Grandcross Limited

Yatton Hall 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

Summary of findings

Overall summary

This inspection took place on 08 and 09 November 2016 and was unannounced. Yatton Hall provides nursing and personal care and accommodation for up to 59 people. At the time of our inspection there were 40 people using the service of whom 32 required nursing care. Eight people were supported and cared for in the home because of a physical disability and were under the age of 65.

There is 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.

There were good arrangements for the administration of "as required" medicines, storage and management of medicines. Action had been taken to ensure one person's health was not at risk because of their inability to swallow medicines safely.

There were varied views from people about the staffing arrangements in the home. Some were satisfied with how staff responded to requests for assistance whilst others thought it could be improved. Comments from people included: "It's poor trust me" – when referring to staffing levels. Another person commented, "Serious staffing problems here, agency staff are variable with knowing needs" and "They could do with an extra one in the mornings." This was also commented on by staff. However, other people spoke positively about the staffing arrangements. One person told us "I feel safe with staff, they will come when needed" and another said "Staff always seem to be there when we need them."

We observed staff responded in a timely manner however, there were delays on some occasions specifically in the morning with people wanting to get up but having to wait. The registered manager provided their staffing assessment based on people's dependency and the numbers of staff on duty fitted the recommendation from this assessment. In discussion with the registered manager they recognised staffing arrangements would benefit from being looked at.

People told us they felt safe in the home. One person said, "Best bit, in short, is that I'm safe". Another person said, "I am safe because I can trust the staff they know what they are doing. A relative told us "Girls are amazing, mum has been in the home since May and has found it to be excellent and safe." Staff had a good understanding of their responsibilities in protecting people from abuse. They spoke of reporting any concerns and being confident they would be listened to and action taken to address their concerns.

Improvements had been made in ensuring people's rights were protected especially when consent was required for the use of equipment such as bed rails and sensors which detected people moving in their rooms. There were systems in place to make decisions on behalf of people who lacked mental capacity and ensure they were taken in people's best interests.

People told us they felt staff were competent to provide the care they needed. One person commented, "Staff skills are very good." another said, "Staff all seem well trained." Staff were all very positive about the training provided by the provider.

There were good arrangements to ensure people's nutritional needs were met with liaison with specialists where this was needed to provide advice and guidance about supporting people. However, comments from people reflected differing views about the quality of meals and food. One person said, "Food is patchy here" and another "Food is alright sometimes but it has deteriorated. The quality has dropped overall". Whilst others told us how they enjoyed the meals: "I always enjoy the food" and "There is always good choice."

Staff were described by people and relatives as caring, friendly and kind. Staff were observed interacting in a warm and caring way with people. There was respect for people's dignity and right to privacy. People told us they made decisions and choices for themselves and were able to be as independent as they wished with the support of care staff.

People had access to community health services and their GPs when this was requested. Healthcare professionals we spoke with were positive about the care provided by the service. There were good relationships with outside professionals and people had access to specialist support and advice.

There was a welcoming environment where people were able to maintain their relationships with family and friends. People and relatives told us there were no restrictions on visiting.

People felt able to voice their views or concerns about the service. There were regular meetings where people living in the home and their relatives were kept informed about the service and people could give feedback about the quality of care provided in the home.

There were a range of quality assurance audits which had identified areas for improvement.

People and staff spoke of a registered manager who was approachable and made themselves available to people on a daily basis through walking around the home. This was commented on by people we spoke with: "She is very good, is often around the home coming to say hello and ask how we are." and "She would be here if I wanted her, she is very friendly."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People benefited from safe staffing arrangements.

People were protected from the risk of abuse through staff having the necessary knowledge and understanding of their responsibilities.

Is the service effective?

Good

The service was effective.

People rights were protected when undertaking best interests decisions.

People received care and support from staff who had the necessary skills to meet their needs effectively.

People did not benefit from consistent quality of meals.

There were systems in place to ensure people who were at risk of poor nutrition received the necessary care and support to alleviate risks to their health.

People had access to community health services so their health needs could be met effectively.

Is the service caring?

Good

The service was caring

People benefited from caring, supportive staff.

People are able to maintain their independence as much as possible.

People's friendships and relationships are maintained through having unrestrictive visiting and a friendly welcoming environment.

Is the service responsive?

Good

The service was responsive

People benefit from care which is person centred and recognised people's preferences.

People had the opportunity to maximise their independence with the support of care staff.

The home respected people's daily living choices and preferences but staffing arrangements did not always ensure this was consistent.

Is the service well-led?

Good

The service was well led

People and staff benefited from an open and supportive environment.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

People had the opportunity to express their views and make suggestions about improvements in the quality of the service they received.

Yatton Hall 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 08 and 09 November 2016 and was unannounced.

The inspection was undertaken by two adult social care inspectors and a nurse. As part of the inspection we spoke with 11 people living in Yatton Hall, three relatives, two care professionals and nine members of staff. Before the inspection we reviewed all the information we held about the service including incidents and events we had been advised about as part of the provider's notification responsibilities. We looked at the Provider Information Return (PIR) prior to this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed previous inspection reports.

As part of the inspection we looked at care planning records for nine people, quality assurance monitoring audits, minutes of staff and "residents" meetings and other information about the service.

Good

Is the service safe?

Our findings

The service was safe.

We looked at the arrangements for the management and administering of medicines. There were eight occasions, over one week, administering records did not show when people had been given their prescribed medicines. However, audits of records showed this was an isolated event. There was one person who had failed to have their medicines over a period of six days because it was out of stock at the dispensing pharmacy. There was evidence of repeated requests to the pharmacist. The registered manager told us they were experiencing difficulties receiving medicines from the pharmacist and there had been discussions with the pharmacist about the delay.

We observed people being given their medicines and this was done in a supportive way. People were told when requested what their medicines were for and staff demonstrated an understanding of medicines and had completed medicines training. One person required their pulse to be taken before administering their medicines and this was done so there was no risk associated with the taking of this medicine. Stock records were accurate including those medicines which required additional security. There was secure storage for medicines with daily checks of fridge and clinic temperatures to ensure they were stored safely.

Where people had "as required" medicines there were protocols in place giving staff guidance about when the medicine should be used. One person had had an assessment by a speech and language professional because of concerns about swallowing their medicines. The assessment resulted in a review of the person's medicines to ensure they did not pose a risk. This meant the service had taken action to remove a risk to a person's health and welfare.

There were differing views about the staffing arrangements. One person told us, "Have to tell staff sometimes how to meet my needs, doesn't help with the turnover of staff, lots of agency who don't know my routine". One person told us they had not been able to attend church because there was not enough staff to take them which had been the usual arrangement. Another person told us, "It's poor trust me" – when referring to staffing levels. A third person spoke of having to wait "A considerable time." and "They could do with an extra one in the mornings." This was also commented on by staff. Other people spoke positively about the staffing arrangements. One person told us "I feel safe with staff, they will come when I need them."

The registered manager told us they were attempting to reduce the use of agency staff and there had been some improvement. They told us how they were continuing to recruit staff and there had been some success. The PIR received in August 2016 stated there were five full time care vacancies and at the time of the inspection there were two full time vacancies showing an improvement. The PIR stated "Proactive recruitment to stabilise the staff working in the home, eliminate the use of agency all together."

The registered manager told us staffing arrangements were based on weekly dependency assessments, which were used to calculate staffing requirements using an internal assessment tool. This was referred to in

the PIR as "Research and evidence based care Home Equation for Safe Staffing and is in process of being embedded into Yatton Hall." We were provided with this assessment and worked staff rota for a period of three weeks. They showed the staffing arrangements fitted with the recommendations of the staffing tool. We discussed the staffing arrangements with the registered manager and they recognised it was an area which could be looked at in terms of how staff were deployed and numbers of staff on each shift.

Risk assessments had been put in place in response to people's care needs related to falls, nutrition and moving and transferring people. These outlined specific needs of people in relation to the risks such as use of specific equipment when moving or assisting with transfers. In others there was information for staff to ensure people's nutritional needs were monitored through the use of food charts and instructions about frequency of weighing of the person. In some there was guidance about how people were to be supported or have their meals. There were personal emergency evacuation plans (PEEP) in place. These identified people's needs so that staff and emergency services could respond as necessary in the event of an emergency. This meant people's safety and welfare in the event of an emergency was protected.

Staff confirmed that as part of their recruitment criminal record checks and references were obtained including references from previous employers. Records confirmed these arrangements. This meant people could be assured the required checks were undertaken to ensure employees were fit to work with vulnerable adults.

People told us they felt safe in the home. One person said, "Best bit, in short, is that I'm safe". Another person said, "I am safe because I can trust the staff they know what they are doing. A relative told us "Girls are amazing: mum has been in the home since May and has found it to be excellent and safe. By far the best home we looked at".

Staff demonstrated an understanding of abuse and their responsibility to report any concern about possible abuse. They were able to tell us what would be considered abuse. Examples they gave included: "Leaving someone who has been incontinent," "Not giving some food or drink when they asked or needed it." and "Ignoring or just not giving someone the care they needed." They were confident the registered manager would respond professionally to any concerns they raised. One told us "I know she would do something about it. I would not work here if I thought people were not safe."

The registered manager had responded to concerns about the safety of one person. They had, in collaboration with the local authority safeguarding team, put in place measures to protect the person. They had responded professionally to concerns about another person's well being. This meant people had been protected from the risk of abuse.

Good

Is the service effective?

Our findings

The service was effective.

We looked at the arrangements for protecting people's rights specifically in relation to the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and be as least restrictive as possible.

At the previous inspection best interests arrangements had been identified as an area for improvement. We looked at the use of equipment such as bed rails and sensor mats (mats which set off an alarm when stepped on) which could be viewed as restrictive. This was specifically about whether people had given consent for their use and where they had been put in place in the person's best interests. There were a number of people who had been assessed to require bed rails. This was to protect the person from falling out of bed. There were consent forms signed by the person as well as best interests documentation where the person lacked capacity to make the decision about use of rails and other equipment. This meant the service had addressed the previous inspection concerns about practice in this area and had made improvements to protect people's rights.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection the registered manager told us they had made applications under the MCA for DoLS. These applications related to people who were living in the home and needed protection and safeguards because of potential risks to their health and welfare if they left the home independently. To date no authorisations had been made. This demonstrated the registered manager had taken action to protect the welfare and uphold the legal rights of some people in the home.

Staff had received training about the MCA and had an understanding of its use in relation to DoLS. Staff were able to tell us about making decisions on people's behalf and in what circumstances these type of decisions could be made. One told us, "We have to involve family for example when we need to give medicines or have to provide care if the person regularly refuses."

People told us they felt staff were competent to provide the care they needed. One person commented "Staff skills are very good." another said, "Staff all seem well trained." Staff were all very positive about the training provided by the provider. Staff told us they had received what were considered core skills such as moving people, infection control and safeguarding. The provider told us in their PIR all staff had received training about dementia, providing person centred care, health and safety and meeting nutritional needs. One staff member told us what was good about the care was that, "Staff are well trained and we are confident in what we do." Records confirmed training undertaken by staff. This meant people could be

assured care was being provided by skilled and trained staff.

Staff told us they received regular one to one supervision and this was confirmed by records. This is where the staff member's performance, any concerns, individual training and development needs can be discussed. Staff also spoke of being able to raise any concerns or worries informally. Nursing staff received clinical supervision and had competency assessments, which entailed observed practice, in relation to specific nursing tasks.

Staff received structured induction when first employed at the home and records confirmed this. They told us they had undertaken shadow shifts (only working with another staff member) for two weeks. The service, we were told in their PIR, did not have any staff who had undertaken the Care Certificate or Skills for Care Common Induction standards. The provider had their own induction process which was followed. This meant staff had the opportunity to undertake an effective induction related to the company's policies and procedures and staff roles and responsibilities.

There were varied comments from people about the quality of the meals in the home. One person commented, "Low quality ingredients" and "Food is patchy here". Examples they gave were odd combinations of quiche with mash and gravy, hard boiled egg with fish pie. "Chips not really edible". There were two choices each day and the person told us the home would normally cook something else if they did not like the two main choices. Another person mainly ate jacket potatoes as did not like the food. One day of our inspection however they were encouraged by staff to try another meal which they ate. A third person told us "Food is alright sometimes but it has deteriorated. The quality has dropped overall."

A "Dining Experience" audit based on observations completed in October 2016 gave positive feedback about the meals and action had been taken to address areas for improvement. However, people's views about the quality of meals was not part of this audit. Meetings held with people in the home did offer an opportunity to comment on meals and minutes showed good feedback about the meals. This meant there was some inconsistency about people's experience of meals offered by the service.

We observed the mealtime as part of our inspection. The meal looked appetising and well presented. People told us they had enjoyed the food and there were positive comments made to us about the quality and choice of meals. One person told us "There is always a good choice and I enjoy my meals here." Staff supported people having their meal and this was undertaken in a timely manner and in a supportive way.

Care plans included information about people's nutritional needs and assessment identified any concerns about those needs. There were regular reviews of these elements of the care plan to ensure needs were continuing to be met. People had been referred to specialists for assessment to ensure staff could meet their needs. This included the providing of food supplements, high calorie snacks and ensuring people were able to have their meals safely through having a pureed diet. Staff completed food charts where there were concerns and we saw these had been completed for people who required them. This demonstrated the service had systems and arrangements in place to meet people's nutritional needs effectively.

Records confirmed people had access to community health services. People told us they could ask to see their GP when they wanted. GPs reviewed people's health where there were concerns about health deterioration or where people's health and wellbeing was variable. People also received support from specialist nurses where this was identified such as a neurological nurse and a Huntington's nurse. They provided specialist health care support to people and advice to nursing staff about meeting more complex healthcare needs. This meant people had access to range of health care support and advice so staff could provide effective care.

Good

Is the service caring?

Our findings

The service was caring

People told us they found staff caring and kind. One person commented, "Staff are caring, especially at night, they are lovely". A thank you card stated "I would like to express my gratitude to you all for the wonderful care you gave my father". Another person said, "Staff respect my privacy and treat me how I want to be treated with kindness."

We observed staff supporting people in a gentle and caring way. On one occasion staff were supporting a person and explained throughout what they were doing "We're just going to go backwards now for a few seconds". Staff responded to people who at times were distressed and did so in a prompt, reassuring and calm fashion. Staff were observed knocking on doors before entering rooms and greeting people warmly as they entered the rooms. One staff member knocked on a door and then laughed as she remembered no one was in the room and said to her colleague "It's just habit to knock on doors now".

People told us they could have visitors when they wanted and there were no restrictions. One person told us "My family come to see me every week and this helps me keep in touch with them. The staff always make them feel welcomed." Another person said, "I get visitors whenever they want to come." A relative told us "We have been able to visit at any time. There are not any restrictions, well not that we have been told." Another relative told us "The staff are always very friendly and keep us informed about how (name) is and any problems as it were." This meant people were able to maintain relationships important to them.

Staff demonstrated an understanding of the need to respect people's independence, varying needs and differences. This was particularly evident in relation to younger people who lived in the home. One staff member told us "We have to respect how younger people here may want to do different things than older people." Another person told us "I can be as independent as I want and staff know this. I like to get myself going in the mornings it takes a time but better for me if I do it myself." A relative told us "Staff are very good they know mum likes to be as independent as possible and they stand back as it were." A staff member told us "We try and encourage people to do as much as they can for themselves but we are there if we are needed. It is better people keep as much independence as possible."

People told us they were involved in their care. One person told us they were regularly asked by staff if they wanted more help. They told us "I know I can always ask for help if I need it. We have talked about the help I need and how it has changed since I came to live here." Another person said, "When I first came here I sat down with them and we talked about what help I needed and my routines. It is good because they know what I need and when."

Good

Is the service responsive?

Our findings

The service was responsive

Care planning reflected a person centred approach recognising people's preferences. Care plans contained information specific to the person. For example where people had specific health needs because of a physical disability this was reflected in care plans. One person had a specific form of dementia and information was available to explain to staff what this meant for the person. We asked about this with two staff members and they were able to tell how it impacted on the person's daily life. Another person had information in their care plan about their disability. How their support needs varied because of the person's disability was reflected in this person's care plan. There was information about people's daily routines and preferences specifically whether they preferred a male or female care assistant to support them. A member of staff was able to tell us about two people who had expressed a preference for a female care assistant. Another care worker told us they were generally able to meet this preference. A relative told us "Staff know the residents well and take time to get to know people", "Feel they go that extra mile here". A healthcare professional said, "I have not had a bad experience working with staff in this home. Staff know what is going on, they know their residents." This meant care staff had the necessary information about people's needs enabling them to provide personalised care.

People told us they were able to make choices about their daily routines and how they led their lives. For some people this entailed more involvement and interaction with the local community and this was supported by care staff. One person liked to visit a local coffee shop and do shopping and this was supported by staff. People told us they could get up and go to bed when they wished. One person told us they liked to stay up late and watch TV and "It is never a problem." Other people spoke of being able to choose, or staff made sure they chose, what to wear or where they wanted to be i.e. to remain in their room and go to the lounge. One person told us "I'll tell them (staff) what I want to wear". I can stay up as late as I like and lie in if I want to". They told us the home would try to make sure their preferred choice of staff was available to attend with them for appointments.

We observed care staff being responsive to people's requests for assistance however, there were at times real delays in attending to people's needs particularly in the mornings of our inspections. On one occasion the call bell rang for 14 minutes before staff responded. Another person was in bed (at 10:20) when they had wanted to get up. They told us they were waiting for pain relief medicines. Whilst not in pain at the time the medicine helped the person being able to mobilise comfortably and reduced their pain when moving. Staffing worked rotas showed consistent numbers of staff working in the home. Staff demonstrated a good knowledge of people's routines and spoke of the importance of always offering choice to people. This meant that the service was not always able to meet people's needs reflecting people's choices and the staffing arrangements did not ensure people's choices for example getting up were respected.

People told us there were varied activities however, there were a number of people who commented there were little or no one to one activities. One person told us "Music and singing can be repetitive and there is no one to one activities". Another person said, "There are no one to one activities but I don't feel isolated." This

person and others had access to the internet and this was used for shopping and having contacts with relatives. There was a range of group activities. A relative told us ""There is lots of stimulation, exercises and activities which offer variety". They stated their mother would not have done activities before entering the home but she now does "Bingo and skittles etc. They said there was lots of banter during bingo and all the residents helped each other". One person had, before moving to the home, played in a band and it was arranged for the band to perform in the home. We spoke with the activities co-coordinator and they told us they tried to arrange an activity daily and acknowledged most of the activities were group rather than one to one. They were open to looking at the issue of one to one activities. They confirmed the activities normally available included bingo, skittles, exercise and music. They also had arranged outside entertainers which had included a "Solo Circus" and birds of prey as part of the summer fair held in the home.

People told us they would speak with staff or the registered manager if they had any worries or concerns. People were aware they could make a formal complaint if they wished. One person said, "I know I could make a complaint but have never had to." Another person said they had spoken with the registered manager about a concern and "She had done something about it so I know she will listen if I need to go and see her." The home had received one complaint in 2016 and this had been satisfactory resolved.

People and others including relatives, visitors and professionals all had opportunities to give feedback about their experience of living or visiting the home. This included the use of a tablet computer which was situated at the entrance of the home. This was referred to in the PIR as the home's "Quality of life system" The PIR said how the system was to be "Embedded into the way we run our home, enabling everyone to give their opinions and raise concerns." We were given copies of positive feedback from visitors and professionals about the quality of care and "Friendly, professional environment." People and relatives had an opportunity through regular meetings to express their views and make suggestions about the quality of care they received. Minutes showed discussions had taken place about the food, activities and proposed changes to the home including updating the outside of the home.

Good

Is the service well-led?

Our findings

The service was well led

The registered manager told us they wanted to promote an open and approachable environment where people and staff were able to come and discuss any worries or concerns. This approach was evident when we spoke with people and staff. People and staff spoke of a friendly, approachable registered manager. One person said, "She is very good, is often around the home coming to say hello and ask how we are." Another person said, "She would be here if I wanted her, she is very friendly." A relative described her as "Tremendous personality, very caring". Staff spoke of her as "Approachable, friendly, someone you can go to if you have a problem."

There were clear lines of accountability and responsibilities within the home. Designated nurses and senior care workers shared day to day management of the service. Staff spoke of feeling well supported by nurses and seniors.

The PIR told us how the service promoted and supported contacts with the local community. "We promote relationships with the local community, such as the garden centre, local school, visits to the men's club." One person told us they regularly attended a local church and were supported by staff to use the local coffee shop.

Staff told us morale was good though staffing was at times a problem particularly the use of agency staff and staff sickness. However, they told us the registered manager was "Dealing" with the issue and "It has improved, we know she is trying to make it better."

The registered manager told us they were supported by the provider through the regional manager who undertook regular visits to the service. As part of these visits they undertook an observation audit as well as speaking with people and staff about the quality of the care provided in the home. This provided feedback about areas of good practice as well as areas for improvement. The PIR said, "A robust schedule exists for audits known as TRaCA to be completed both within the home and by the regional manager."

We were provided with copies of these TRaCA audits undertaken by the registered manager, regional and director. The audits were undertaken using CQC domains as headings and focus. They showed where actions and improvements had been made following these audits. For example under caring and effective meetings had been held to improve menus and meals in the home however this was an area which required further improvement. Under safe a review of staff competencies in relation to medicines had been completed.

Minutes of meeting such as general staff meeting showed where staff had been thanked for their "Hard work, doing a great job and good team". They recorded where improvements had been made for example in training and completion of care records. There was also discussion about expectations of staff in terms of the culture of the home and good practice.

Accidents and incidents were reviewed and investigated to identify where there were areas which needed to be addressed to reduce risk.

The registered manager told us they wanted to promote a caring service where people felt able to voice their views. As part of this they promoted an open environment. The home's automated online system and questionnaires provided opportunities for people, relatives and others to express their views. Minutes of staff and "residents" meetings showed where these areas had been discussed and promoted. Staff confirmed how the registered manager wanted a "Caring service." and "A home for people where they get the care they need."

The registered manager attended local external provider meetings and also meetings with other managers within the service. This provided them with an opportunity to share knowledge and good practice. They also maintained their knowledge and practice through on going training.

The provider had notified us of any incidents and other matters they are required to do by law such as expected or unexpected deaths. We used this information as part of monitoring and inspecting the service.