

# Michael Yoakley's Charity Yoakley House Care 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** 

### Overall summary

This inspection was carried out on 29 and 30 September 2015 and was unannounced.

Yoakley House is part of complex of accommodation provided by Michael Yoakley's charity, the complex also includes 47 almshouse cottages and bungalows. Yoakley House provides accommodation for up to 31 older people who need support with their personal care. Staff employed by the service also provide personal care for up to three people living in the almshouse cottages or bungalows.

The service is a single story purpose built property, with 31 single bedrooms with en-suite facilities. Yoakley House provides permanent residential care services for up to 26

people, pre-booked respite for up to three people at a time and emergency short term care for a maximum of two people referred by their GP. There were 28 people living at Yoakley House at the time of our inspection. Three people living in the almshouse cottages were receiving a personal care service.

The registered provider, Michael Yoakley's Charity is a registered charity and a committee of trustees oversees the running of the service. A registered manager was working at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered

# Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager and deputy manager provided strong leadership to the staff and had oversight of all areas of the service. Staff were motivated and felt supported by the management team. The staff team had a clear vision of the aims of the service. Staff told us the managers were approachable and they were confident to raise any concerns they had with them. Plans were in place to continually improve the service.

There were enough staff, who knew people well, to meet people's needs at all times. The needs of people using both services had been considered when deciding how many staff were required on each shift. Staff had the time and skills to provide the care and support people needed. Staff were clear about their roles and responsibilities.

Staff recruitment systems were in place and information about staff and volunteers had been obtained to make sure staff did not pose a risk to people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff were supported to provide good quality care and support. The manager had a plan in place to keep staff skills up to date. Most staff held recognised qualifications. Staff met regularly with their supervisor to discuss their role and practice and any concerns they had. Action was taken to improve staff practice when shortfalls were identified.

People's needs had been assessed to identify the care they required. Care and support was planned with people and reviewed to keep people safe and support them to be as independent as possible. A plan was in operation to make sure that staff had detailed guidance about how to provide all areas of the care people needed. People received consistent care as staff knew them well. People were supported to participate in hobbies and activities they enjoyed.

People got the medicines they needed to keep them safe and well. Action was taken to identify changes in people's health, including regular health checks. People were supported by staff to receive the care they needed to keep them as safe and well as possible.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. People living at Yoakley House were free to come and go as they pleased and their liberty was not restricted. Systems were in place to assess people's capacity to make decisions and to make decisions in people's best interests. Most people had capacity and were supported to make decisions and choices.

People were involved in choosing their own food and drinks and were supported to have a balanced diet. A variety of cups was provided to support people to remain independent when drinking. Choices were offered to people and staff listened to what people told them and responded appropriately. People were treated with respect and their privacy and dignity was maintained.

People were confident to raise concerns and complaints about the service. When necessary safeguarding alerts had been raised with the local authority. Complaints and concerns were investigated and people had received a satisfactory response. Staff knew the possible signs of abuse and were confident to raise concerns they had with the management team or the local authority safeguarding team. Staff knew how to keep people safe in an emergency but more detailed plans were required to support staff to take consistent action.

The manager and trustees completed regular checks of the quality of the service provided. When shortfalls were found action was taken to address these and prevent them from occurring again. People, their relatives, staff and visiting professionals were asked about their experiences of the care. These were used to improve and develop the service.

The environment was safe, clean and homely. Maintenance and refurbishment plans were in place. Appropriate equipment was provided to support people to remain independent and keep them safe. Safety checks were completed regularly.

# Summary of findings

Accurate records were kept about the care and support people received and about the day to day running of the service and provided staff with the information they needed to provide safe and consistent care and support to people.

We last inspected Yoakley House in December 2013. At that time we found that the registered provider and manager were complying with the regulations.

# Summary of findings

## 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 safe.

Risks to people had been identified and action had been taken to keep people safe and well.

Staff knew how to keep people safe when there was an emergency or if people were at risk of abuse.

There were enough staff, who knew people well, to provide the support people needed at all times.

People were given the medicines they needed.

The service was clean and safe.

Good



### Is the service effective?

The service was effective.

Staff followed the Mental Capacity Act (2005) or Deprivation of Liberty Safeguards. People had capacity to make decisions and staff offered them choices in all areas of their life.

Staff were trained and supported to provide the care people needed.

People received food and drinks they liked to help keep them as healthy as possible.

People were supported to have regular health checks and attend healthcare appointments.

Good



### Is the service caring?

The service was caring.

People said the staff were kind and caring to them.

People were treated with dignity and respect.

People were given privacy and staff knew how to maintain their confidentiality.

Good



### Is the service responsive?

The service was responsive.

Assessments were completed and reviewed regularly to identify changes in people's needs.

People and their families were involved in planning the care they received their care in the way they preferred. A plan was in place that included detailed guidance to staff about how to provide people's care.

People were involved in the running of the service. They were able to take part in a wide range of activities.

People were confident to raise concerns and action had been taken to resolve people's concerns to their satisfaction.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

There was a clear set of aims at the service including supporting people to remain as independent as possible.

Staff were motivated and led by the management team. They had clear roles and were responsible and accountable for their actions.

Checks on the quality of the service were regularly completed. People, their relatives, staff and visiting professionals shared their experiences of the service.

Records about the care people received were accurate and up to date.

# Yoakley House Care 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 29 and 30 September 2015 and was unannounced. The inspection team consisted of one inspector and a specialist professional advisor, whose specialism was in the care of older people.

Prior to the inspection we reviewed the previous inspection reports and notifications we had received from the registered manager. Notifications are information we receive from the service when significant events happen, like a death or a serious injury.

During our inspection we spoke with most people living at Yoakley House, three trustees, the registered manager, the deputy manager and 6 staff, including people's keyworker. A keyworker this was a member of staff who is allocated to take the lead in co-ordinating someone's care. We visited people's bedrooms, with their permission; we looked at care records and associated risk assessments for five people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the support provided to people. We looked at people's medicines records and observed people receiving their medicines.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe at Yoakley House. One person told us, “I don’t think you can go anywhere better”. Another person told us, “The staff brilliant. Without a doubt they are marvellous”. In response to the provider’s 2015 quality assurance survey people said they felt safe and comfortable everyone living at Yoakley House and staff had time to spend with them when they needed it.

People received consistent care, when they needed it, from staff who knew them well. One person told us, “All the staff know what help I need”. A process was in operation to consider the number of people using the service, their needs, dependency levels and preferred routines, when deciding how many staff to deploy at different times of the day. The manager had limits on the number of people with moderate or high needs, she would except at any one time, into the GP referral and respite beds. This was to make sure that there were always sufficient staff on duty to meet people’s needs. A limit was placed on the number of people who received care in their own homes for the same reasons. People who lived in the almshouse cottages and bungalows were able to purchase care in their own home from another service provider if Yoakley House was unable to provide a service to them.

Staffing levels were consistent across the week and staff told us they had time to spend with people and were not rushed. People received support from staff who had the skills to meet their needs. Staff shifts were planned in advance and rotas were available to support people and staff know who would provide the service when. One person, who received care in their own home, told us, “The girls always come at the same time every day”. Cover for staff sickness and holidays was provided by other staff members in the team. An on call system was in place and management cover was provided at the weekends and in the evenings by the manager and deputy manager. The staff team was consistent and staff turnover was low. Staff who were employed on short term contracts, for example, to cover for maternity leave, had applied for and been appointed to permanent roles. There were no staff vacancies at the time of our inspection.

There were policies and processes in place to keep people safe, these were known and understood by staff. Staff had completed safeguarding training and knew the signs of

possible abuse, such as changes in a person’s behaviour. They were confident to raise safeguarding concerns or whistle-blow to relevant people, such as the manager or the local authority safeguarding team. Staff told us they were confident that the manager would deal with any concerns they raised. The manager raised safeguarding alerts with the local authority since our last inspection and had taken action to keep people safe and prevent similar occurrences happening again.

Some people had asked the staff at Yoakley House to hold small amounts of money for them. Systems were in operation to keep money safe and ensure people had their money when they wanted it. Records of how people had chosen to spend their money were maintained along with the balance of cash held at the service. The balances recorded matched the amount of money held for each person. Money and records were stored securely and access to them was limited to a small number of staff. Monthly checks were completed to make sure that balances were correct. Some people chose to hold small amounts of money themselves and everyone had a lockable space in their bedroom to keep their money and valuables safe.

Risks to people had been assessed and care had been planned to keep people safe while maintaining their independence. For example, one person required a special diet to stay healthy but did not always follow the diet. Staff knew the signs that the person was becoming unwell and knew what action to take to keep the person safe. Many risk assessments were generalised and did not contained specific risks to the person and guidance to staff about how to keep the person as safe as possible in the way they preferred. The manager had recognised that not all keyworkers had personalised people’s risk assessments and had a plan in place to manage this.

Staff were informed of changes in the way risks to people were managed during the handover at the beginning of each shift. Changes in the support people were offered were also recorded in daily records and risk assessments so staff could catch up on changes following leave or days off. Staff knew how to keep people safe and the lack of information in risk assessments did not impact on the care that people received.

Accidents and incidents involving people were recorded. The manager reviewed accidents and incidents to look for patterns and trends so that the care people received could

## Is the service safe?

be changed or advice sought to keep them safe. For example, one person had fallen a few times. Staff recognised that the person was not prescribed medicine for one condition that may lead them to fall. They spoke to the person's doctor who referred them to a specialist.

Plans were in place to respond to emergency situations and keep people safe. The contact details of people who could support staff in an emergency were on display and contractors, such as an electrician, were available to respond quickly in the event of an emergency. Staff were confident to contact the manager, deputy manager or maintenance staff for support and action in an emergency. Staff had taken part in regular fire drills to make sure they knew what to do in an emergency. A fire risk assessment was in place. The manager had identified that it needed updating and had arranged for a competent person to do this.

The service was clean and odour free. Cleaning schedules were in place and included the weekly deep cleans of people's bedrooms, as well as the daily cleaning of areas of the building, such as bathrooms and toilets. Sufficient cleaning materials were available to staff and were locked away when not in use. Stocks of personal protective equipment, such as gloves and aprons were maintained and were easily accessible to staff, when they needed them. The local district council environmental health department had awarded the service a 5 star rating for food hygiene and safety in September 2015. They had made three recommendations which the manager had taken action to address.

The building and equipment were well maintained and regular checks, such as hoist safety and electrical checks had been completed. Maintenance and refurbishment plans were in place. A new sluicing machine had been fitted and a new shower room was almost complete. The temperature of bath water was regulated and staff knew what a safe temperature was. The garden areas were well maintained, safe and secure and people used them on their own. The building was secure and the identity of people was checked before they entered. Risks to people from the building had been assessed and action taken to keep people safe.

A call bell system was fitted in people's bedrooms and en-suites and in bathrooms. Call bells in people's bedrooms were portable and could be moved so they remained with the person and were always in reach. People

who chose to spend time in their bedroom had the call bell within their reach and were able to call staff if they needed them. People told us that staff responded quickly when they used their call bell. One person said, "I try and do things myself, if I can't I give the staff a buzz and they come and help me". People who lived in the almshouse cottages or bungalows had a call system to alert staff in Yoakley House in an emergency. One person who lived in the cottages told us, "The staff come and help me quickly if I really need them".

People moved freely around the service and were not restricted. There was enough space and furniture to allow people to spend time with each other or alone when they wanted to. People spent time in their bedrooms when they wanted to. Chairs had been placed in hallways in warm sunny spots and people enjoyed sitting here and reading. Furniture was of a domestic nature and the service was comfortable and homely. People were able to bring small items of furniture and personal items with them into the service and these were on display in their bedrooms.

Staff recruitment systems protected people from staff and volunteers who were not safe to work in a care service. Interviews had been completed by the manager with another member of the management team. Candidates met people using the service and their interactions with and responses to people were used as part of the selection process. Information about staff's conduct in previous employment had been obtained. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Information about candidate's physical and mental health had been requested and checked. Other checks, including identity checks, had been completed. Processes were in operation to warn or dismiss staff whose practice did not reach the required level.

People were protected from the risks of unsafe management of medicines because safe systems were used to order, check, store, administer and return prescribed medicines. One staff member was responsible for ordering and returning the medicines. Systems were in operation to double check medicines received to make sure they were correct. The manager completed monthly audits of the medicines and records to identify and address any shortfalls before people were put at risk.



## Is the service safe?

Medicines were stored securely and the storage room was clean and organised. People told us they received their medicines at the time advised by their doctor. Staff knew which medicines should be taken before or with food and arranged for people to be offered their medicines at the correct time. Staff gave people their medicines and reminded them how to take them safely. Staff's medicines administration skills were assessed annually by the manager to make sure they remained safe. The manager arranged for people to have their medicines reviewed by their doctor if needed. Following a review one person had had their medicines reduced by two thirds. People were able to securely hold and take their own medicines if they wanted to. Assessments were completed to make sure that people could do this safely and staff monitored the medicines to identify any possible risks.

Some people were prescribed medicines 'when required', such as pain relief. Staff asked people if they wanted pain relief regularly and only gave it when they wanted it. We observed one person being offered pain relief at lunchtime, they said they did not want to take it and staff respected their choice. Accurate records were maintained, including medicines that people did not want to take, and staff knew they may want the medicine later. Staff had a good understanding of safe medicine management. They were knowledgeable and able to explain the action they would take to manage medicines safely.

# Is the service effective?

## Our findings

People told us they were able to make choices about all areas of their lives, such as when they got up and when they went to bed. One person told us, “I get up when I want to, I know what time breakfast is. I am always awake and have a wash and get dressed before I go down. The staff help me to have a bath when I want one”. People chose how they spent their time and who they spent it with. We observed people being offered choices and staff responded to the choices people made. Staff knew people well and understood the impact that choices they made may have on them. For example, one person had hearing aids but refused to wear them, staff spoke clearly to the person to help them understand what they were saying.

The manager understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training in relation to the MCA. Most people were able to make complex decisions about the care and treatment they received; other people needed other people to make complex decisions on their behalf, in their best interests. Processes were in place for people who knew the person well, including their family and friends, staff and health and social care professionals to make decisions made in people’s best interests when they were necessary. Everyone was able to make simple decisions for themselves, such as what they wanted to do and who they wanted to spend their time with. People were able to chat to staff and tell them what they wanted. Staff demonstrated that they could communicate effectively with people. They understood what people were telling them and supported people to make decisions.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The service was meeting the requirements of DoLS. The doors to the service were not locked to people who wanted to leave, people had capacity and were free to come and go as they pleased. Therefore, people’s liberty

was not restricted. One person told us, “I don’t need permission to go out, I just have to write my name in the book so staff know”. We observed that people moved freely about the building and garden when they wanted to.

All staff working at Yoakley House wore name badges so people and visitors knew who they were. Staff wore different colour uniforms so that they could be easily identified, for example, senior care staff wore purple uniforms and care staff wore lilac uniforms. People and visitors could be confident they were talking to the right person at the right level.

People told us that staff had the skills to meet their needs and knew what they were doing. Staff had received an induction when they started work at the service to get to know people, the care and support they needed and to understand their roles and responsibilities. The manager was using the new Care Certificate, an identified set of standards that social care workers adhere to in their daily working life, as part of the induction process. They planned to support all staff to complete the Care Certificate in the future. New staff also shadowed experienced staff for as long as they and the manager felt was necessary, to help them develop their skills and provide care consistently.

Staff received the training they needed to perform their duties, this included a wide range of skills and attitudes including first aid, equality and diversity and dementia care. One staff member said, “There is always training on offer”. Some staff had recently completed observations training provided by the local ambulance service. Staff were paid to attend training. A training plan was in place and the manager knew what training staff had been completed and when it needed to be refreshed. Staff had completed further qualifications and most of the staff team had acquired level 2 or 3 vocational qualifications relevant to their role including social care, customer care and housekeeping.

Staff told us they felt supported by the manager to deliver safe and effective care. One staff member told us, “The support we get is phenomenal”. Staff met with their supervisor regularly at planned meetings to talk about their role and the people they provided care and support to. Development opportunities were also discussed. Where the manager had identified that staff needed to improve or develop their practice she met with them more often herself. An annual appraisal process was in operation.

## Is the service effective?

People were supported to maintain good health. They told us they were supported to see their doctor if they felt unwell. One person told us, “The staff have helped me to improve since coming out of hospital”. People had been offered regular health screening including sight and hearing tests, a chiropodist and holistic therapist visited people regularly at their request. Care was provided to meet people’s health care needs. For example, several people needed creams applied to keep their skin healthy. Body maps were in place to show staff where and when to apply the creams. People told us that staff applied the creams regularly where they needed them.

Some people chose to attend health care appointments alone and told staff the outcome on their return. Other people were supported by staff or people who knew them well to attend appointments, including visits to hospital. One person told us, “Someone will always come with you if you go to the hospital or doctor”. This was to support the person to tell their health care professional about their health and medicines and to make sure that any recommendations were acted on when they returned to the service. The manager completed monthly reports about hospital admissions to the local to the Clinical Commissioning Group, so trends could be identified and strategies put in place to reduce hospital admissions.

People told us they had enough to eat and drink at Yoakley House. One person told us, “I can’t fault the food here”, another person said, “I’m never hungry”. In response to the provider’s 2015 quality assurance survey everyone who received a respite service said the meals they had were good or excellent.

Staff knew how much people usually ate and who had a small appetite. They checked that one person, who was new to the service, had enough to eat as they did not know how much they usually ate. People were told what they had to eat and people who could not see their plate well were told where on the plate each food was. People were offered a choice of drinks and adapted cups and straws were available to help people drink independently. People told us they liked the food at the service. One person said, “I think the food is very good, we get a good choice”. Another person told us, “The food is wonderful, just wonderful”. People told us they food was always served hot and they liked this.

People were offered a choice from the menu for each meal. One person told us, I always have a very good choice of meals, they ask me every day what I would like for lunch and tea”. Another person told us, “The food is very good. There is a choice of 3 dishes for lunch and tea and on Tuesdays and Thursdays there is bacon and eggs for breakfast”. The menus were varied and people told us that there was always a roast on a Sunday. They told us the meat was always well cooked.

Staff knew the foods that people liked and offered these to people as alternatives if they did not want what was on the menu that day. People were involved in planning the menus. Meals that people had requested were put on the menu, including fish pie and cheese scones with bacon. People told us their likes and preferences were catered for and they were never given anything that they did not like. Menus were balanced and included fresh fruit and vegetables. All meals were homemade, including homemade cakes, pies and puddings.

Staff knew the foods people should or should not eat to help them to remain healthy. The menu was adapted so that everyone had the same choices but people’s individual dietary needs were met. For example, people who were at risk of losing weight had their meals fortified with extra calories and diabetics were offered low sugar options.

People’s nutrition and hydration needs were regularly assessed and reviewed and action was taken to meet people’s needs. For example, one person had lost some weight and was referred to their doctor and a dietician for support and advice. The person had been prescribed special drinks to supplement their diet, which they took every day and they had gained some weight. People were weighed regularly to quickly identify any problems. People who were unable to safely use the sit on scales were weighed using the scales on one of the hoists.

People were able to choose where they ate their meals. Some people told us they had breakfast in their bedrooms, other people told us they preferred to have their breakfast in the dining room. Staff knew how people preferred their food to be presented, for example, some people required soft food but preferred not to eat soft food. Staff kept a close eye on these people to make sure they did not choke.

# Is the service caring?

## Our findings

People told us that of the staff were kind and caring their comments included, “The staff couldn’t be better. They ask me what I need”, “The staff are wonderful, they do what I need them to do” and “The staff are all angels”. One person told us, “The staff helping me gives me more energy to do things for myself”. Another person said, “They [the staff] are every so nice. They make me laugh”. In response to the provider’s 2015 quality assurance survey everyone receiving care in their own home said that staff treated them with kindness and respect. Everyone who lived at Yoakley House or received a respite service said their privacy and dignity were respected.

People’s care plans contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know them and provide their care in the way they preferred.

People chatted with staff and to each other in a relaxed way. Staff showed genuine affection for people and people responded in a similar way. Staff knew people well, including their likes and dislikes and how they liked things done. People were called by their preferred names. Staff spoke with people individually and in a respectful way. People responded to staff positively. Staff responded quickly to people’s requests, for example to hold the door open so they could go into the garden. Staff chatted with people about things that they enjoyed and people responded. Staff took care to support a new person in the dining room at lunchtime and introduced them to the other people at the table. People were welcoming and chatted to the new person, including them in their conversation.

There was some flexibility in the routines of the service to respond to changes in people’s needs and to their requests. Staff knew people’s preferred routines, such as where they liked to spend their time and who with. Staff responded to people’s requests, such as to put on their night clothes after an afternoon bath; this gave people control over their lives and reduced the risk of them becoming anxious or worried. Staff treated people with kindness and people appeared relaxed in their company.

People told us staff treated them with respect and helped them to stay independent. People received the individual

support and attention they needed. One person told us, “I wish I could flick through me wardrobe but I can’t. I tell the staff what I want and they get it out for me”. Another person told us, “The staff let me do what I can myself”. We observed staff discretely asked people if they needed assistance to go to the toilet. One person often asked what day it was, staff responded patiently to their questions and kept their calendar and diary up to date to help reassure the person.

People were treated with dignity and respect at all times. For example, systems were in place to make sure that people’s laundry, including underwear, did not get mixed up and items were returned to the correct person. People told us they got their laundry back quickly and it was rare that items went missing but if they did they were usually found.

People had privacy. They told us staff knocked on their bedroom door before entering. People living in their own homes told us that staff rang their front door bell and waited to be let in. One person told us, “They ring the bell and I let them in. They could have a key but it does me good to get up and let them in”. People told us they had privacy when they washed and dressed. One person told us that staff helped them to “wash down below” by them self, as they preferred to do this. People also told us that when staff supported them to use the toilet or commode they left them in private and returned when they were called.

Staff had discussed with some people the care and treatment they wanted at the end of their life. They had used a recognised document, Preferred Priorities of Care, to explore and record people’s wishes. Some people had ‘Do not attempt cardiopulmonary resuscitation’ (DNACPR) decisions in place which staff knew about. The manager knew that not everyone had considered their preferred priorities of care and planned to support people who wanted to discuss and record their wishes, to do so. People’s preferred place to be at the end of their life had been discussed with some people and they had requested to stay at Yoakley House if they were able to. Staff worked with health care professionals and local hospice services to support people to receive the care they needed to stay at Yoakley House. Staff knew people’s spiritual preferences, such as if they wanted a vicar or priest. Other things that were important to people, including their funeral wishes were recorded.

## Is the service caring?

Personal, confidential information about people and their needs was kept safe and secure. Staff received information about how to maintain people's confidentiality. Staff told us at the time of the inspection that people who needed support were supported by their families, solicitor or their care manager, and no one had needed to access any advocacy services.

People who did not want to visit a local hairdresser were able to have their hair washed and styled regularly by a visiting hairdresser. The service had a specially designed hairdressing saloon which made it easier for people to have their hair done. People told us they enjoyed having their hair washed and styled in the saloon.

# Is the service responsive?

## Our findings

People told us they had been involved in planning their care, with their relatives when necessary. People were able to tell staff how they liked their care provided and told us that staff did as they requested. One person told us, “They all know what to do”. They told us staff knew what they were able to do for themselves and encouraged and supported them to continue to do this. People also told us that staff respected their decisions not to have care at times. One person told us, “I don’t have to have a shower if I don’t want one. I’ve only got to say something to the staff”. One staff member told us, “I like to chat to people while I’m helping them. I like to get them involved as much as possible”. In response to the provider’s 2015 quality assurance survey everyone living at Yoakley House said their care was good or excellent.

Before people were offered a service their needs were assessed to make sure the staff could provide all the care they required. People who were considering moving into a care home permanently were able to try the service for a short time before they decided if they wanted to stay. One person told us they had received a respite service at the Yoakley House and had decided to stay. They told us, “It’s wonderful here”. Further assessments of people’s needs, along with discussions about how they liked their care and support provided were completed to find out what people could do for themselves and what support they needed from staff to keep them safe and healthy. Assessments were reviewed regularly to identify changes in people’s needs. This information was used to plan people’s care and support.

People’s care plans had been developed with them and their families when they moved into the service. People were allocated a keyworker who was involved in their assessments, reviews and writing their care plan. A key worker is a member of staff who takes a key role in co-ordinating the person’s care and support and promotes continuity. Some people’s care plans contained detailed information about what they were able to do for themselves and how they preferred their care to be provided. One person described to us how they liked their care provided and how staff supported them to remain as

independent as possible. The person’s care plan was detailed and reflected what they had told us, including that they were able to wash their front but needed staff to wash their legs for them.

Detailed guidance had not been provided to staff about how to provide all areas of care people needed, in the way they preferred. We found that in some cases the care people received had changed but their care plan had not been changed to include this. This did not impact on the care people received and they received consistent care, in the way they preferred, to meet their needs. The manager had identified that some people’s keyworkers had not included detailed information about the person in their plan and kept it up to date. She had a strategy in place to support staff keep care plans up to date.

Staff knew about all areas of people’s life and the care and support they required. They described to us in detail the way that each person preferred their care to be provided, including the support they required. Staff knew the equipment people used to move safely around the service and when they may need extra support. Staff acted quickly to make sure people had their walking frames when they were ready to leave the dining room after lunch.

People told us they were supported to go to the toilet when they wanted to. One person was being assessed for continence products to help them. Staff were completing all the records the community nurses had asked them to complete as part of the assessment. A process was in place to make sure that people had the continence products they needed when they needed them. Care was planned to meet people’s needs, including discreetly asking people regularly if they wanted to use the toilet.

People told us they had enough to do during the day and spent their days doing activities including reading, knitting and listening to music. One person told us, “There is always something going on here”. Another person told us, “There are all sorts of things to keep us amused”. People were involved in planning the activities they took part in, such as quizzes. People played bingo for prizes during the inspection and people told us they really enjoyed this. Everyone knew the rhymes to go with the numbers, and there was a lot of laughing as people called them out. A monthly newsletter was on display and a copy was given to everyone. Information about what activities would be on offer when, such as church services and communion, Knit

## Is the service responsive?

and natter and exercises was included. Staff asked people about what they liked to do to relax and supported them to continue with these activities, such as listening to the radio or classical music.

People were supported to stay in contact with people who were important to them. Staff supported people to receive visitors at the service and to visit friends and relatives. People's relatives and friends were able to visit them at any time, but were requested to avoid mealtimes if possible, so staff were free to give people the support they wanted. One person told us, "My friends and family come to see me whenever they like". People told us they were supported to keep in touch with family and friends and could speak to them on the phone, if they were unable to visit. One person had received a letter from a friend, the manager arranged for them to dictate and send a reply. People were supported to continue participating in groups outside of the service, such as regular church services, that they had attended before they moved into the service.

People told us they were confident to raise any concerns or worries they had with the manager and other staff. They said that the management team were available if they wished to make a complaint or a suggestion and always dealt with the complaint to their satisfaction. One person told us, "I have never had to tell any of the staff I'm not

happy with what they have done for me". Other people we spoke with agreed with this. Minor comments or concerns people had were resolved immediately so they did not become big worries or concerns for people.

A process to respond to complaints was in place. Information about how to make a complaint was available to people and their representatives and they were supported to raise concerns or make complaints about the service. The last complaints received had been managed in accordance with the complaints process and action had been taken to stop the issues happening again. This had been effective as no complaints had been received in over a year. A complaints and compliments book was kept in the entrance hall for people and visitors to complete as they wished. No complaints had been raised and one visitor had noted, "The garden's look stunning".

The manager and staff had received a number of written compliments from people and their relatives. These included, 'Thank you very much for your care. You have helped me be ready to go back home', 'My mother has now left Yoakley House after two weeks and returned to her flat. She is much better for the stay at Yoakley House and is grateful for the care and attention she received' and '[Person] was very well cared for and supported by all of you'.



# Is the service well-led?

## Our findings

A registered manager was managing the service and was supported by a deputy manager, executive manager and the trustees. They knew people and staff well. The management team had a clear vision of the quality of service they required staff to provide and how it should be delivered. The expectations of staff were clear and available for staff to refer to, including team meeting minutes and supervision records. Staff told us they were motivated to deliver a good quality service to people. One staff member told us, "I never feel stressed or over worked. We get adequate breaks". Staff worked together as a team to support each other and to provide the best care they could to people. One staff member said, "We are a good team, we work together to get things done". Other staff agreed with this.

Staff were clear about the aims of the service and shared the management team's vision of good quality care and supporting people to remain as independent as they could be. Values including respect, dignity, inclusion and independence underpinned the service provided to people. One staff member told us "We try to promote people's independence as much as possible". Another staff member told us, "We treat people like there are our own families. I treat everyone like they are my mum or dad. People treat the staff like we are their daughters". Staff had job descriptions and knew their roles.

Staff were empowered to be involved in the running of the service and many had specific tasks they were responsible for, including the ordering and management of medicines, continence products and protective equipment such as gloves and aprons. Staff performed these roles effectively and were held accountable for any shortfalls. The management team praised staff when they performed well. The results of a recent quality survey had been good and the feedback to staff had included, 'Well done!!! A huge improvement on last years with lots of comments. Very well deserved. A big Thank you from Management you make us very proud!!'.

The management team demonstrated leadership and support to staff. Staff told us that they felt supported by the management team, who were approachable and available to discuss any concerns they had. The management team had the required oversight and scrutiny to support the service and monitored and challenged staff practice to

make sure people received a good standard of care. Staff told us that they told the manager or deputy manager about situations that concerned them, such as staff who were not fulfilling their role and putting people at risk and were confident that they would be listened to and action would be taken. When the manager had received concerns from staff, these had investigated to ensure they were correct and had taken action to change staff practice and keep people safe.

The effective running of the service was possible because of good communication between people and their families, staff and visiting professionals. Processes were in place to support this, such as a communication book, diary and written and verbal handovers between staff. Senior carers' shifts allowed for a half hour handover at the beginning and end of each shift to make sure that staff had the time to share important information. Handover information was recorded for each person and was available for staff to refer to.

The manager, with support from their deputy, was leading the staff team and managing the service on a day to day basis. A senior carer led each shift and was responsible for managing the team on that shift, including allocating tasks and making sure they had been completed. Shifts were planned to make sure that people received the care they wanted, when they wanted.

Systems and processes were in place to ensure that the service was of a consistently good quality such as, checks on the care provided by staff. Regular checks were completed by the manager and the trustees to make sure that all areas of the service were being delivered to the required standard, including observations of support being provided to people during the day and at night. When areas for improvement were identified, action plans were developed and completed actions recorded. Shortfalls were addressed quickly. Accurate and complete records in respect of each person's care and support were maintained.

People and their relatives were involved in the day to day running of the service. Systems were in place to obtain the views of people and their relatives during residents meetings and the annual quality assurance questionnaires. People chatted openly to staff, including the manager and were able to make suggestions about the service at any time. Annual questionnaires were also provided to staff and visiting professionals. The manager had completed the



## Is the service well-led?

process for 2015 and a large number of responses had been received. These had been collated and demonstrated that that people were happy with the service they received and felt involved in the service. Comments from people, their friends and family, visiting professionals and staff include; 'Happy staff and very caring, they are doing a 1st class job', 'Excellent standard of care, resident treated with kindness, I would happily recommend to anyone and would say they are very approachable and open to suggestions regarding care of the resident', 'Standard of care is excellent, care staff liaise with the community nurses well to ensure patient's needs and health are met', and 'I am happy with my work and the management always acts promptly if I have any issues. Which I am very much pleased about. I feel very much supported by my colleagues because we always work as a team, we all work very hard'.

Staff had other opportunities to share their views about the quality of the service and make suggestions about changes and developments, including staff meetings and supervisions. Staff felt involved in the development of the service and were aware of changes and developments the management team and trustees had planned, such as

building a new nursing home service. Staff told us their views were valued and they were listened to. They told us that they had recently voted on the colour of their new uniform and felt fully involved in the process.

The management team and trustees kept up to date with the changes in the law and recognised guidance. They were aware of recent changes in health and social care law and the way that the Care Quality Commissions (CQC) inspected services. Comprehensive policies and guidelines were available in the service for staff to refer to when they needed them. These had been reviewed to make sure they remained current and relevant.

The service had links to the local community. The management team worked closely with a local school and spoke to pupils, in a positive way, about working in the care profession. Two pupils were offered supervised work experience at Yoakley House and pupils put on a show each Christmas for people. This benefitted the children and the people living at Yoakley House.

The manager had sent notifications to CQC when they were required. Notifications are information we receive from the service when significant events happened at the service, such as a serious injury to a person.