

Yarningdale Health Care Limited

# Yarningdale Health Care

## Inspection report

Holywell Avenue  
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Derbyshire  
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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

The service is in Codnor, Derbyshire.

The service provides accommodation, nursing and personal care to people with mental health needs who need support in living their lives.

Risk assessments were in place to protect people from risks to their health and welfare.

Staff recruitment checks were carried out to protect people from receiving personal care from unsuitable staff.

People said they were provided with safe personal care.

Staff had been trained in safeguarding (protecting people from abuse). Staff members understood their responsibilities to safeguard people and to contact relevant agencies if needed.

The manager was aware that certain incidents, if they occurred, needed to be reported to us, as legally required.

Staff had largely received training to ensure they had skills and knowledge to meet people's needs, and further specialist training was planned to be provided on people's health conditions.

Staff members understood their responsibilities under the Mental Capacity Act 2005 (MCA) to allow, as much as possible, people to have effective choices about how they lived their lives. Staff were aware to ask people's consent when they provided personal care. Capacity assessments were in place to determine how best to support people who did not have capacity to decide aspects of their lifestyles. Staff were not aware of deprivation of liberty conditions.

People told us that staff were caring, kind and friendly. They said they had been involved in making decisions about how and what personal care was needed to meet their needs.

Care plans were personalised with important information about people's preferences, likes and dislikes and personal history. This helped staff to ensure that people's needs were fully met.

Staffing levels were not always sufficient to always provide people with timely care.

People were confident that any concerns they had would be properly followed up. They were satisfied with how the service was run. Staff members said they had been supported in their work by the manager.

Audits to measure that a quality service had been provided to people were carried out.

Staff worked in partnership with relatives so that people got the support they required from other agencies.

People were involved in the running of the service through residents meetings and surveys.

Rating at last inspection:

The service was rated Good at the last inspection. Our last report was published for the inspection of July 2016.

Why we inspected.

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up.

We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was not fully responsive.

Details are in our Responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was well led.

Details are in our Well Led findings below.

Good ●

# Yarningdale Health Care

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector and an expert by experience conducted the inspection on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspector returned for the second day of the inspection.

#### Service and service type:

Yarningdale Health Care is a nursing and care service providing nursing and personal care and accommodation supporting people with complex needs. CQC regulates the accommodation and care provided, and this was looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided. The current manager has applied to be the registered manager.

#### Notice of inspection:

This inspection was unannounced.

#### What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local authority who commission services from the provider and they provided us with feedback. We used all this information to plan our inspection.

During the inspection, we spoke with 11 people receiving care. We also spoke with the manager, the regional director, a registered nurse, five care staff and a person providing activities to people.

We reviewed a range of records. This included accident and incident records, three people's care records and medicine records. We also looked at three staff recruitment files.

We asked the manager and regional director to email further information to us, so that we could see how the provider monitored the service to drive improvements. We reviewed this information as part of the inspection process.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good; Systems to keep people comprehensively safe and protected from avoidable harm were fully in place.

### Using medicines safely

- At the last inspection in July 2016, the medicine system was not comprehensively safe. At this inspection we saw improvements had been made.
- People said they had received their medicines when they were supposed to. Some people were safely able to administer their own medicine. One person said, "Staff know me. They look after my meds. They get it right. They are sorting to do it for myself next week. I'm feeling good about that."
- We observed a nurse safely supplying people with their medicine.
- Records showed that people had received their prescribed medicines.
- The provider had a detailed policy and procedure for the receipt, storage, administration and disposal of medicines so that medicines could be supplied safely to people.
- Medicine was kept securely. The temperature of the medicine room and the fridge used to store medicines was checked daily to ensure medicines were kept at a temperature that ensured their effectiveness.
- A medicine audit was in place to check in future that medicine had been supplied to people.

### Assessing risk, safety monitoring and management.

- Staff had assessed risks to people. Information was in place of what action should be taken to reduce these risks, though some risk assessments were not detailed. The regional director followed up this issue by sending us more detailed risk assessments.
- Fire checks were carried out and people had individual personal evacuation plans for the quickest and safest way to leave the service in the event of fire.
- Staff had been trained about what to do in the event of fire.
- Staff members had a good understanding of people's needs to keep people safe. For example, when we saw a person become agitated, the staff member supporting them remained calm and reassuring.

### Systems and processes to safeguard people from the risk of abuse.

- People confirmed that they felt safe living in the service.
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed.
- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.

### Staffing and recruitment

- People said that staff were available to support them.
- Most staff said there were enough staff on duty to keep people safe. One staff member said that they sometimes did not feel safe when staff were absent through sickness and had not been replaced.

- The regional director stated that this was not the case. The staffing formula in place meant that all factors, including people who challenged the service, meant that there was always a minimum staffing level which ensured people and staff were safe. Also there were staff who carried out activities, who had received relevant training, who stepped in as care staff if shortages occurred.
- We saw the staffing formula. This showed the minimum staffing level for each person using the service, and the number of staff needed to keep people safe.
- People were supported by staff who were suitable to work in the home. Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting.

#### Preventing and controlling infection

- Staff were aware of the need to use protective equipment when providing people with personal care.
- Staff had been trained on maintaining infection control. This protected people from acquiring infections.
- Staff were aware of the need to wash their hands thoroughly after completing a task.
- Infection control was audited to ensure people were protected from the risk of infection.

#### Learning lessons when things go wrong

- The manager and the regional director said that they were aware of the need to learn if situations went wrong. For example, when there had been a medicine error in the past, a system had been introduced to prevent this happening again. At handovers between shifts, the nurse coming on duty checked that medicines had been supplied and recording of medicines was complete. This showed learning to ensure a robust system was put in place to prevent this happening again.

# Is the service effective?

## Our findings

Effective – Staff working with other agencies to provide consistent, effective, timely care

Good: People's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support.
- Care and support plans were personalised and had been reviewed to ensure staff provided care that met people's changing needs.
- Staff received training in equality and diversity and understood people as individuals.

Staff support: induction, training, skills and experience

- People staff were trained well enough to do their jobs. A person said, "My key workers are fantastic." Another person told us, "The staff are okay and kind. I think they know their job." Another person told us, "Staff know what I need and what I want."
- People were supported by staff who had received ongoing relevant training. Staff said if they requested more training, the manager would arrange this for them.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people.
- New staff had a minimum of three days shadowing experienced staff. Staff told us that if they had not felt confident after this shadowing, more shadowing to support them would be provided by management.
- Staff had undertaken the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Some staff had not received specialist training in people's health conditions. The regional director submitted evidence after the inspection visit that there was a plan to ensure care staff undertook this training.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

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

- People said they liked their bedrooms. Staff told us about a person who used to live in the service who had chosen their bedroom to be painted pink. The person also liked to draw on walls so one wall had been painted with chalkboard paint and the person had been offered chalk to use which they had enjoyed.
- People said they could accommodate any personal items in their rooms. One person said, "It's brilliant here, my room is cosy and warm. I've got my tv, teddy bears and photos."
- Staff members said that more opportunity could be given to other people to have their bedrooms painted in the colour they wanted and to have more colour in furniture and curtains. The manager said this would be discussed with people as they could have their bedrooms painted in the colour of their choice.
- The premises were adapted according to people's needs. For example, one person sat at a table that had been adapted to accommodate their wheelchair.

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

- People told us they enjoyed the food. One person said, "The food's alright. The cook writes it [the menu] on the blackboards. A carer asks us all what we want and then the cook prepares it for us. If you don't like it, they'll get you something else." Another person told us, "If you fancy a snack, they'll offer you a snack like toast or weetabix."
- Staff asked people about their food choices. We saw this evidenced in residents meeting notes.
- Where staff supplied food and drinks, they had information about people's needs to ensure that the food was safe for people to eat and drink.
- Staff were aware of people's dietary requirements.
- People had food provided that respected their cultural choices.
- The daily board displayed the menu. Staff asked people daily what they wanted for their food choices.
- People were offered drinks by staff. This prevented people being at risk of dehydration.
- People could choose where they wanted to eat. One person chose to eat in the lounge. Another person chose to eat in their room.
- Aids and adaptations were in place such as adapted cutlery and plate guards, to assist people to eat their meals.

Supporting people to live healthier lives, access healthcare services and support

- People said that if they needed to see a doctor, this was arranged quickly by staff. One person said, "I was concerned about my chest and I saw the doctor the same day." Another person said, "If you are feeling ill, staff will get you a paracetamol and get the doctor quickly if you need them."
- People said they saw other health professionals such as opticians. Records showed people saw psychiatrists and dieticians to meet their health and mental health needs.
- People's health and wellbeing was supported by staff. Records showed this happened.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in MCA and DoLS.

- Mental capacity assessments had been completed to determine people's capacity to independently make important decisions.
- We checked whether the service was working within the principles of the MCA. Most staff members had awareness of this legislation but struggled to recall if there were any DoLS conditions for people. The manager said staff would be reminded to read care plans, which contained these conditions.
- We saw information in care plans to direct staff to communicate with people and gain their consent about the care they were providing. Staff members told us that they asked people their permission before they supplied care.

# Is the service caring?

## Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said that staff listened to what they said, and their wishes were respected.
- People said that staff were kind and caring. A person said, "Staff seem alright. They are calm and friendly and nice. They behave like a human, like they are supposed to."
- Staff knew each person's name, spoke to them in a kindly way and were aware of their preferences. Staff appeared calm and friendly and showed empathy to people's needs. For example, a staff member reassured a person when they became emotional when speaking.
- Information in care plans included respect for cultural practices.
- People were able to follow their own cultural or spiritual needs. A person's room had a number of religious items and CDs. Staff showed knowledge of a person's religious book. Another person said they were able to go to the temple if they wanted to.
- The service user handbook, provided by the service, stated that staff should treat people equally whatever their backgrounds or sexuality. The manager said that there was zero tolerance for any discrimination against people whatever their race, religion, gender or sexual orientation.

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

- People told us about their involvement in planning for their own care. One person said, "I'm planning to leave, to go back home, I meet with [key worker] to plan this." Another person told us, "I've got a care plan and key worker. They include me and tell me about it."
- There was evidence in the past reviews that people and their representatives had been consulted about how they wanted their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- People said staff respected their privacy and dignity. We saw staff knocking on doors before entering.
- A person said staff did not wake them in the morning. It was their decision when they wanted to wake up. They said staff always knocked on the door before going into their bedroom. We observed this. Another person told us, "Staff are respectful. I respect them and they respect me. I feel safe."
- People told us that staff ensured that they had choices, such as for food and what they wanted to wear. A person said, "I can do what I want to, and be left alone if I choose as well."
- People said they were supported by staff to maintain family relationships.
- A person told us, "Staff take me to see my mum in care home. She's always pleased to see me."
- People said staff supported them to be independent and gave examples of being supported to be more independent. One person said, "I do cook and plan what things I need to do." Another person told us, "I do everything for myself. Staff encourage me to do it."
- A staff member described how they supported a person to clean their own teeth by talking about the

person's valued personal possessions to help to relax the person.

- People said they had choice in how they lived their lives. A person said, "There are no rules about going to bed or getting up." Another person said they told staff how they wanted their beard trimmed and this was respected. They could choose when to have a bath or shower.
- Staff were trained to do respect people's confidentiality. This was emphasised in the staff induction programme when they started work and reinforced by the manager.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

Requires improvement: People's needs were not always met. Regulations may or may not have been met.

### Personalised care

- There were not always enough staff to provide timely care. All the staff we spoke with told us that at times of care staff absence such as for sickness or holidays, there were not enough staff to meet people's needs. This meant people had to wait for personal care or for important things in their lives like having cigarettes. They said activities staff did step in to assist but they were not always available to cover care tasks.
- We saw care staff busy assisting people and at times asking people to wait if they wanted to go outside to have a cigarette. Staff said people quickly became irritated if they had to wait for staff to support them.
- We saw staff chatting to people and asking them if they were okay and offered to talk and listen to them. Other support was given to people such as staff supporting a person to walk into the dining room.
- People said staff gave them support.
- Staff showed us the sensory room and described how it is used to respond to people's needs. For example, a person used it to play very loud music without disturbing others, which was confirmed by the person. It was also used as a quiet place to calm down. A person said they used the room to "listen to music and chill out. You don't need to ask permission; you just need to tell them."
- Care plans had detailed information about people's likes and dislikes, their aspirations and their hobbies and interests. This assisted Staff to provide people with care that met their individual needs.
- Staff members knew people's likes and dislikes and their important routines.
- People said they regularly went out to different places including a slimming class, supermarkets, garden centres and the cinema. One person said, "I'm going to the café today, and the garden centre tomorrow to buy a drink and have a look around." Another person told us they had "Just joined the gym and swimming. I can go whenever I make an appointment."
- There was evidence of art and cooking activities and games. 'Activity bags' for available daily which included resources such as word search book and games. Staff offered a number of activities including hand massage and playing games. A noticeboard displayed photographs of people doing different activities.
- A person showed us their wheelchair control was wobbly. They had told the maintenance person, who was sorting it out for them and would "get it done straight away."
- The garden contained flower pots people had planted. It had level paths and a range of seating, including some under cover. People used the garden independently or with staff support.

### Improving care quality in response to complaints or concerns

- People said that they had no complaints about the service but they would talk to their key worker or the manager if they had concerns. A person said, "If things aren't quite right, I've spoken to [manager] and she has sorted it."
- One written complaint had been received from a relative since the last inspection. This had been investigated and a response sent to the complainant, with apologies for issues that had been substantiated.

- There was a complaint policy and procedure in the service user's guide. The procedure did not include all relevant information such as how to contact the complaints authority. The regional director sent us the amended procedure after the inspection visit.

The provision of accessible information:

- The service identified people's information and communication needs by assessing them.
- Staff showed understanding of a person's communication needs and their preferences. For example, staff described a bubble bath and a person smiled and laughed.
- Staff changed the way they communicated to respond to individual needs. For example, they used more banter and extended vocabulary with one person and used simple neutral sentences for a person living with dementia.
- Staff knew how to communicate with a person with complex communication needs.

End of life care and support

- There was a system in place to record people's wishes and preferences when they wished to discuss this.
- Some staff had been trained in end-of-life care. Training for other staff was being arranged to ensure they had the skills to provide this care when needed.

# Is the service well-led?

## Our findings

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

Good; The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care.

- Management carried out checks on staff to assess whether they were providing a good quality service. We saw action had been taken when issues of performance had been identified.

- Staff members felt supported in their role and told us their manager promoted a high standard of care. They said the manager listened to any suggestions they had and had introduced improvements to the personal care provided to people. The only query they had was that too many people with high dependency needs had been admitted in a short space of time. The regional director said admissions had been planned and took into account all issues to be able to safely accommodate people.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People told us they would recommend the service. One person said, "I'd recommend this place; I couldn't have got through this without (name of staff) – just her skills and her ways. She kept me on the right path." Another person said, "The staff here talk to us, not just about us. I'd give this place 10 out of 10. They are alright – the staff and the management."

- The manager was aware of the need to send us notifications of important events so that we could check that appropriate action had been taken.

- The previous rating indication was displayed in line with our requirements.

- People's care was regularly reviewed to ensure it met their individual needs and preferences.

- Staff were clear on who they would report concerns they had to management and felt confident in raising these issues.

- The service had an appropriate statement of purpose. This clearly set out the aims, objectives and ethos of the service to provide people with person centred care.

- Duty of candour requirements were understood by the manager if anything went wrong in providing personal care, to provide a written apology and explanation of events to the 'relevant person.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- There was currently no manager registered at the service but the current manager had made an application to CQC to become the registered manager.

- Staff were supported and able to develop in their role. Staff members confirmed they received regular supervisions and support from their line managers.

- Staff members spoke positively about the culture of the service and described how all staff cared that people they supported were kept safe and provided with respectful and dignified care.

- Staff members understood their roles and responsibilities. There were clear lines of delegation.

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

- People told us that the manager was someone they felt comfortable with talking with. A person said, "Sheila [the manager] is good and listens and gets it done. She works hard for all of us." Another person said, "She's [the manager] on the ball. When I've been ill and needing things sorted out, she gets it done for me."
- A person showed us one of their CDs which someone had broken. They said, "I'll talk to Sheila [the manager] and she'll sort it out."
- A notice board displayed a notice, 'you said, we did'. All of the comments were in plain English and recorded what had been done after being suggested by people. For example, a person had asked for re-establishment of breakfast club and this had been arranged.
- The views of people were sought. People said action was taken if they raised issues at residents meetings. People asked to have a daily menu board and this was provided. People wanted to have a theme day each month and this was provided to them, as there was evidence of a 1960 theme day.
- Staff had received training about equality and diversity to ensure staff were able to support people's needs, whatever their background or preferences.
- There was referral to outside professionals such as the GP and district nurse if this was needed. The service had its own in-house psychiatrist to review people's care and suggest any additional support they needed.