in people's lives, including any changes which may affect how their needs were met.
- The registered manager and provider understood their regulatory responsibilities to notify us about significant events that happened in the home and to display their latest CQC rating.

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

- People and relatives were very satisfied with the service provided and the way the home was managed. A relative told us, "I can't fault anything about this manager or the care."
- The management and staff team were committed to providing person-centred, high-quality care and had recently achieved level 1 accreditation as a Butterfly Household. The Butterfly model of care is a person-centred 'feelings based' approach promoting a family environment.

- Staff enjoyed their work. One said, "I love coming to work... It's like a family."
- The provider and registered manager understood their responsibility to be open and honest when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People and relatives provided feedback through meetings and questionnaires which supported continuous improvement. For example, a 'Family and friends' notice board had been created in response to feedback about easier access to information.
- The provider had changed the language used in their pre-admission assessment to support people to feel more able to share personal information whilst deciding if Youell Court was the right place for them to live.

Working in partnership with others: Continuous learning and improving care

- The service involved people and their relatives in meaningful discussions about their care.
- The registered manager attended training, conferences and regular meetings with other registered managers and the provider to further develop their knowledge and share learning.
- The management and staff team had developed positive working relationships with health and social care professionals which assisted in improving outcomes for people.
- The registered manager maintained an improvement action plan which was under constant review. They welcomed our inspection and feedback and demonstrated their continued commitment to achieving a future overall rating of 'Good'.