

The Yercombe (Gloucestershire) Trust

Yercombe (Gloucestershire) Trust

Inspection report

Yercombe Lodge
Stinchcombe
Dursley
Gloucestershire
GL11 6AS

Tel: 01453542513

Website: www.yercombelodge.co.uk

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10 November 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Yercombe (Gloucestershire) Trust is a small residential care home providing personal care and accommodation for up to 11 people. The service provides support to older people, people with a disability and younger adults in one adapted building over 2 floors. At the time of our inspection there were 11 people using the service.

The service provides support to permanent long-term residents and provides respite care. There is a day centre attached to the property that is 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

People's individual risks were not always assessed and staff were not given clear guidance or information on how to protect people from associated risks. People's medicines were not always managed safely. All staff did not know what to do in an emergency. A robust system was not in place for staff to report and record safety incidents and to ensure the registered manager and provider had oversight of all incidents or accidents.

The service had recently had a Covid-19 outbreak where people and staff tested positive for the virus. At the time of our inspection good infection prevention control measures were not always followed.

The service had a mixture of permanent and agency staff members. People told us the permanent members of staff and the management team knew them well and they felt safe living at the service. Staff and the registered manager spoke passionately about the people and their roles.

The service's management structure was newly developed over the past year and had the support of a board of trustees. The roles and responsibilities around the monitoring of the service were not fully defined and operational at the time of the inspection.

A comprehensive, effective quality assurance or audit system was not in place to ensure the quality of care and risks were monitored and improved where needed.

People and people's relatives were positive about the caring nature of the service. People told us they liked the homely environment created by the service. Comments from people included; "It feels like home" and "It is a lovely house with lovely views."

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 good (published 16 January 2020).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls. This inspection examined those risks.

We also received concerns in relation to infection control, staffing issues and the quality of care people were receiving. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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. You can see what action we have asked the provider to take at the end of this full report.

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 good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. 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.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safe care and treatment of people and governance of the service.

We have made a recommendation about staff recruitment.

Please see the action we have told the provider to take at the end of this report.

Follow up

We have requested an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Inadequate ●

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 carried out 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. Inspection activity started on 9 November 2022 and ended on 17 November 2022. We visited the service on 9 November 2022 and 10 November 2022.

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 used all this information to plan our inspection.

During the inspection

We spoke to the registered manager and a trustee from the board on our visit to the service. We spoke to 10 staff including 5 senior care assistants, 1 care assistant, 2 kitchen staff, 1 administrative officer and 1 cleaner. We spoke to 7 people who use the service and 9 relatives of people who use the service. We spoke with 2 independent maintenance contractors supporting the service. We reviewed a range of care documentation and medicine records. A variety of records relating to the management of the service, including policies and procedures and staff training and quality assurance records. We looked at 3 staff recruitment files and documents around staff training and support.

Offsite we spoke by telephone to the nominated individual for the service who is also a trustee. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We sought feedback from professionals who 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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- People told us they felt safe living at the service and when being supported by staff. One person told us; "I feel safe and secure" and a relative told us "[person] is very happy, very safe, and well looked after."
- Although people told us they felt safe, people's risks had not always been assessed and care plans were not always completed where required. This meant staff were not always provided with the guidance they needed to ensure people were provided with safe care and treatment. This included; people's risks relating to falls, moving and handling, choking, epilepsy, skin integrity and catheter care.
- People were not always protected from accident, injury or 'near misses'. Not all staff knew what action they needed to take in the event of an emergency. When people fell, they were not closely monitored to ensure any injuries were identified so that prompt medical assistance could be sought.
- Not all safety incidents had been reported to the management team and investigated. No trend analysis was completed to pick up any patterns in accidents and incidents, to reduce possible future harm to people.
- Fire risks were not robustly managed. Not all staff understood the evacuation procedures and told us they had not completed regular fire drills to enable them to feel confident when maintaining people's safety in the event of a fire. The registered manager assured us this would be addressed immediately.

Risks to people had not always been effectively assessed and managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care needs were recently, or in the process, of being reviewed by the service at the time of inspection.
- Staff had access to the service's safeguarding and whistleblowing procedure. They had been trained in safeguarding and felt confident to report concerns about abuse to the registered manager. Staff told us about the escalation procedures they would follow to keep people safe.

Using medicines safely

- Good practice was not always followed when staff transcribed people's medicines onto their Medicine Administration Records. This increased the risk of medicine errors occurring.
- When staff administered people's pain patches, they did not always ensure the site of the patch rotated each time they applied a new one. This increased the risk of the patch accidentally been applied to the same area of their skin and people developing a skin reaction. One person had received their pain patch a day earlier than prescribed, this put people at risk of receiving the incorrect dose of medicines.

People's medicines were not always safely managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's creams and topical medicines records were not always completed to show they were administered as prescribed. Medicine storage temperature records were not always completed as required. The provider had identified improvement was needed in relation to some medicine records and had put a medicine check in place, however this had not prevented recording issues from occurring.

Medicine related records were not always completed and monitored. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not assured that all staff, at all times, were adopting good infection, prevention and control practices.
- The service did not have a Covid-19 policy or procedure for staff to follow in the event of an outbreak. Senior carers told us that having no guidance had made it difficult to manage the most recent outbreak of Covid-19 in the home.
- Some of the Personal Protective Equipment (PPE) stations were placed in rooms which staff could not always access and which increased the risk of cross contamination with linen.
- Not all staff were observed to be adopting good infection, prevention and control practices. For example, wearing jewellery or artificial nails and their face masks under their noses.
- We were not assured that there was a system in place for the cleaning and sanitisation of equipment, such as hoists. Staff gave different accounts on who was responsible for cleaning equipment and when this should be done.

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.

- During the inspection we observed cleaning taking place. People told us their rooms were kept clean. A person said, "[the home is] absolutely clean and tidy everywhere."
- The service allowed visitors into the home when there were no Covid-19 infections present.

We have signposted the provider to resources to develop their approach.

Staffing and recruitment

- A range of pre-employment checks, including checks with the Disclosure and Barring Service (DBS) had been completed. These checks provide information including details about convictions and cautions held on the Police National Computer. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people.
- Recruitment records did not always show how the provider had assured themselves that staffs' conduct had been satisfactory in previous employment and what their reason for leaving was when concerns had been shared in references.

We recommend the provider review their recruitment process to ensure completed pre-employment checks are comprehensively recorded.

- An induction checklist for new staff was in place and senior care workers observed new staffs' working practice to ensure they were competent to work independently.

- The service was actively recruiting staff and were working towards the vision of a permanent staff team, so people were provided with consistent care. At the time of inspection agency staff were used when the service was short staffed, and people told us they were not always given a choice of staff. Comments from people included; "Not had a choice of carer offered." and "Sometimes I have not been introduced to agency staff."
- People and their relatives spoke positively about the permanent staff in the team. Comments from people included; "[permanent] staff are amazing, very approachable, do what they can for you." and "I get on pretty well with the carers, they are very kind, particularly our own people [permanent staff]."
- The registered manager followed the provider's policies when monitoring staff conduct and performance. Staff felt able to share any concerns with the register manager.

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.

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 good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- There was a lack of governance processes and systems in place to help ensure the safe running of the service. Without these systems, the provider and registered manager could not be proactive in identifying issues and concerns in a timely way and acting on these.
- Roles and responsibilities within the management team were not fully understood and embedded within the running of the service. This made it difficult for senior staff, including the provider and registered manager, to collectively govern and quality monitor the service to ensure safe and effective care was provided to people
- The provider's quality and risk monitoring systems did not identify the concerns we found at this inspection. These concerns included, but were not limited to, risk assessments, infection control, medicine practice, post falls monitoring, accidents and incidents monitoring and fire safety. Where shortfalls such as medicine records, were identified, actions were not always taken in a timely manner to address safety and quality concerns.
- The provider and registered manager had failed to identify that they were not operating an effective safety incident system. All incidents had not been recorded, reported, investigated, and analysed. They did not have oversight of all safety incidents that had occurred in the service so action could be taken to keep people safe and learning could take place.
- The provider had not identified, through their own monitoring systems, that the checks they had put in place to monitor environmental risks had not been completed as required. Records relating to shower head disinfecting records were not available. There were gaps in the routine testing of thermostatic valves, automatic closing fire door maintenance test, emergency lighting test and fire alarm test records. The provider and registered manager had not identified these recording shortfalls through their own monitoring and action was therefore not taken to ensure that these checks had taken place.

The failure to implement and operate effective systems to maintain the safety and the quality of the service placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Formal feedback systems for people and their relatives to share their views were limited. People had a monthly residents' meeting with the management team. Relatives of people who use the service had no

formal feedback systems. One relative told us, "No we have not been asked our views about the home recently, not had a meeting or questionnaire."

- Systems were not in place to gain formal feedback from staff about the service and their roles. Staff told us there were limited feedback opportunities for them to share their views on developing the service. Staff told us no staff surveys took place and the service did not have a suggestions box.

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.

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

- Staff and the registered manager spoke passionately about the service and the caring values and strong person centred approach that underpinned it. Staff comments included; "All staff are first and foremost for all of our residents." and "This is not a job for me, to me they [people] are all my family."
- Although staff strived to provide an individualised service the shortfalls we identified meant we could not be assured people would always receive care specific to their needs.
- Staff felt able to share concerns with the registered manager however, felt some issues would not always get resolved. When issues were not resolved some staff felt able to go to members of the board of trustees. Staff told us they would welcome a more formal relationship with the trustees through meetings.
- The registered manager knew people well. People and their relatives said they knew the registered manager well and felt they acted upon any concerns. A person said, "The manager is very approachable" and a relative said, "We have a very good relationship."

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

- No formal system was in place for the management team to scrutinise the accidents and incidents to determine whether notification to other agencies or an apology to people would be required.
- The provider understood their responsibilities in relation to the duty of candour. The registered manager knew about the importance of being transparent and the need to share information with people's relatives and key professionals.
- The provider notified the Care Quality Commission (CQC) of incidents which affected people's safety and welfare.

Working in partnership with others

- The service's Covid-19 policy did not have comprehensive information about the action staff should take in the event of an outbreak to prevent the spread of infection. Senior carers told us that having no guidance had made it difficult to manage the most recent outbreak of Covid-19 in the home.
- The service has close links with the community who supports people's individual preferences. For example, the service has a good relationship with the local church and services are offered in the home.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: People who use the service and others were not protected against risks to ensure their safe care and treatment. Regulation 12(1) Regulation (3) |

The enforcement action we took:

The Care Quality Commission (CQC) has issued a warning notice for breach of Regulation 12 in relation to the care provided at Yercombe (Gloucestershire) Trust.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The service did not have good governance systems and processes in place to ensure safe and effective care. Regulation 17(1) Regulation 17(3) |

The enforcement action we took:

The Care Quality Commission (CQC) has issued a warning notice for breach of Regulation 17 in relation to the governance provided at Yercombe (Gloucestershire) Trust.