

Countrywide Care Homes (2) Limited

Yohden Hall Care Complex

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

About the service

Yohden Hall Care Complex is a nursing and residential care home accommodating up to 77 people. Care is provided for younger adults, people aged 65 and over, some of whom are living with dementia and people with learning disabilities. Care is delivered across three separate units. At the time of this inspection there were 59 people living at the service.

Services for people with learning disabilities and or autism are supported

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. However, the service was separated into three different units. The unit that supported people with a learning disability had ten available rooms. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design.

People's experience of using this service and what we found

People felt safe and well supported. They were consistently positive about the care they received. The service had a 'homely feel' for people to live and visit. There was enough suitable staff to provide people with the support they required. People received their medication safely.

People's health care needs were met. The service worked in partnership with the appropriate health professionals. Food and fluids were always available to people and people's relatives enjoyed joining them for meal times.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they received a person-centred service. They were fully involved in making decisions about their care. People had the option to participate in a variety of activities and were supported to access the local community.

Staff were kind and caring. It was clear people had developed positive relationships with staff who knew them well. Staff maintained people's privacy and dignity.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Managers and staff enjoyed their work, and were highly motivated, kind and compassionate. There was good staff morale and team work. Staff felt well supported by the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 2 July 2016). There was also an inspection on 28 and 29 November 2018. However, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Yohden Hall Care Complex

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors, a specialist adviser in nursing care and one 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.

Service and service type

Yohden Hall Care Complex is a '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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and six relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, clinical lead, two care practitioners, six care workers, a nurse, a cleaner, activities coordinator and head chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one health and social care professional.

Is the service safe?

Our findings

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

At the inspection published on 12 July 2016 this key question was rated as Good.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were safe at the service.
- Staff had received safeguarding training and had a good understanding of what to do to make sure people were protected from harm or abuse.
- Risk assessments had been carried out to reduce any risks to people, these were reviewed regularly. Staff understood potential risks and how to reduce them.
- Fire procedures were in place; however, clarity was needed to ensure staff were fully aware of the procedures. The registered manager sent us evidence following the site visit they were addressing this.

Staffing and recruitment

- There was sufficient staff to meet people's needs.
- The registered manager regularly assessed staffing levels using a tool to determine how many staff were needed.
- Recruitment checks had been carried out to ensure people were supported by suitable staff.

Using medicines safely

- Medicines were managed safely.
- People told us they were happy with the support they received to take their medicines.
- Staff were knowledgeable about people's medicines. The registered manager assessed staff competency to ensure they had the knowledge and skills to administer medication.

Preventing and controlling infection

- The service was clean and tidy.
- People and their relatives confirmed the service was always clean.
- Staff had received infection control training and knew how to reduce the risk of spread of infection.

Learning lessons when things go wrong

- Staff reported accidents and incidents which were reviewed by the registered manager to ensure appropriate action was taken.
- The registered manager analysed accidents and incidents. They had identified unwitnessed incidents were occurring in one specific area so reorganised the furniture which in turn reduced the number of incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the inspection published 12 July 2016 this key question was rated as Good.

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

- People's needs and choices were recorded in detailed pre-admission assessments. These were used to develop people's care plans.
- Care plans were reviewed regularly to ensure they were up to date with people's changing needs.

Staff support: induction, training, skills and experience

- People were supported by staff who were skilled and knowledgeable.
- Staff were supported through induction, training, supervision and appraisal. One staff member told us, "I have been here for over two years and love the job, my supervision and appraisal are up to date, as is my mandatory training. The firm supports us with as much training as we need, and more."

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

- Staff supported people with their dietary and nutritional needs.
- Care records described people's individual preferences. Some people had their own equipment in their rooms such as fridges and microwaves to encourage their independence.
- Lunchtime was a pleasant, social occasion. People were able to choose what they wanted to eat and drink. Staff were on hand to assist people, if required.
- We received positive feedback from people about the food available. Comments included, "The food is brilliant, beautiful, tip-top, it's lush" and "It's like a restaurant".

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

- People's rooms were homely and decorated to their taste.
- The layout of the building was appropriate to meet people's needs; for example, it provided adequate space for people with walking aids or wheelchairs to mobilise safely.
- People were free to access all areas of the service, including the garden and communal areas to spend time with visitors.
- People made good use of a sensory room; the registered manager planned to implement more sensory areas.

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

- People received health care support when needed.
- People's care records showed relevant health care professionals were involved with their care.

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

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 made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager followed the principles and guidance related to MCA and DoLS.
- People had consented to their care. MCA assessments and best interests' decisions had been made when people were unable to consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the inspection published 12 July 2016 this key question was rated as Good.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and treated people with respect.
- People and their relatives told us they were happy with the care delivered. One relative told us, "I cannot speak highly enough of [Names] care here, she is spotless, and the staff work so hard."
- Staff enjoyed their work and were very passionate about ensuring the people they supported were happy. One staff member told us, "The best aspect of the job is seeing the people we support are well cared for and happy."
- Equality and diversity were recognised by the provider and staff. People were supported to maintain their religious beliefs.

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

- People and their relatives were fully involved in their care. They were included in the assessment process and reviews of their care plans.
- People chose which gender of staff they wanted to support them.
- The staff team worked well together and with the people who used the service.
- Information about advocacy services was available, should people require support with making decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained the privacy and dignity of the people they cared for. One person told us, "They are really respectful when helping me with personal care, it could be embarrassing but they make it ok and they always knock on my door before coming into my room."
- Staff respected people's right to time on their own. Staff gained consent prior to entering people's rooms and, where appropriate, people had keys to their rooms.
- Records were stored safely in locked cabinets and electronic records were password protected to ensure records were kept confidential.
- Staff promoted people's independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the inspection published 12 July 2016 this key question was rated as Good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care in line with their preferences and needs. Staff knew people's routines preferred routines and respected their choices regarding this. For example, some people did not like to get up until the afternoon this was respected by staff.
- People had personalised care plans which clearly described the care and support people required to meet their needs.
- People and relatives were involved in creating the plans of care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The accessible information standard was met. Information was available in different formats such as easy read documents.
- People's communication needs had been assessed and were recorded in their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a schedule of activities for people to participate in.
- People were happy with the activities on offer. One person told us, "The activities are brilliant, it's the best it's ever been, there's a film club, singers, trips out, shopping and all sorts of stuff."
- The provider employed three activities coordinators who planned and facilitated activities based on people's needs.
- People had access to a therapeutic 'life-like-doll' which brought people a great sense of enjoyment and warmth.

Improving care quality in response to complaints or concerns

- The registered manager responded to complaints in line with the provider's policies and procedures.
- Staff knew what action to take if they received a complaint from people of their relatives..

End of life care and support

- Staff explored people's end of life care wishes with them.
- Staff were aware of good practice in end of life care. Professionals were involved as appropriate.

- The service had an end of life suite available for family members to be comfortable should they want to spend more time with their relatives at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the inspection published 12 July 2016 this key question was rated as Good.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a positive atmosphere within the service.
- Staff were enthusiastic about ensuring people received good care.
- Staff morale and teamwork was good.
- There was a clear management structure in place. Staff received support from senior staff as well as the registered manager.
- We received consistently positive feedback about the registered manager and the management team. Feedback from staff included, "The management are lovely, very supportive and helpful" and "The registered manager is very approachable, one of the best managers, they put their heart and soul into this place."
- The registered manager understood their responsibility to make sure they met legal requirements. Regular audits were carried out to check the quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had developed links with the local communities. For example, local schools visited the service and people were supported to visit the local dementia café.
- The service worked in partnership with health professionals such as GP'S.
- The registered manager sought people's views in a variety of ways including meetings and surveys.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager encouraged continuous learning through meetings, discussions and training to ensure good care was delivered.
- The registered manager and provider were open and honest. They informed the appropriate people when incidents had occurred.