

# The Salvation Army Social Work Trust

## Youell Court

### 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 

#### Overall summary

This inspection took place on 24 November 2014. It was an unannounced inspection.

At our last inspection in June 2014 we identified concerns in the care and welfare of people, the management of medicines, and staffing. We asked the provider to take action to improve the service. The provider sent us an action plan to tell us the improvements they were going to make. At this inspection we found improvements had been made. This meant the provider met their legal requirements.

Youell Court provides residential care for up to 40 people. The home has three floors that are divided into five self-contained 'suites' of eight people. Four of the suites provide care and support for people with dementia.

The home has a registered manager. 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.

People told us they felt safe living at Youell Court. There were systems and processes in place to protect people

# Summary of findings

from the risk of harm. These included robust recruitment practices, environmental checks, equipment checks, and building checks. We were satisfied there were sufficient staff on duty and they were deployed effectively to meet people's needs.

Medicines were managed well to ensure people received their prescribed medicines at the right time. Systems were in place to ensure medicines were ordered on time and stored safely in the home.

Staff received good induction training, and on-going training to make sure they had the knowledge and skills to meet people's needs.

Staff respected and acted upon people's decisions. Where people did not have capacity to make informed decisions, 'best interest' decisions were taken on the person's behalf. This meant the service was adhering to the Mental Capacity Act 2005.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). There was no one living at Youell Court who had been assessed as requiring a DoLS, but we were aware the provider had referred people to the local authority for an assessment.

We saw people's health and social care needs were appropriately assessed. Care plans provided accurate

and up to date information for staff to help them care for people effectively. Any risks associated with people's care needs were assessed and plans were in place to minimise the risk as far as possible to help keep people safe.

People were provided with sufficient to eat and drink and people with risks associated with eating and drinking had their food and drink monitored. Where changes in people's health were identified, they were referred promptly to other healthcare professionals.

People and visitors to the home were positive about the caring and compassionate attitude of the staff. During our visit we observed staff being caring to people. We also saw staff and people enjoying each other's company and having fun with each other. Staff understood the importance of promoting people's dignity and encouraging independence.

We saw people participated in a well-planned activity programme. People were supported with undertaking individual interests.

Staff, people who lived at Youell Court, and their relatives, felt able to speak with management and share their views about the service. Complaints were responded to appropriately.

There were effective management systems in place to monitor and improve the quality of service provided.

# Summary of findings

## 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.

Staff knew when and how to report concerns about people's safety. Potential risks to people's health were assessed and care plans put in place to manage any identified risks. There were sufficient staff to meet people's needs. Medicines were administered as prescribed, stored and disposed of safely.

Good



### Is the service effective?

The service was effective.

Staff received effective training to support the health and social care needs of people who lived at Youell Court. Where potential restrictions on people's liberty had been identified, appropriate applications had been made to the local authority under the Deprivation of Liberty Safeguards. When necessary, people were referred to other healthcare professionals to manage their medical needs. People enjoyed the choices of food and drink provided.

Good



### Is the service caring?

The service was caring.

Staff were caring, patient and kind. They understood people's different communication needs and managed them well. People were supported to make choices and their dignity and independence respected.

Good



### Is the service responsive?

The service was responsive.

People or their relatives were involved in care planning to ensure staff responded to their individual personal, social and health care needs. People were supported in having a say in the way the home was run. Planned activities encouraged people to communicate with each other and develop friendships. Formal complaints were responded to in good time.

Good



### Is the service well-led?

The service was well-led.

Staff felt supported by the management team. The provider and manager worked well together to improve the quality of the service and identify further improvements.

Good



# Youell Court

## 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 was 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 26 November 2014 and was unannounced.

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

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvement they

plan to make. We reviewed the information sent in this return. We looked at the information received from our 'Share Your Experience' web forms, and notifications received from the provider. These are notifications the provider must send to us which inform of deaths in the home, and incidents that affect people's health, safety and welfare.

During our inspection we spent time observing how staff interacted with people who lived in the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people who used the service and four visitors. We spoke with nine staff. This included care, senior care staff and catering staff. We looked at four people's care records, records to demonstrate the registered manager monitored the quality of service provided (quality assurance audits) and two staff recruitment records, and complaints, incident and accident records.

# Is the service safe?

## Our findings

We asked people who lived at Youell Court if they felt safe living at the home. All the people we spoke with told us they did. One person told us, “Absolutely feel safe, we more or less tell them what to do.” A relative told us, “Safe, absolutely, very much so, [person] is much better here. All the worry about feeling unsafe has gone away.”

At our last inspection the provider had breached Regulation 9, care and welfare of service users. This was because we had concerns people were not protected against the risk of receiving inappropriate or unsafe care because of inadequate assessments of their needs. During this inspection we asked staff to tell us about the risks relating to the care needs of people living at the home. Staff had a good understanding of the individual risks to people and what to do to support their safety. We looked at the care records of four people. We saw risks relating to their care had been identified and actions put in place to minimise the risk. For example, care plans documented the practical aids people needed to support their safety and we saw that staff had put these in place.

Staff were updated on any potential new risks to people at the beginning of their shift through a staff handover meeting. We attended one of these meetings and found the information shared was detailed and gave staff a comprehensive update about the needs of all the people they supported. We saw staff were observant to any potential risks. They made good use of the pagers they carried to request additional support where needed.

We asked staff how they supported people to remain safe. They told us they understood the needs of people who lived at the home. We saw this in action. For example, we were told one person liked to go to another person’s room, but if they did the other person might become challenging and this could compromise the safety of both people. We saw staff quickly responded when they saw the person move towards the other person’s room and gently guided them away using diversion. This meant both people were kept safe and the person’s dignity was maintained.

Staff had received training in equality and diversity and safeguarding adults. We asked staff how they would

respond to different scenarios to safeguard people who lived at the home from abuse. Staff understood what constituted abuse and their responsibility to report it to the manager.

The equipment and premises were in good order. The PIR informed us that internal inspections of equipment was carried out weekly, this included visual inspections and reporting repairs through the repairs and maintenance book. The PIR also told us the home had a contingency plan which explained what to do in the event of emergency situations. This meant people would be kept safe if they had to evacuate the building and were not able to return.

We saw the provider collected information about any accidents or incidents which occurred. This was entered onto a computer system which supported the manager in analysing whether there were any patterns or trends, to reduce the chances of incidents or accidents occurring again.

At our last inspection the provider had breached Regulation 22, staffing. This was because we had concerns there were insufficient staff to meet the needs of people who lived at Youell Court. Following that inspection, the provider consulted with people and their families and a decision was made to close the ground floor of the home and move people to either the first or second floor. Some people with complex needs had been reassessed and transferred to more appropriate services. The provider had also changed how staff were deployed within the home. These changes meant staffing resources were no longer spread over three floors, staff could be more flexible in meeting people’s needs and they were not trying to meet complex needs they did not have the skills and knowledge to support.

We asked people whether there were enough staff to support their needs. They told us, “They are very good, there’s always enough staff here. I have this call bell which has two tones. I press once and it has an on/off tone. If I keep pressing it, it gives out a continual tone; they know to come fast when that happens.” Another person said, “Oh yes, we are all well looked after, we only have to call [staff] and she is there.”

We saw sufficient staff to meet people’s needs and we saw staff worked flexibly to support each other across each floor of the home. One member of staff told us, “They’ve

## Is the service safe?

got more staff now, different staff, and it's better. People are safe now. There's an emergency call bell, and an assistance bell. We use the pagers a lot." Another member of staff told us, "I think it is as safe as you can make it."

The manager used agency staff to cover staff vacancies. We saw the manager ensured continuity of care by requesting the same agency staff attend the service where possible. We also saw the home used its own bank staff and staff were prepared to work extra shifts where required. We found by looking at the PIR and talking with staff that the provider had undertaken safe recruitment practice. For example, a member of staff told us they were not able to start work until their Disclosure and Barring checks (criminal record) and two references had been returned and checked by the manager.

At our last inspection the provider had breached regulation 13, the management of medicines. During this inspection we again looked at medicine administration and management to see if improvements had been made. People told us they received their medicines as prescribed. One person told us, "I take medicine twice a day morning and night. They are more or less on time, every time." We looked at the medicine administration records. We could see that people were administered their medicines in line with the GP prescription.

We saw medicines were stored securely in line with the manufacturer's guidance and relevant regulations. We

found controlled medicines (CDs) were stored in a separate locked CD cabinet. We saw the service had a policy on the disposal of medicines which meant they were disposed of safely.

We saw some people were prescribed medicines on an 'as required' basis. There was detailed information in place on each person's records to support staff in understanding when to administer these medicines. We saw some medicines were given 'covertly'. This meant the person did not know they were being given medicines as they were disguised. We saw 'best interest' discussions had taken place and a decision made that it was better for the person to have their medicines than to not have them.

We saw a couple of recording errors. None of the recording errors resulted in people not receiving their medicines as prescribed. However the deputy manager told us they would investigate why these errors had occurred and ensure staff received further training. We received an email after our inspection confirming they had followed this up and took appropriate action with the staff concerned.

We saw staff who administered medicines had received training to support them to undertake this safely. We saw where staff had not administered medicines safely this was addressed through the supervision and disciplinary procedures of the home.

# Is the service effective?

## Our findings

People we spoke with thought staff had the skills and knowledge to support them with their needs. One person told us, “They know what they are doing, crickey, yes.” A relative told us, “It’s absolutely the best. I have been delighted with the attention [the person] gets; they deal with everything very well.”

Staff had undertaken training to support them in providing effective and safe care. We saw staff support people well when they needed assistance with moving, for example with a hoist. We saw staff understood infection prevention when they put aprons and gloves on to support personal care. Staff told us they had received training in areas such as first aid, food hygiene, pressure area/continence training. We looked at the training information provided by the manager.

Since our last inspection, we found changes had been made to improve the services for people with dementia. The provider had appointed a new deputy manager who was the head of care for the home. The deputy manager told us their background was in caring for people with a dementia and they were looking to improve staff’s understanding of this. We saw staff had received training in providing activities specifically for people with dementia, and team leaders had attended a series of workshops. We saw the corridors of each unit had a variety of objects in place to support people with reminiscence and provide them with activities. For example, record players, ironing boards, cots, musical equipment. People were able to touch, feel and use the objects as they walked through.

We saw there was good induction training for staff. Staff were unable to undertake care tasks without supervision unless they had been observed and ‘signed off’ as competent to do so. Staff felt supported by the management team. They told us, “We have regular supervisions, there’s always support.” Another staff member told us, “Every carer here has supervision.” We saw the provider’s policy was to provide staff with supervision every four to six weeks. The manager acknowledged this had not always been the case in recent months due to staff vacancies but they tried to provide staff with one to one supervision as close to this timescale as possible.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and

the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff responsible for assessing people’s capacity to consent to their care, demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. There were no people subject to any formal authorisations to deprive their liberty at the time of this inspection.

The manager was aware of a recent high court ruling which meant the criteria for applying for a DoLS had changed. They told us they had sent some applications to the supervisory body (the local authority) for their consideration.

We found staff followed the principles of the Mental Capacity Act 2005 (MCA) and acted in people’s best interest. The MCA protects people who lack capacity to make certain decisions because of illness or disability. We saw where people had dementia; assessments had been made to determine what decisions they still might be able to make for themselves.

We saw people received effective support to eat and drink and maintain a good diet. People told us, “I thought the food was good today, we get our choices and if we don’t like it, we get something else.” Another person told us, “The food is good, there’s always two choices.”

People had a choice of food for each meal time. The cook worked to a planned four week menu which they had adapted to ensure it was food people who lived at the home liked. We were told people made their meal choices the day before the meals were served. We found this to be unhelpful to people, particularly those with dementia. We saw some people wanted to change their choices when they saw what other people had ordered. However, the cook had made sufficient to accommodate people who changed their mind. We spoke with the visiting senior management team. They told us their other homes had stopped requesting people’s food choice the day before, and were unaware Youell Court maintained this practice. They told us they would look at changing this.

We saw the cook ensured people with different dietary needs were catered for, for example people on a gluten-free diet and people on a reduced or sugar free diet.

## Is the service effective?

They also ensured people who required a soft food diet had their food mashed or pureed accordingly, but presented in a way they could still distinguish the different food groups.

Each floor had two separate units, and in each unit there was a living/dining area with a kitchenette. This meant when people wanted a drink, staff could respond quickly to make a cold or hot drink without leaving the unit. We saw people received plenty of drinks during the day.

People told us they had access to health and social care professionals when they wanted them. One person told us,

“You can have your own doctor if you want. I have my own chiropodist, I make my own appointment.” Another person told us, “The doctor comes during the week. I see him occasionally. The chiropodist is quite regular. I had an eye test a while ago.”

Care records showed us people were referred to appropriate health and social care professionals and staff had followed advice given. These included the person’s GP, tissue viability nurses, chiropody, and the speech and language team (SALT).



# Is the service caring?

## Our findings

People told us they were well cared for and their needs were met. One person told us, “It’s very good here, the staff are good.” A relative told us, “The staff talk to [person], they show [person] a great deal of patience and care.”

During our visit we saw staff respected the needs of people they supported. We saw staff listened and responded to both verbal and non-verbal communication. For example, a care worker put a music CD on for a person who had become distressed because they knew the music soothed them. The person’s relative told us people were, “Treated as individuals, in their own right, appreciated for the things they can do. They go the extra mile – they know what works.”

Staff listened and talked to people and made sure people knew they mattered to them. For example, we heard a member of staff ask a person, “It’s nice to have a lie in isn’t it. Your tea is a bit cold now I will make another one for you.” We saw staff re-assure people who were distressed or anxious. For example, one person was being supported to put their feet on a foot rest. They said, “Oh mummy, I’m going to fall.” The staff member said in a caring way, “You’re not going to fall, I’m here to help.” We also saw staff encourage people to be sensitive to the needs of others. We heard one person say about another, “Doesn’t she squeal”. The staff member said compassionately, “[Person] can’t help it.”

We saw staff ensure people’s dignity and privacy was respected. This was through knocking on doors and waiting for permission to go into a person’s room, and closing doors when personal care was being provided so the care could be undertaken privately. One person told us, “Everyone is respectful here.” Another said, “They are always respectful.”

Throughout our inspection we saw staff involve people in making decisions about their day to day care. People told us they could choose what they wanted to do. One person told us, “I can choose what to do, they don’t stop you.” Another said they could do, “Absolutely anything, I can do what I like.” We saw care staff supported people in making daily living choices. We saw staff check with people what their preferences were before undertaking care tasks. For example, we saw staff ask a person whether they wanted one or all of their necklaces on, and on another occasion a member of staff checked whether the person wanted their false teeth putting in because their gums were sore.

Relatives and friends were able to visit without being unnecessarily restricted. We saw visitors come to the home at all times during our inspection. One visitor told us they had been visiting the home for a number of years as both parents had lived there. They told us the staff cared for the relations as well. They informed us of the care and support staff gave them when one of their loved one’s passed away. They told us all the staff including domestic and kitchen staff had been compassionate to them during this difficult period.

# Is the service responsive?

## Our findings

People told us they contributed to the planning of their care. One person told us, “They sit and discuss my care once a month.” Another said, “Yes they do sit with me and talk about my care. I don’t know what they’ve written, don’t want to know really.” Relatives told us they too were involved in the planning of their relation’s care. They said, “I’ve had several meetings with the care manager and reviewed [relation’s] care plan; it’s about every four months.” Another told us, “We’ve always been very involved. Staff include you, you are always asked about decisions.”

We looked at four care records and saw these detailed people’s likes and dislikes, their personal histories, their preferred daily routines, and ‘things I can do for myself and things I need help with.’ This meant people had been asked how they wanted to be supported and had informed staff of their preferences and choices. We saw staff worked with the information on the care records to ensure people got the care and support they wanted.

We found, where possible, people were supported to follow their interests and take part in social activities. A relative told us their relation had played the piano. There was a piano in the home, and staff had encouraged them to continue to play. A person told us, “I have my CDs, I do a bit of bingo, they ask me a lot if I want to do things.” Another said, “If I want to go shopping, they just take you. I’ve not asked to do anything else, you have to recognise your limitations.”

We saw as well as responding to individual interests, the home had a daily activities programme. This included a

daily ‘pause for thought’ taken by the home’s chaplain. We attended the ‘pause for thought’ session and the quiz which took place after. We saw people who attended the sessions enjoyed the opportunity for reflection, reminiscence and discussion. Relatives told us people had enjoyed word games, ball activities, skittles and a canal trip. One relative told us staff supported their relation to go shopping and to have coffee at a café.

We asked people whether they would feel comfortable raising a concern or a complaint. None of the people we spoke with about this had felt the need to complain. One person said, “No reason to complain, categorically not.” We looked at the formal complaint record kept at the home. Three formal complaints had been lodged in 2014. We saw the manager had responded appropriately to each complaint. We looked at a quality assurance survey undertaken in February 2014. The survey informed the manager that some visiting professionals and some people who used the service did not know about the complaints procedure. In response to this, a copy of the procedure was sent to each of the professionals, and a copy was displayed at the entrance of each of the units of the home.

The manager provided people and their relatives with opportunities to provide feedback about the care provided. There were meetings held once every three months, and the home had undertaken two resident satisfaction surveys in 2014. The last one held showed a high level of satisfaction from people who lived at Youell Court. The survey highlighted that not all people knew who their key worker was. In response to this the manager asked staff to keep reminding people they were their key worker and a notice was put in their rooms.

# Is the service well-led?

## Our findings

People and their relatives told us they were involved with the running of the home. One person said, “We have a residents’ meeting once a month I think, on this wing in the dining room. There is usually four of us.” Another said, “We had a residents meeting a few weeks ago, [person] the manager ran it.” A relative told us, “I was invited to a meeting to discuss the closure of the downstairs unit.” Another relative told us, “There are relatives meetings. There are always opportunities to contribute...they care, very caring. It’s like a family, they do care.”

People, relatives and staff told us they felt able to go to the manager and new deputy manager to discuss any issues they had. One member of staff told us, “The manager will go a long way to put things right.” Another told us, “It’s changed, you can talk to the managers now, it’s better now.”

We saw the registered manager had their office based on the ground floor of the home, and the head of care (deputy manager’s) office had been moved to the first floor to enable greater availability to staff, people and relatives.

The service had a clear set of vision and set of values. We saw their vision statement was to be recognised as a Christian provider of high quality care for older people and their carers. Their values included providing individualised care, love, and support for people’s spiritual needs. During our inspection we saw staff worked with people in line with the mission statement and values of the provider.

The PIR informed us of the quality monitoring checks the provider and manager carried out. This included monthly checks on each area of the service, monthly management meetings with the heads of each part of the service (for example, kitchen, domestic and care staff), and regular monitoring visits from a regional manager. On the day of our inspection, the home was visited by regional management as part of their quality checks on the service. We also saw records of regional management visits. These demonstrated that regional management were responsive to the needs of the home and listened to the manager, people, relatives and staff as part of their visits.

After our last inspection the leadership of the home sent us an action plan detailing how they would improve the service to ensure they met the Regulations. We saw the actions had been carried out and as a consequence of the action taken by the leadership team, the service was no longer in breach of the Regulations.

Management told us they and the staff team had been through a challenging period of staff sickness and staff vacancies. Management were focusing on stabilising the staff team in terms of filling vacancies, improving morale and ensuring the right staff were in the right posts. They also wanted to improve their dementia care by providing further training to staff. We were told this would be a priority once people had been recruited to the vacant posts. This meant the provider was looking to improve the service it provided to people with dementia who lived at the home.