

Michael Yoakley's Charity

# Yoakley House Care Home

## Inspection report

Yoakley House  
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Margate  
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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

Yoakley House Care Home is a residential care 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. Yoakley House accommodates up to 31 older people in one adapted building. There were 30 people using the service at the time of our inspection, including four people who were receiving a short term service to support them to recover from an illness and return to their own home.

### Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

### Rating at this inspection

At this inspection we found the service remained Good.

### Why the service is rated Good

People told us that Yoakley House was their home and they felt safe living there. One person's relative told us, "The standard of care is excellent. I can speak highly enough of it". The provider and registered manager had oversight of the service. They checked all areas of the service regularly to make sure it met the standards they required. The registered manager worked to continually improve the care people received and had supported staff to continually develop their skills to meet people's needs.

Staff felt supported by the registered manager and deputy manager, they were motivated and enthusiastic about their roles. A senior member of staff was always available to provide the support and guidance staff needed. Staff worked together to support people to be as independent as they wanted to be. All the staff we spoke with told us they would be happy for their relatives to live at Yoakley House. Records in respect of each person were accurate, complete and kept secure.

Staff were kind and caring and treated people with dignity and respect. They took time to get to know each person well, including people who received a short term service and provide the care each person wanted in the way they preferred. People received the care and support in the way they preferred at the end of their life.

Assessments of people's needs and any risks had been completed and care had been planned with them, to meet their needs and preferences and keep them safe. Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager or provider. People were not discriminated against and received care tailored to them. A process was in place to investigate and respond to complaints and small day to day issues had been resolved immediately to people's satisfaction. People had enough to do

during the day, including activities to keep them physically and mentally active.

Changes in people's health were identified quickly and staff contacted their health care professionals for support. People's medicines were managed safely and people were supported to continue to manage their own medicines where they chose to. People were offered a balanced diet of food they liked and that met their cultural needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. The registered manager knew when assessments of people's capacity to make decisions were needed. Information was available to people in a way they understood to help them make decisions and choices. Staff treated people with dignity and gave them privacy.

There were enough staff to provide the care and support people needed when they wanted it. People were involved in recruiting new staffed safely. Disclosure and Barring Service (DBS) criminal records checks had been completed to make sure staff were suitable for their role. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

The service and equipment were clean and well maintained. The building had been adapted to meet people's needs and make them feel comfortable and at home. People were able to use all areas of the building and grounds and were encouraged to make their bedroom feel homely.

The registered manager had informed CQC of significant events at that had happened at the service, so we could check that appropriate action had been taken.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall.

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.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# 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 1 May 2018 and was unannounced.

The inspection team consisted of two inspectors. Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

Before the inspection we asked for feedback on the service from community professionals who had been involvement with the service and staff. We received information from a clinical nurse specialist for older people who has supported the registered manager and staff.

We looked at four people's care and support records, associated risk assessments and medicine records. We looked at management records including four staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff. We spoke with the executive manager, the registered manager, the deputy manager, five staff and seven people who use the service and their relatives.

We 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 told us they felt safe at Yoakley House. One person told us, "This is my home" and they felt "absolutely" safe at the service. Another person told us, "I feel very safe". A third person commented, 'I like it here very much, I'm settled here for good.'

People told us the registered manager and deputy manager were approachable and they were confident to raise any concerns about their safety with them. One person told us, "I've never seen anything to concern me, but if I did I would speak to the carers, or [registered manager's name] or [executive manager name]". Policies were in operation to safeguard people from abuse and available to staff. Staff told us about different types of abuse and were comfortable to report any concerns they had to the registered manager, deputy manager or provider. Staff were confident that any concerns they raised would be addressed quickly and any lessons learnt would be discussed in team meetings.

Risks to people had been identified and they had been involved in planning how to manage these. For example, the risk of people developing skin damage had been identified and action had been taken to mitigate the risks. People were supported to change their position regularly and used pressure relieving equipment such as special cushions to help keep their skin healthy. No one at the service had a pressure ulcer.

Accidents and incidents had been recorded and analysed to look for patterns and trends. Action had been taken to prevent accidents from happening again. People's falls risk assessments had been reviewed and updated after a fall and action had been agreed with them to reduce the risk of them falling again. One person had slipped and told us they had discussed how to stop them from falling again with the registered manager. They had agreed to use a new piece of equipment that they were happy with and had not fallen again.

Plans were in place and understood by staff about how to support people in an emergency. These included supporting people to move to other parts of the building. Staff had completed fire training and further training was planned, including practicing evacuating people with a variety of needs. Regular checks were completed on the building and equipment, including fire safety equipment to make sure they were safe. The service was clean on the day of our inspection and people and their visitors told us the service was always clean and fresh. Staff had completed infection control and food hygiene training and their skills were checked regularly.

People's medicines were managed safely and effective systems were in place to order, store, administer, record and dispose of medicines. People's ability to manage their own medicines had been assessed and they were supported to continue to manage their own medicines for as long as they wanted. This included using monitored dosage systems when people were no longer able to manage boxes of medicines. Assessments were regularly reviewed to identify any further support people required. We observed staff administering people's medicines safely. Staff explained to people what their medicines were and supported them to take them at their own pace.

Guidance for staff about how to support people with their 'when required' medicines had been reviewed and updated since our last inspection. It now included the maximum dose the person could take in 24 hours. Staff had completed medicines training and their competency to administer medicines safely had been assessed. Staff had completed training with the local clinical commissioning group to administer medicines to people with diabetes. Staff knew when people's blood sugar levels may increase and took the correct action with the person to reduce them when necessary.

Staff continued to be recruited safely and with the people's involvement. People met candidates during the recruitment process and the registered manager considered their feedback when making recruitment decisions. The required recruitment checks had been completed including Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

There were enough staff on duty who knew people well to meet their needs and support them to do things for themselves. One person told us, "Five staff came within a second when I pressed my emergency bell". The registered manager continued to consider people's needs when deciding how many staff to deploy at different times of the day. An additional staff member was deployed in the morning to support people to get up when they wanted. Staff were not rushed and supported people to do things at their own pace. A senior staff member was on call out of hours to provide any advice and support staff needed. Information about who to contact was displayed in the staff office.

## Is the service effective?

### Our findings

The registered manager met with people and their representatives to talk about their needs and wishes before they moved into the service for a permanent or short stay. A detailed assessment was completed which summarised people's needs and how they liked their support provided, including their likes and dislikes, religious and cultural beliefs, relationships and family, and personal history. This helped the registered manager make sure staff could provide the care and support the person wanted.

Further assessments of people's needs were completed, in line with best practice, when they moved into the service. These included recognised assessments of people's risk of developing pressure ulcers. These were reviewed regularly to identify any changes in people's needs and were used to plan their care and support. People's weights were taken and analysed each month or more often if they were at risk of losing weight. When people lost weight they were referred to the dietician and staff followed their advice. Records showed that people's weight had increased.

A handover was completed between staff on each shift to make sure they had up to date information on people and their needs. This was recorded and staff referred to it to catch up when they returned from a day off or leave.

We observed people being supported to make choices about all areas of their lives, including where they spent their time and who with. 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 (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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's capacity to make specific decisions continued to be assessed and recorded. Staff followed guidance in people's care plans and helped them to make decisions in ways they understood, including showing people a limited number of items at one time and giving people time to consider and tell staff about their choices. Some people's capacity to make decisions changed during the day and guidance had been provided to staff about when people need extra support to make decisions.

The registered manager was aware of their responsibilities under DoLS. They had assessed people's risk of being deprived of their liberty and had found that no one was at risk. We observed that people were not restricted and were free to come and go as they pleased, including with staff, friends and family.

People were supported to maintain good health and told us staff contacted their GP when they needed. Staff continued to support people to see health professionals, attend appointments and offered people help to tell their health care professional about their needs. People had regular health care checks including eye tests and dental checks. People were supported to continue to go out to see their health care professionals. People were encouraged to remain active inside and outside of the service and often went for short walks



around the grounds and took part in gentle exercise twice a week.

People told us they liked the food at the service, they had enough to eat and drink and there was always a choice. One person commented "The food is really, really good". At breakfast time another person told us, "There is always plenty of toast. I can have extra bits if I want". We observed other people were enjoying cereal, porridge and boiled eggs. Butter, jam and marmalade were placed on each table and we observed people helping themselves.

Meals and drinks were prepared to people's preferences, including dietary needs and cultural preferences. People who needed a low sugar diet continued to be offered the same foods as everyone else but made with sweetener rather than sugar. Meals were balanced and included fresh fruit and vegetables. Soft or pureed foods were prepared for people at risk of choking and were presented in an appetising way. People continued to be involved in planning the menus at residents' meetings. If people wanted something which was not on the menu the chef prepared it for them.

Staff continued to have the skills, knowledge and experience they needed to meet people's needs. The registered manager was a trained trainer and delivered training to staff. People had been invited to join the training if wished. One person who had attended a training session had commented, 'Thank you very much for allowing me to get an insight into your staff training. It was very interesting and informative'. Other people planned to attend dementia training to help them understand the needs of people living with dementia.

Staff had completed moving and handling training and we observed them supporting people to move safely during our inspection. A person told us, "I don't mind the hoist, I trust the staff with it and think they are trained enough". The registered manager and staff continued to attend training events facilitated by the local clinical commissioning group, including clinical observations. Staff provided health care staff with information about people's health such as their blood pressure to help them make decisions about the care and treatment people needed and when.

Staff told us they felt supported by the management team and were able to discuss any concerns they had with them. Staff received regular one to one supervisions to discuss their practice, wellbeing and any areas for improvement and an annual appraisal which included discussing plans for their future development.

The service was decorated in a homely way, small quiet areas were available for people to sit and chat, read or look at the garden, as well as a large dining room and lounge. One person told us they had met with the registered manager before they moved into the service. They told us they had been told that there was one bedroom available at that time and if they didn't like it they could change it when another bedroom became available. The person had decided not to change bedrooms when an alternative was offered. People had brought items of furniture, pictures and other items into the service to make their bedroom more homely. There were safe outside spaces which was accessible to people and their visitors, including an areas where people fed the wild birds. The provider had joined the national garden scheme and planned to open the garden to the public by ticket only. They planned to encourage people to be involved in the open days.

## Is the service caring?

### Our findings

Everyone we spoke with during our inspection told us staff were kind and caring. One person told us, "The staff are lovely". People's relatives and friends had feedback their views about staffs attitudes to people in July 2017 quality assurance survey. Their comments included, 'The staff are very friendly and caring', 'I always find the management caring and accommodating of my relatives wellbeing' and 'All staff do everything for me, that is important to me and all is very good as it is. I am very happy with my care'.

People's friends and relatives were able to visit their loved ones and spend time with them as often as the person wished. People's visitors were made to feel welcome by staff. One person's relative had commented, 'The staff always ask if I would like a cup of tea'. People were supported to keep in touch with their friends and relatives. For example, people had their telephone numbers transferred from home to their bedroom if they wanted to.

People had been asked about their personal history including jobs they had done and people who were important to them including their parents, spouse and children. This information was available to staff in peoples' care records and staff used this information to get to know them. During the inspection we chatted to people about their personal history and they told us the records were correct.

People told us they had privacy. Staff described to us how they maintained people's privacy including keeping people covered while they helped them to get washed and maintained people's privacy during our inspection. The provider knew about the new general data protection regulations and kept personal, confidential information about people and their needs safe and secure. Staff were reminded of their responsibilities at staff meetings. Photographs of people taking part in special events such fetes and garden parties were displayed around the service with people's permission.

Staff treated people with dignity. They supported people at their own pace and waited for the people to tell them they were ready to eat or drink. We observed staff support one person to change their position in bed. They checked that the person was comfortable and moved their pillows several times at the person's request to make sure they were as comfortable as possible.

People had been given opportunities to discuss their sexual orientation or gender identity and their responses were respected. Staff gave people time to chat privately about their personal relationships if they wanted to. People were treated as individuals and their choices and lifestyles were respected. They were referred to by their preferred names and were relaxed in the company of each other and staff. People had been asked about any preference they had for the gender of the staff member who supported them and these were respected.

People were actively involved in making decisions about their care and were supported to maintain their independence. For example, some people used adapted cutlery and crockery to eat and drink without support. Staff told us what people were able to do for themselves. We observed one person walked to the dining room using their walking aid. They were followed by a staff member who encouraged and reassured

them that they were doing well and had their wheelchair ready if the person tired. When the person told the staff member they were tired they were supported to use the wheelchair and praised for how far they had walked without support.

Staff knew when people may need reassurance and made sure people always had items with them that gave them reassurance, such as soft toys. We observed that everyone was calm and had important things with them.

Everyone was able to share their views about their life with staff and others involved in their care. However, when people required support to do this they were supported by their families, solicitor or their care manager. The registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

From April 2016 all organisations that provide NHS or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The provider was meeting the Accessible Information Standard and had developed accessible ways of communicating with people, such as pictures, to support people to tell staff about their needs and wishes and be involved in planning their care.

## Is the service responsive?

### Our findings

People and their relatives continued to be involved in planning their care with staff. Staff knew people very well and people told us they always received their care and support in the way they preferred. We observed staff supporting one person to stand from a chair and sit in a wheelchair. Staff gave the person clear guidance including "Slowly push up on the table". Other people told us they were able to wash themselves and staff helped them wash the areas they could not reach at their request. This information was available to staff in people's care records.

Staff asked people about their preferred time to get up and go to bed and supported them to continue with their routine, information was available in people's care records for staff to refer to. The routines at the service were flexible to people's needs and wishes. For example, breakfast was available for several hours in the morning and people went to the dining room for breakfast when they wanted to. We observed some people had finished their breakfast when we arrived at 8.45 and other people were going to the dining room and being served their chosen breakfast.

Staff worked with people's doctors and nurses to support people to be comfortable and remain at Yoakley House at the end of their life if they wanted to. Recognised tools to plan and record people's end of life wishes were available but had not been fully completed as people and their relatives had not felt comfortable having these conversations. The registered manager had recognised that staff did not know everyone's preferences about their end of life care and had booked four staff on to a compassion awareness course to develop their skills and confidence.

People's relatives had complimented the staff on the care they had provided at the end of people's lives. People's relatives had commented, "I would not have wanted [my loved one] to be anywhere else for the last days of their life. The care of [my loved one] has been fantastic" and 'Thank you so much for making [our loved one's] last months , weeks and days so very good. I know they appreciated the smiles, jokes and humour and the help and care through a difficult time for us all'.

People continued to take part in a range of activities and pastimes they had enjoyed before moving into Yoakley House, including sport and crafts. One person told us, "The activities here are very good, bingo and chair exercise". People told us they had enough to do each day. An activities plan was in place and included visits from outside entertainers. On the day of our inspection the activities coordinator was not working at the service. People continued to take part in the planned activities including bingo and a quiz and were supported by staff and people who lived in other accommodation owned by the provider. We observed everyone got on well together and people enjoyed the opportunity to meet people in their community. People had been involved in planning the activities and were asked for ideas and suggestions at residents' meetings. Plans were in place to celebrate national events, including the forthcoming royal wedding, with an afternoon tea.

Staff knew if people had a faith and supported them to continue to follow this when they wanted to. Services were held at the service and people took communion if they wished.

Information about how to make a complaint was available to people and visitors. Everyone we spoke with told us they were confident to raise any complaints they had and these would be listened to and addressed. One complaint had been made since our last inspection and this had been investigated and responded to in accordance with the provider's policy. The registered manager considered complaints and feedback as learning opportunities. Day to day issues that people raised had been addressed to their satisfaction.

## Is the service well-led?

### Our findings

The registered manager had been working at the service for a number of years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The provider is a registered charity and managed by a board of charity members.

People told us the service was well led and the registered manager and deputy manager, "Are always accessible". One person told us the service was "very, very well run" and the registered manager and deputy manager were "very good. It's not easy but they do it pleasantly, kindly and nicely". Staff were comfortable to speak to the executive manager or board members if they needed to. The provider had a clear vision for the service which they described as 'to encourage individual residents to live as independently as possible'. Staff we spoke with shared the provider's philosophy and provided the service as they required. All of the staff we spoke with told us they would be happy for their relative to receive a service at Yoakley House. The provider and registered manager worked to continually improve the service. The registered manager told us, "There is always room for improvement".

People, their relatives, staff and visiting professionals were asked for their views on the service at residents' meetings and through annual quality assurance surveys. Their feedback was used to continually improve the service. One person told us residents' meetings were "Where we can all share our views". Minutes of meeting showed that people's feedback had been acted on. For example, sweetcorn had been removed from the menu and 'lumpy' pillows had been replaced. At the April 2018 resident's meeting people had been advised that the annual quality assurance survey would be sent out in May and people were encouraged to provide their feedback. Everyone's feedback to the July 2017 survey had been positive and their comments included: 'I can't believe the work all the staff put in 24/7. Always polite, nothing too much to ask, jobs always done, polite, friendly and warm, smiling and always keep relatives updated with what's going on. Fantastic, can't praise the staff enough'.

The provider's board members continued to have oversight of the service and completed regular checks of the service. The registered manager completed monthly checks of all area of the service. When shortfalls were identified action was taken to address them. Records confirmed that actions had been completed promptly. The registered manager also monitored staff practice to check people received care and support to the standard they required. Any shortfalls identified were addressed immediately and discussed at staff supervision meetings. One staff member told us, "[The registered manager] is honest, if they have a concern they say". An effective process was in operation to analyse accidents and incidents to identify any patterns and trends on a monthly basis.

There was a culture of openness; staff and the management team spoke with each other and with people in a kind and respectful way. Staff told us the management team were approachable and supportive and always available to give them advice and guidance. One staff member told us, 'I feel they [registered manager] listens when need to blow off steam'. They told us they felt valued and appreciated by the

management team and worked well together as a team. Following the positive feedback from people, their relatives and professionals to the July 2017 quality assurance survey the management team had written to staff saying, 'Well done!!! So many wonderful comments. Very well deserved. A big Thank you from Management you make us very proud!!'.

Staff were clear about their roles and responsibilities, including their keyworker role and the registered manager held them accountable. Staff were reminded of their roles at regular staff and supervision meeting. One staff member told us, "The staff meetings are helpful, we discuss best practice and ways to improve". The registered manager had informed staff and people of the role of CQC and the inspection process. People and staff knew that we would be visiting and told us about their experiences.

The registered manager kept their skills and knowledge up to date, including attending workshops provided by the local clinical commissioning group, and a local care homes conference the day after our inspection. They continued to work in partnership with community professionals, including a Clinical Nurse Specialist for Older People, to ensure people received the care and treatment they needed. The Clinical Nurse Specialist confirmed the registered manager asked for advice and guidance when it was required and acted on it.

Records of people's needs and the care they had received were accurate and up to date. All staff had access to information about people when they needed it. The provider had introduced electronic care records and these ran alongside paper records and were always available to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The registered manager knew when notifications needed to be sent and we had received notifications when they were required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating in the entrance to the service and on their website.