

The Yercombe (Gloucestershire) Trust

Yercombe (Gloucestershire) Trust

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Yercombe (Gloucestershire) Trust is a small residential care home providing personal care for up to 11 people. The service provides support to older people, younger adults, and people with a physical disability. At the time of our inspection there were 10 people using the service.

Yercombe (Gloucestershire) Trust accommodates permanent residents and 2 people for respite care. People are supported in one adapted building over 2 floors set in a rural location. There is a day centre attached to the property used by people living at the service and members of the community. The provider is registered and operates as a charity.

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

Improvements had been made to the service following our last inspection.

People's health associated risks were assessed and reviewed to reflect their changing needs. Risk management plans were made in collaboration with people, ensuring staff had detailed and individualised guidance on how to respond and manage people's risks.

People were supported in the management and administration of their medicines. People received their medicines as prescribed, when they wanted them and how they liked them to be administered. Record keeping of people's medicines was quality monitored by a medicines champion.

Environmental risks were managed to keep people and staff safe. Staff followed safe infection control practices and had access to personal protective equipment (PPE).

Staff were mainly recruited into the service safely and systems had been developed by the provider. Staff received a thorough induction, ongoing training, and supervision to support them in their roles.

People were supported by a core staff team who knew them well. Agency staff were introduced to people and people were provided choice in the gender of staff providing them care. We received positive feedback about the care being provided, relatives told us, "[People] often say how good the carers are" and "We could not wish for a better place."

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.

Improvements had been made in the governance of the service. The registered manager and board of trustees had worked hard to develop and implement quality assurance processes and monitoring systems to ensure the safe running of the service. At the time of our inspection, some of these systems had not fully

been embedded as more time was needed. Such as, quarterly analysis of trends from accidents and incidents.

The management team adopted an open culture of learning and growth. All staff were responsible for the ongoing improvement of the service, with the shared goal of the positive impact this would have on people. Feedback systems had been developed to gain the views of staff, people and relatives, which allowed them to contribute to the development of the service.

Staff worked in collaboration and communicated well with other agencies when supporting people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 January 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider review their recruitment processes to ensure that all pre-employment checks were completed and recorded. At this inspection we found the provider had introduced a checklist for recruitment and auditing system to support them in safe recruitment decisions.

Why we inspected

We carried out an unannounced focussed inspection of this service on 9 November 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Require improvement to Good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Yercombe (Gloucestershire) Trust on our website at 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?

Good 

The service was safe. Details are in our safe findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led. Details are in our well-led findings below.

Yercombe (Gloucestershire) Trust

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 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.

Service and service type

Yercombe (Gloucestershire) Trust is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Yercombe (Gloucestershire) Trust is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed the provider's action plan. We used all this information to plan our inspection.

During the inspection

We spoke to 6 members of staff including the registered manager, 2 senior carers, 2 carers and a member of the board of trustees. We spoke to the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke to 3 people using the service and 9 relatives of people to gain their feedback.

We reviewed a range of care records and risk assessments. We looked at 3 staff files in relation to staff recruitment. We reviewed a variety of records relating to the management of the service, staff development and the provider's policies and procedures.

We sought feedback from professionals and other agencies that work with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection risks to people had not always been effectively assessed and managed by the provider. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's health associated risks were assessed and safely managed. Risk assessments had been completed and reviewed for people, including people who were at risk of falls, epilepsy or choking. People were involved in the development of their risk assessments which guided staff in how to minimise and respond to risks in an individual way.
- Systems were in place to respond to and report accidents, incidents and near misses to minimise possible harm and reduce future occurrences. Staff ensured people were monitored and kept safe following an incident. Staff reported incidents to the registered manager, this allowed the registered manager to analyse trends and adjust the home or people's risk assessments.
- Significant improvements had been made around fire safety. A new fire policy was implemented, and fire drills were taking place regularly for all staff. Staff told us they felt confident on how to support people in the event of a fire and were guided by personal evacuation plans.
- Systems were in place to protect people from abuse or the risk of harm. People told us that they felt safe. Staff had received safeguarding training and told us about the steps they would take to keep people safe. Staff also felt confident to challenge poor practice and raise concerns via the provider's whistle-blowing procedure.

Using medicines safely

At our last inspection people's medicines were not always safely managed and medicine related records were not always completed and monitored. This was a breach of regulation 12 (Safe care and treatment) and regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 and 17.

- Significant improvement had been made and systems were in place to ensure people's medicines were administered and recorded. People received their medicines as prescribed when they wanted them. Clear records were made when staff supported people in administering medicines, this included pain patches and the use of creams.
- Medicine audits and quality assurance checks were completed. The registered manager and staff worked with other agencies to learn from the last inspection and embed good practice. A passionate medicines champion was adopted in the service to complete medicine audits, stock checks and maintain good links with the local pharmacy. These systems ensured that staff were managing medicines safely and any errors were identified, addressed and accounted for.
- Medicine management and errors were scrutinised by the registered manager and board of trustees. This ensured that lessons could be learned from medicine audits and shared with staff.

Preventing and controlling infection

At our last inspection people were not always protected from the risk of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider welcomed support from other agencies in developing their practices. The service had adopted a passionate IPC (infection prevention control) champion who completed spot checks and ensured staff were preventing and controlling infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the service was facilitating visits to people living at the home in accordance with current guidance.

Staffing and recruitment

At our last inspection we recommended the provider review their recruitment process to ensure pre-employment checks are comprehensively recorded. The provider had considered our recommendation and we found recruitment processes had improved.

- We reviewed recruitment files and found the provider was recruiting staff safely. Pre-employment checks of staff were completed, however not always thoroughly recorded. Following our last inspection, the provider implemented a recruitment audit system to support them in recruitment recording processes. At the time of this inspection, not enough new staff had been recruited to see if this system was effective. We

have reported on this further in the Well-led key question.

- There were enough staff recruited with a range of skills and experience to support people. People were supported by staff who knew their needs well and were positive about the care they received. Staff were introduced to people and people were given a choice about the gender of their carer. Relatives told us; "The care is very good, [person] gets on well with [staff]" and "[Staff] are really nice and all friendly" and ""The carers have time to stop for a chat with [people], it never looks like they are just doing a job."
- Feedback systems were developed to monitor agency staff. Following our last inspection, the registered manager developed a two-way feedback system between senior carers and agency staff. This enabled the registered manager to monitor the performance of agency staff and ensure they had the right skills and were providing good care.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People were given maximum choice and control over their lives and how their care was provided.

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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to implement and operate effective systems to maintain the safety and the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Governance systems were in place to ensure the safe running of the service. Significant improvement had been made by the registered manager and board of trustees to develop and implement governance systems around risk. This included accidents and incidents, medicines management, infection control and environmental risks. These systems ensured that risks were identified, people were protected from health associated risks and environmental risks.
- However, some governance systems had not had the opportunity to be fully tested and embedded. At the time of inspection, the first quarterly review of trends from accidents and incidents, and recruitment auditing was scheduled for a future date. Therefore, we were unable to see how these systems were embedded and if they were effective in reducing risks.
- Roles and responsibilities of the management team were clearly defined and understood. The registered manager was supported by a deputy manager, senior care staff team and board of trustees who had clearly defined responsibilities. Staff told us their development was invested in and supported by the management structure.
- The management team adopted an open culture to continuously learn and improve. The registered manager, board of trustees and staff spoke passionately about learning from the last inspection and being a part of the ongoing improvement of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection there was a lack of systems to seek and act on feedback to improve the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People and relatives views were actively gathered and acted upon. Formal feedback systems for people and their relatives were in place, including resident meetings, surveys, and review meetings. Feedback from people and relatives was acted upon by the registered manager, such as identifying staff to lead on activities in the home. A relative told us, "I am listened to by [the registered manager] and she says that the residents' wishes are paramount, which is really good."
- Staff's views were gathered and considered in the development of the service. Staff attended regular meetings and received feedback forms to share their views. Staff gave examples of meetings being a helpful space for learning and key themes being discussed, for example keeping people safe during fire evacuation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager adopted a learning culture that was inclusive and empowering. Staff and the registered manager continued to speak passionately about their caring roles and the service. Each staff member understood their individual role in making improvements following our last inspection, which led to good outcomes for people.
- People and relatives spoke positively about the registered manager being approachable and inclusive. People and relatives felt able to speak to the registered manager about any positives or concerns. Relatives told us, "[The registered manager] comes across as caring" and "If anything does happen [relatives] are told quickly."
- Staff felt supported by an open culture which was modelled by the registered manager. Staff told us that they were supported by a registered manager who was kind and drove improvements. Staff comments included, "[The registered manager] has done admirably, and she has [staff's] full support" and, "[Staff feel there is a] different atmosphere, which is good."
- The service is supported by a visible board of trustees. Staff spoke positively about the board of trustees being more accessible to them and people. The board of trustees adopted an open culture to learning and have been fully involved in supporting the improvements made. The registered manager told us they were supported by the board of trustees and the processes in place, such as operational meetings.

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

- The registered manager understood their responsibilities to be open and transparent with people when something that goes wrong. The registered manager submitted notifications of significant events to the CQC to make us aware as part of this responsibility.

Working in partnership with others

- The provider worked in partnership with other agencies and professionals to promote and ensure good quality care for people. We received positive feedback from professionals around their work with the home. The registered manager was open to professional feedback and included health care professionals in the decisions around people's care.
- The registered manager and staff communicated effectively with other agencies to support people moving to and from the service. A professional told us that "[the registered manager] and staff were very helpful with ensuring [a person's move] was a smooth transition and shared information and communicated with the new provider and [professional] for this to happen."