

# Springcare (Yockleton) Limited Yockleton Grange Residential 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 took place on 4 and 14 December 2017 and was unannounced.

Yockleton Grange Residential Home is a 'care home' which provides accommodation and personal care for up to 30 older people, some of whom have a learning disability. At the time of our inspection visit, 21 people were living at the home. People in care homes receive accommodation and nursing or personal care as a 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 is required to have a registered manager and there was a registered manager in post. 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.

At the last inspection on 18 August 2015, the service was rated Good. At this inspection, we found the service remained Good.

People still felt safe living at Yockleton Grange, and staff understood their individual responsibilities to protect people from abuse, discrimination and avoidable harm. The risks to people had been assessed, recorded and plans were in place to manage these. Staffing levels at the home were monitored and adjusted to ensure people's individual needs could be met safely. People received their medicines safely and as prescribed from trained senior care staff. Appropriate measures were in place to protect people from the risk of infection.

People's care needs were assessed with them and effective care plans developed. Staff received induction, training and ongoing management support to enable them to work safely and effectively. People had enough to eat and drink and any associated risks were assessed and managed with appropriate specialist input. People had support to access healthcare services whenever needed. People were involved in decision-making about the home environment, and adaptations had been made to keep them safe. People's consent to care was sought and their rights under the Mental Capacity Act 2005 promoted.

Staff adopted a kind and compassionate approach to their work. People were supported to share their views and participate in care planning and reviews. People's rights to privacy and dignity were understood and promoted by staff.

People received care and support that reflected their individual needs and requirements. They had support to participate in stimulating and enjoyable activities. The provider had procedures in place to ensure concerns and complaints were dealt with in a fair and consistent manner. People's wishes and choices in relation to their end-of-life care were assessed, recorded and acted upon.

The management team promoted an open and inclusive culture within the home, and consulted with people, their relatives and staff about the service. Staff felt well supported, valued and were clear what was expected of them at work. The management team completed audits and checks to assess, monitor and improve the quality of the service people received.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Yockleton Grange Residential 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 4 and 14 December 2017 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account during our inspection of the service.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the provider had sent us. Healthwatch are an independent national champion for people who use health and social care services. A statutory notification is information about important events, which the provider is required to send to us by law.

During the inspection visit, we spoke with seven people who used the service, one relative, a local GP, a speech and language therapist and a district nurse. In addition, we spoke with the registered manager, manager, the kitchen assistant, one senior care staff member and three care staff. We looked at a number of records, including four people's care files, medicines records, complaints records, accident and incidents records, staff training records, three staff members' recruitment records and records associated with the provider's quality assurance.

We spent time in the communal areas of the home to observe how staff supported and responded to people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

## Is the service safe?

### Our findings

People still felt safe living at Yockleton Grange. They told us they were reassured by, amongst other things, the security arrangements of the home, their ability to request help at any time and the attentiveness of staff. One person explained, "[I have] only got to ring the bell and they [staff] do whatever I need. I'm very, very satisfied here." People and their relatives told us they would speak to staff or management if they had any concerns about their safety or wellbeing.

The provider continued to protect people from avoidable harm, abuse and discrimination. Staff had received training in, and understood, how to recognise, respond to and report abuse. One member of staff explained, "I would go to the senior, and then go to the manager if nothing got sorted." The provider had procedures in place to ensure details of any suspected or actual abuse were shared with appropriate external agencies, such as the local authority, police and CQC.

The management team had assessed, recorded and reviewed the foreseeable risks to people's safety and wellbeing, including the risks of falls, pressure sores and malnutrition. Plans were in place to manage these risks, which staff followed to keep people as safe as possible.

The management team monitored any accidents or incidents involving people living at the home, on an ongoing basis, to learn from these and prevent things from happening again.

Most people we spoke with told us staff responded quickly to their requests for assistance. We saw there were enough staff on duty to respond to people's individual needs and requests and answer call bells in a timely manner. The registered manager monitored and adjusted staffing levels in line with people's current care and support needs. The provider adhered to safe recruitment practices to ensure prospective staff were suitable to work with people at the home.

We saw the provider had systems and procedures in place to ensure people received their medicines safely and prescribed. The senior staff involved in the handling and administration of medicines received training and underwent quarterly checks to ensure their competence in this area.

Staff adopted good infection control practices, including appropriate use of disposable aprons and gloves, to protect people from the risk of infections. Along with the domestic assistants, they maintained appropriate standards of hygiene and cleanliness throughout the home.

## Is the service effective?

### Our findings

Before people moved into Yockleton Grange, the management team met with them, their relatives and the community professionals involved in their care to assess their needs. This enabled them to develop effective care plans and achieve good outcomes for people.

Most of those we spoke with during our inspection had confidence in the knowledge and skills of staff at the home. One person told us, "They [staff] know what they're doing." A relative said, "From what I've seen, yes, they're competent and confident. Staff adjust [person name's] posture without the need of family to ask."

New staff completed the provider's induction training to help them settle in to their new job roles. As part of this, they worked alongside more experienced colleagues and underwent initial competency checks. Following induction, staff participated in a rolling programme of training and refresher training. Staff spoke positively about the training provided to enable them to work safely and effectively. One staff member described how their recent dementia training had given them better insight into how to support and empathise with people living with the condition. Staff also attended regular one-to-one meetings with the management team to discuss any additional training or support they may need, and to receive constructive feedback on their work.

People had enough to eat and drink, and were supported to choose their food and drink on a day-to-day basis. The lunchtime meal was a relaxed, sociable affair, during which staff checked whether people were enjoying their meal. The management team assessed, recorded and managed any specific needs or risks associated with people's eating or drinking, with specialist input from the local speech and language team, where required.

The management team sought to work collaboratively with the other services people used outside of the home. For example, 'patient passports' were completed to provide hospital staff with immediate and important information about the individual in the event of a hospital admission.

People told us, and we saw, they had help to access a doctor and other healthcare professionals when needed. Healthcare professionals spoke highly of their experiences of working with management and staff. A local GP described the 'close working relationship' they had with the service, adding, "They [staff] seek help at very appropriate times." A speech and language therapist said, "They [staff] have followed my recommendations and have listened to what I have advised."

People were consulted in decisions about the home's environment, such as choices of furniture and soft furnishings for the communal areas. Adaptations had been made to the home to promote people's safety and wellbeing. A staff member praised the prompt manner in which the management team had responded to one person's need for an additional grab rail to help them stand safely.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity



Act 2005 (MCA). The 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. We found management and staff had an appropriate understanding of people's rights under the MCA. We saw staff sought people's permission before providing care and support. The management team had made appropriate applications for DoLS authorisations, and recognised the need to review and comply with any conditions placed on DoLS authorisations granted. We saw evidence of mental capacity assessments and best-interests decision-making in the care files we looked at, where these were appropriate.

## Is the service caring?

### Our findings

People told us, and we saw, that staff adopted a kind and caring approach towards their work. A relative told us, "I've not seen one [staff member] yet who hasn't been kind, and I'd say if I had." They went on to say, "[Person's name] has come from their own family into another." A district nurse said, "They [staff] are very personable, very caring and quite diligent towards each of the residents in maintaining all aspects of their care holistically."

We saw staff and management greeted people warmly, took interest in what they had to say and took the time to chat with them about their day. People were clearly at ease in the presence of staff and management, who they freely approached for help and general conversation. Staff knew people well, and demonstrated their concern for people's wellbeing. For example, at one point during our inspection visit, one person became distressed as they had lost their glasses. Staff offered them prompt reassurance and assistance to locate these.

Staff and management helped people to express their views and be involved in decisions that affected them. People's care plans included details about their communication needs to help staff promote effective communication. One person explained, "I'm getting partially-sighted. Staff read out what it says because I can't do it." We saw staff consulting with people about their routine care, such as how they wanted to spend their time that day.

People told us, and we saw, staff respected people's rights to privacy and dignity. Staff spoke to people in a professional and respectful manner. People's intimate care needs were met discreetly and any conversations about people's health or personal matters were held in private. Procedures were in place, and adhered to by staff, to protect the confidentiality of people's care records. Staff and management sought to promote people's independence. People told us they chose their own clothes, helped with their personal care and walked independently with the use walking aids. In some cases, people accessed the home's grounds independently to enjoy the fresh air or take the registered manager's dog for a short walk.

## Is the service responsive?

### Our findings

People continued to receive personalised care and support at Yockleton Grange shaped around their individual needs and requirements. The management team encouraged people and their relatives' involvement in developing and reviewing individualised care plans that covered a range of needs. This included an assessment of people's social, religious and their information and communication needs. In addition to guidance on how to support people safely and effectively, care plans included information about people's personal backgrounds and known preferences.

Staff understood the importance of working in accordance with people's care plans, in order to provide safe, effective care in a way that reflected what was important to people. We saw staff adapting their approach and communication to suit the individual as, for example, they helped people move around the home safely or eat their meals comfortably.

The management team and the provider's activities coordinator organised a programme of daily activities based around people's known interests and preferences. We saw people spending their time in a variety of ways they clearly found interesting and enjoyable. This included singing and dancing along with a visiting guitarist, knitting, reminiscing about Christmases past with the activities coordinator and making bird feeders. Staff and management also supported people in maintaining valued relationships by, for example, taking people out to have a coffee and chat with a family member.

The majority of the people we spoke with told us they knew how to make a complaint about the service, by speaking to management or staff. A relative explained they would approach the management team, adding, "I find them very easy to speak to, but I haven't needed to make a complaint." The provider had a complaints procedure in place to promote fair and consistent handling of any complaints and concerns. We looked at the most recent complaint received by the service. Action had been taken to address the complainant's concerns, and they had received a response from the management team.

At the time of our inspection visit, no one living at Yockleton Grange was receiving end-of-life care. We saw the provider had procedures in place to ensure people's preferences and choices for their end-of-life care were assessed, recorded and acted upon. A district nurse praised the manner in which staff and management supported people's relatives, and proactively sought advice on pain management, when people were receiving palliative care.

## Is the service well-led?

### Our findings

During our inspection, we met with the registered manager and manager of the service who were responsible for the day-to-day management of the home. The manager was in the process of applying to become registered manager of the service, following which the existing registered manager was due to de-register. Overall, the management team had a good understanding of the duties and responsibilities associated with their position, including the need to submit statutory notifications to CQC in accordance with their registration with us. The home's current CQC rating was on display at the home, as the provider is required to do.

The management team promoted an open and inclusive culture within the service. We saw they maintained a visible presence around the home, interacting with people, visitors and staff in a warm and friendly manner. On the first day of our inspection visit, the registered manager stepped into the kitchen manager's role, who was absent from work, to support staff and ensure people's mealtime experience was unaffected. A relative praised the hands-on approach of the registered manager, adding, "[Registered manager] does a terrific job." One person who used the service said, "[Registered manager] does a good job. I can't see [how] they could do much more."

The management invited people, their relatives and staff to share their views and suggestions in relation to the service, and how it might be improved. Staff meetings, 'residents' meetings' and relatives' meetings were organised on a four-monthly basis to enable others to have their say as a group. In addition, the management team distributed annual feedback surveys to people, their relatives and the community professionals involved in their care, analysing any feedback received.

The management team sought to forge positive links with the local community, by, for example, running open events at the home and supporting people's access to the local church, pub and shops.

Staff felt they had the support and direction they needed from the management team. They were clear what was expected of them at work, and found the managers fair and approachable. One staff member told us, "[Registered manager] really cares for the residents and what happens here day-to-day. If we have a problem, or don't agree with something, they will sort it out." Staff understood the role of whistleblowing, and told us they would report any serious concerns about the way the home was being run.

The management team completed a range of quality audits and checks to assess, monitor and address any shortfalls in the quality of the service people received. This included regular health and safety, infection control, medicine and care plan audits. Based upon the outcomes of these audits, the registered manager produced a monthly action plan, monitored by the provider's senior management team and quality manager. These quality assurance audits and checks had resulted in improvements in the service. These included more in-depth care planning in relation to people's health needs, better maintenance procedures, and improved moving and handling training for staff.