

Springcare (Yockleton) Limited

# Yockleton Grange Residential Home

## Inspection report

Yockleton  
Shrewsbury  
Shropshire SY5 9PQ  
01743 792899  
Website: [www.springcare.org.uk](http://www.springcare.org.uk)

Date of inspection visit: 18 August 2015  
Date of publication: 09/10/2015

### 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

The inspection was carried out on 18 August 2015 and was unannounced. At our previous inspection on 4 September 2013 we found that they were meeting the Regulations we assessed them against.

Yockleton Grange is a care home that provides accommodation and personal care for up to 30 older people, some of whom are living with a learning disability.

A registered manager was in post. 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.

# Summary of findings

The provider had policies and procedures to ensure that people who could not make decisions for themselves were protected. People's human rights were protected because staff understood the policies and legislation and how to apply them.

Systems were in place to protect people from harm. All staff had been given training in keeping people safe. Staff were clear about their responsibilities to be aware of and report any incidents of abuse or poor practice immediately.

People told us they felt safe living in the home and believed staff would not let them come to any harm. No-one shared any issues of concern. Accidents and incidents were monitored and reviewed to identify any issues or concerns. People were assessed against a range of potential risks such as poor nutrition, falls, skin damage and mobility.

The registered manager assessed people for their level of dependency and this information was used to determine the number of staff needed to meet people's needs. The registered manager stated they would increase the number of staff to cover events as necessary.

Suitable recruitment procedures and checks were in place to ensure staff had the right skills to support people at the home. Medicines were handled safely and stored securely.

People told us they were happy with the standard and range of food and drink provided at the home. People were given a choice about what they wanted to eat at each meal. Staff kept records regarding people's individual dietary requirements and preferences.

People told us they felt the staff knew how to look after them. Staff confirmed they had access to training and development. Regular supervision took place and staff received annual appraisals.

People told us they were very well cared for and spoke highly of the kindness and attention of the registered manager and staff in the home. Staff knew people well and used their knowledge of people's families and life

histories to engage with them. Staff were able to tell us about people's particular needs and how best to support them. People's health and wellbeing was monitored and staff regularly referred people to GPs and district nurses.

People and their families were encouraged to express their views and be actively involved in their own care and in the running of the home. There were frequent resident meetings and the registered manager made time to speak with people directly. Information was displayed about the services and activities on offer. Important contact details, such as advocacy services, were made available to people and their visitors to help them maintain their independence.

People told us they rarely had to formally complain about the service. No formal complaint had been raised in the previous 12 months. People were encouraged to make comments and suggestions. A suggestion box was in the foyer.

The provider had a wide range of activities and opportunities for social stimulation, both in the home and in the local community. People told us they were happy with the social activities available to them and said that staff made every attempt to meet individual preferences, as well as providing group activities.

The registered manager provided leadership and ensured there was an open and caring culture in the home. Staff told us they were clear about their roles and responsibilities and were proud of the quality of care they provided and were happy working in the home. They said they felt supported and listened to by the registered manager.

People living in the home spoke very highly of the registered manager and said she was always approachable, kind and had time for them. They said they felt listened to by the registered manager and the staff and were encouraged to express themselves freely. We were told the home had a happy family atmosphere.

Health professionals who supported the home commented very positively on the ability and quality of the management of the home.

# 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?

This service was safe.

Risks to people living in the home were fully assessed and steps had been taken to minimise them.

Staff had training to enable them to identify any actual or suspected harm to people and to take the necessary steps to report it.

Checks were carried out to make sure new staff members posed no risk to people's safety.

There were enough staff to meet people's needs.

People's medicines were administered and stored safely.

Good



### Is the service effective?

This service was effective.

Staff provided care that met people's assessed needs. There was a skilled staff team who knew the people well and provided care in ways each individual preferred.

People were asked to give their consent and agreement to the plans drawn up for their care. The registered manager was aware of people's rights to live their lives with minimal restriction.

People living in the home were offered a varied and nutritious diet with plenty of choice.

People had access to the full range of community and specialist healthcare services and had their health closely monitored by the staff.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and dignity.

People were encouraged to be involved in the planning and reviewing of their care by staff who knew them well.

Privacy was promoted throughout the home.

Good



### Is the service responsive?

This service was responsive.

People were fully involved in deciding their care needs and how those needs were to be met by the staff.

The registered manager and staff took any complaints or expressions of concern very seriously and resolved issues promptly.

The service had a wide range of activities and opportunities for social stimulation.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

The registered manager provided clear leadership and ensured there was an open and positive culture in the home.

People said they felt listened to by the registered manager and her staff and were encouraged to express themselves freely.

The provider had systems in place to check the quality of care and to promote best practice.

# Yockleton Grange Residential Home

## 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 is 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 visit was carried out by one inspector on 18 August 2015 and was unannounced.

Before the inspection we reviewed information held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We contacted health care professionals and commissioners of care for their views.

During the inspection we spoke with seven people who lived at the home, one visitor, four members of staff, and the registered manager. We viewed two people's care files, two staff files, management quality reports and medication records. We observed the care and support in the communal areas and a fire drill.

# Is the service safe?

## Our findings

People we spoke with told us they felt protected in the home. They felt assured that the staff that cared for them would not harm them. Comments included, “I am happy and safe living here” and “I have everything I need, they don’t leave me without anything I want.”

We asked commissioners of care if they had any concerns for the safety and welfare of people using the service. No concerns were expressed.

We saw the provider had appropriate policies and systems in place for protecting people from harm or abuse which were in line with government guidance and with local authority advice.

Staff were clear on how to manage accidents and incidents. The registered manager explained the process to review incidents. We saw records that confirmed events were monitored to identify any trends and action plans were developed to reduce risks. We saw action had been taken to review why one person was having more frequent falls.

Staff we spoke with were very clear about how to keep people safe. They knew of the whistleblowing processes in place to highlight poor practice. They said they had frequent training and supervision to remind them of their responsibilities. Staff were alert to the more subtle forms of harm that might affect people, such as emotional and psychological abuse. All said they would report it if they witnessed anything.

People told us that there were enough staff to meet their needs. One person said, “I think there are enough staff here, they are always around.” Another said, “There are enough staff here for me. I don’t need a lot of help, but they are always around and if you call them they are straight to you.” Staff told us, “I think it’s good here for staffing. We

have enough staff to meet people’s needs well.” The registered manager spoke of how the service was staffed. Numbers and skills of staff were considered to meet the differing needs of people who used the service.

Staff recruitment records showed that applicants for posts were properly vetted. We saw that checks required by law had been carried out and staff were not allowed to start without them in place. This included criminal record checks, references and a full employment history review.

We looked at people’s records that showed the risks to them were assessed individually on admission and regularly thereafter. We saw actions were taken to minimise any risk identified. For example, people who required assistance to move by using a hoist had this fully assessed and recorded. We saw people being hoisted safely.

Environmental risks around the home had also been assessed, for example, the use of cleaning chemicals and electrical and gas appliances. We saw action had been taken to minimise these risks, such as keeping chemicals locked away.

We observed the deputy manager administering people’s medicines. People were given the time to take their medicines comfortably. People were given their medicine appropriately; told what their medication was and given a drink to take their medicines with. The medicine administration record sheets were completed to show staff had administered the medication. Where medication had not been given, for example, if the person refused or if they were asleep then codes had been used to record the reason the medication was not administered. Medicines were stored safely and securely in locked cupboards or a locked cabinet. If a person wished to take responsibility for their own prescribed medicines, a risk assessment was carried out to ensure their safety could be maintained. For example, two people using the service took responsibility for their own medicines, and had been assessed as being safe to do this.

# Is the service effective?

## Our findings

People told us they had confidence in the staff that cared for them. They told us the staff were helpful and supported them well. One person said, “The staff are very good. All of the staff seem to know what they are doing.”

Staff told us they had been given training to enable them to do their job. We spoke with staff about the induction training they had undertaken and that it had been thorough. They had been supported and prepared for their role. As part of the induction period, new starters shadowed experienced staff members until they were comfortable to do care on their own. The registered manager explained how the provider had made provision for the new care certificate that builds on and has now replaced the common induction standards.

One staff member told us, “We get good training; there are all the mandatory topics as well as any I am interested in. I would like to train to administer medications and they will consider it.” A system was in place to ensure that required training was kept up to date. We saw that staff had a range of training including dementia care, equality, diversity, human rights and moving and handling.

Staff told us they regularly met with the registered manager in supervision sessions to discuss their performance, role and the needs of people they supported. We saw that supervisions and appraisal documents were maintained. The sessions were used as a two-way feedback tool through which staff members discussed work related issues, training needs and personal matters if necessary.

The registered manager worked in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty

Safeguards (DoLS) to protect people’s human right to liberty. We saw records of five deprivation of liberty authorisations that had been applied for in line with published guidance.

People were encouraged to give their consent and agreement to care being delivered. Discussions were recorded in the person’s care file, for example, regarding resuscitation and advanced care planning. Where people lacked capacity we saw ‘best interest’ decisions had been made and recorded. These were between all professionals and those with a legal responsibility for the individual.

People spoke well about the food available at the home. We spent time outside the dining room observing lunch and saw there was a good range of food available and it was presented very well. People were served quickly and staff were on hand if any support was needed. The provider was compliant with the recent food allergy, compliance and labelling legislation. This had resulted in full assessments of each menu item and identifying allergies of people who used the service. Information about the allergens in food was displayed in the entrance hall.

Healthcare professionals who visited the service told us they valued the communication that they had with staff. People had prompt access to health and social care services when required including NHS screening services. We saw that people had visits from GP’s, the specialist mental health team and were supported to attend hospital where necessary. Dentists, opticians, GP’s and chiropodists were involved making sure that people’s needs were regularly reviewed and met. People had been helped to complete a form called ‘All about me’. This record would go with them if they had to go into hospital. This was so staff at the hospital would understand and be aware of that person’s individual needs.

# Is the service caring?

## Our findings

People told us they were well looked after by the staff. One person said, "This is a very happy home and the staff care for me nicely." Another person said, "I am very content here. Staff are always looking out for us."

We saw that there was a good staff presence around the home. Staff were patient and spent time with people in the communal areas, chatting with people and taking part in activities of their choice, for example, doing a jigsaw or painting. One person went with a member of staff to the local surgery to collect some prescriptions. Staff knew people well and used their knowledge of people's backgrounds to engage with them.

People were reminded and assisted to wash their hands before lunch. We observed lunch and saw staff gave people their full attention if they needed anything. We saw as some people were eating they engaged in conversation and enjoyed the social aspect of dining together.

Staff told us there was no one living at the home who had any particular cultural or religious requirements. The local church was opposite the home which people could access easily and were assisted to do so. People told us that their privacy and dignity was respected. Staff described how they afforded people privacy when helping them with personal care.

The provider participated in the Care Homes Advanced Scheme whereby people identified their choices, wishes and preferences relating to end of life care and future hospital admissions. This national project was carried out locally in consultation with the person, care home staff and the GP. This was to ensure that future wishes were known and recorded for action by all appropriate parties for when the need arose. In addition, the management of people's medicines was reviewed to reduce 'over prescribing' and to ensure correct medicine administration.

## Is the service responsive?

### Our findings

A pre-admission assessment was carried out before people moved into the home to determine people's needs and to ensure that the provider could support them. Care records were detailed with information about people's needs, life histories and preferences. Where needs had been identified, care plans were in place with specific information detailed about how best to support the person. We saw people's assessments and care plans were evaluated every month, with families or power of attorneys, to make sure they were kept up to date and continued to meet their needs.

People told us they were able to choose how and where they spent their time. The home had various communal areas. The provider was building new extensions to the home so that more communal space would be provided. This was since the external day care for people living with a learning disability had closed. This would give people more personal space to spend their day in. During our visit we saw some people enjoyed their time in the communal areas and others spent time in their bedrooms. One person said, "There are always things going on."

The provider employed an activities assistant who helped people engage in individual activities inside and outside of

the home. The monthly plan displayed on the notice board the wide range of activities held in the home. One person had a personal activity plan which included; looking after the bird table, trip out for lunch, going to the gym and gardening.

People we spoke with were aware of the resident meetings and liked to attend them. One person said "They listen to us and if there is anything we need to talk about we can do it freely."

The registered manager told us that many of the activities planned were to promote engagement with the community and to reduce the risk of social isolation. The registered manager told us they held regular meetings for people to try and get their views and opinions. The provider and staff were busy organising a fete at the weekend.

One person said, "I've no complaints, everyone is friendly." A visitor said, "I've never made a complaint, but would have no concerns doing so. The staff are always around to talk to or if I had a more serious concern I would go straight to the manager." There have not been any formal complaints within the last 12 months. We saw the complaints policy was displayed. People we spoke with told us that they knew how to make a complaint, but that they had never needed to.

# Is the service well-led?

## Our findings

People told us they felt the service was well run. One person said, "It's very professional and well managed." We observed that the culture in the home was person-centred and inclusive. Everyone we spoke with told us they felt able to express their views openly and without fear. They were confident that they could ask to speak with the registered manager at any time and would always be listened to with respect. We saw this happen in practice.

We noted that a range of relevant information for people was displayed on the main notice board in the reception area. This included the minutes of resident meetings, details of social activities, trips out and information to inform people of how to make a complaint.

There was a staffing structure which included the registered manager, who was supported by a regional manager. A deputy manager was employed and there were senior care workers, housekeeping and kitchen staff.

The provider had a system in place to assess the quality of service provision. The system included resident and staff meetings, visits from the regional manager and regular internal audits. Where areas for improvement had been identified, an action plan was created and monitored to ensure improvements were carried out. Systems were in place for the maintenance and servicing of equipment and the building. Any faults identified were seen to be addressed promptly and effectively.

The registered manager recognised the importance of valuing staff to make sure that they provided the best care. They worked on sourcing relevant staff training and encouraged personal development. Staff told us there were regular staff meetings at which they could share their views and their feedback was valued.

Staff told us that there was a good team within the home. One staff member said, "This is a really good home. There is a family atmosphere, and we work really well as a team." Another said the registered manager was, "Lovely, very approachable, and we can talk to her about anything."