

The Yachtsman Limited

# The Yachtsman Care Home

## 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 ● |

# Summary of findings

## Overall summary

This inspection visit took place on 01 November 2017 and was unannounced. The Yachtsman Rest Home is registered to provide personal care for up to 32 people. They support mainly older people or people with dementia. Accommodation is on three floors with a passenger lift for access between the floors. There are two lounges and dining rooms and a smaller quiet lounge. At the time of our inspection visit there were 29 people who lived at the home.

There was a registered manager in place. 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.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Although a number of people had limited verbal communication and were unable to converse with us, we were able to speak with four people who lived at the home. They told us they were happy and supported by staff who cared for them and treated them well. One person said, "The staff have been very kind to me since I moved here. It's much better than I thought it would be." A visiting relative said, "The staff are really kind and patient. They do a wonderful job."

People visiting the home told us they were made welcome by friendly and caring staff and had unrestricted access to their relatives. They told us they were happy with the care provided and had no concerns about their relatives safety.

The service had sufficient staffing levels in place to provide support people required. We saw staff showed concern for people's wellbeing and responded quickly when people required their help.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

Medication procedures observed protected people from unsafe management of their medicines. People received their medicines as prescribed and when needed and appropriate records had been completed.

We saw there was an emphasis on promoting dignity, respect and independence for people who lived at the home. People told us staff treated them as individuals and delivered person centred care. Care plans seen confirmed the service promoted people's independence and involved them in decision making about their care.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

The design of the building and facilities provided were appropriate for the care and support provided.

The service had safe infection control procedures in place and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff knew people they supported and provided a personalised service in a caring and professional manner. Care plans were organised and had identified care and support people required. We found they were informative about care people had received.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. Catering staff had information about people's dietary needs and these were being met.

We saw people who lived at the home had access to healthcare professionals and their healthcare needs had been met. A visiting healthcare professional spoke highly about the care provided by the registered manager and her staff. They told us staff listened and worked closely with them ensuring people received good healthcare.

People who lived at the home and their visitors told us they enjoyed a variety of activities which were organised for their entertainment. These included exercise classes, karaoke afternoons, bingo and entertainers.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by them.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and relative meetings to seek their views about the service provided.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# The Yachtsman Care Home

## Detailed findings

### Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The Yachtsman is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Yachtsman Rest Home accommodates 32 people in one adapted building. Accommodation is on three floors with a passenger lift for access between the floors.

Prior to our inspection visit we contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection visit took place on 01 November 2017 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

During the visit we spoke with a range of people about the service. They included five people who lived at the home, four relatives and a visiting healthcare professional. We also spoke with the home owners, the registered manager, four care staff, the cook and one domestic. We also observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not

talk with us.

We looked at care records of three people, staff training matrix, supervision records of four staff and arrangements for meal provision. We also looked at records relating to the management of the home and the medication records of five people. We reviewed the recruitment of three staff members and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

We asked people who lived at the home if they felt safe in the care of staff. Comments received included, "Nothing here has ever made me feel unsafe. The staff are great." And, "I have felt safe from the day I arrived. The staff are always around if you need them." A visiting relative said, "I feel [relative] is perfectly safe here. The staff are always looking out for the residents. This makes me relaxed."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the services whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them. During the inspection process we contacted the local authority and they told us there had been no concerns raised with them about people's care at the home.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when delivering their support. These included moving and handling assessments, nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person or a family member to ensure the support provided was appropriate to keep the person safe.

We saw personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care. The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support people needed. We saw staff showed concern for people's wellbeing and responded quickly when people required their help.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed one staff member administering medication during the lunch time round. We saw the medication trolley was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered.

There were controlled drugs being administered at the time of our visit. We checked the controlled drugs records and correct procedures had been followed. The controlled drugs book had no missed signatures and the drug totals were correct. The correct dosage of remaining tablets was accurate to the medication record of two people we checked. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

We looked around the home and found it was clean, tidy and maintained. The service employed designated staff for cleaning of the premises who worked to cleaning schedules. All staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protecting people who lived in the home and themselves from potential infection when delivering personal care and undertaking cleaning duties.



## Is the service effective?

### Our findings

People who lived at the home told us staff were knowledgeable about their care needs and they were satisfied these were being met. One person said, "The staff are very professional and I am happy with my care."

Prior to admission to home the registered manager had completed a full assessment of people's individual needs and produced a plan of care to ensure those needs were met. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. One person who lived at the home said, "We discussed my needs on my admission to the home and I am happy these are being met."

People received effective care because they were supported by an established and trained staff team who had a good understanding of their assessed needs. We were able to establish through our observations they received care which was meeting their needs and protected their rights. All staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

People told us they enjoyed the meals provided for them and were happy with the choices made available to them. Comments received included, "The meals are good and there is always a good choice." And, "The best meal of the day for me is breakfast. I always have a full English. We have a very good water dispenser in the lounge, it is very refreshing."

Catering staff had information about people's dietary needs and these were being accommodated. These included people who had their diabetes controlled through their diet and one person who required a gluten free diet. We saw snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. Fresh fruit was available for people who wanted it. People's food and fluid intake were monitored and their weight regularly recorded. Where concerns about weight loss had been identified appropriate action had been taken.

We observed lunch in the services two dining rooms. We saw people were given their preferred choice of meal and people with special dietary needs had these met. Food served looked nutritious and well presented. The support we saw provided was organised and well managed. The atmosphere throughout lunch was relaxed and unhurried with people being given sufficient time to enjoy their meal. One person not attempting to eat their meal was offered an alternative meal which we observed they ate.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Care practices observed during our visit confirmed people had their needs met in a consistent and timely manner. We saw staff worked well together and had a good understanding of people's needs. One person

visiting the home said, "In my opinion staff provide a very good standard of care. They all know [relatives] daily routine and preferences and these are met to my satisfaction."

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. A visiting healthcare professional told us care provided at the home was exceptional. They said staff at the home were quick to alert them if they had concerns about people's healthcare needs.

The service was in the process of joining Enhanced Health in Care Home Framework which is cooperation between the service and the Health Service. The service had recently been issued with a device to enable clinicians and care home staff to communicate in a virtual way and carry out remote examination and support to people. The service was being introduced to enable people to be treated in their home environment and reduce pressure on the ambulance service and hospital.

The service had a refurbishment programme in place and we saw several rooms had recently benefitted from redecoration and new furnishings. Accommodation was on three floors with a passenger lift for access between the floors. There were two lounges and dining rooms and a sun lounge at the front of the property. Each room had a nurse call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems. Clear signs (using pictures and words) had been put in place to enable people to move around the building confidently. For example pictures of toilets on bathroom doors.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

## Is the service caring?

### Our findings

People who lived at the home told us they were happy and well cared for. Comments received included, "The staff have been very kind to me since I moved here. It's much better than I thought it would be." And, "I cannot fault the care at all. The staff are really patient and always show an interest in how I am feeling. It makes me feel good."

We observed positive interactions throughout the inspection visit between staff and people who lived at the home. For example we saw staff took time to sit with people in their care and enquire about their welfare. We saw one staff member sat with one person for several minutes. The person knew the member of staff by name and was enjoying reminiscing with them about their younger days living in Fleetwood. The person had a big smile on their face and there was lots of laughter between them both.

Care plans seen and discussion with people who lived at the home and their family members confirmed they had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described the support people received and the activities they had undertaken. We saw people's care plans had been reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way and were kind, caring and patient when supporting people. We observed they demonstrated compassion towards people in their care and treated them with respect.

## Is the service responsive?

### Our findings

People who lived at the home told us staff were responsive to their care needs and available when they needed them. They told us care they received was focussed on them and they were encouraged to make their views known about how they wanted their care and support provided. Care plans we looked at were reflective of people's needs and had been regularly reviewed to ensure they were up to date. Staff spoken with were knowledgeable about the support people in their care required.

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the services assessment procedures identified information about whether the person had communication needs. These included whether the person required easy read or large print reading.

The service had also considered good practice guidelines when supporting people with communication needs with healthcare appointments. Community care plans were in place which are documents which promote communication between health professionals and people who cannot always communicate for themselves. They contained clear direction as to how to support a person and included information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication. The care plan also provided information about whether the person had a do not resuscitate order (DNA) which is a legal form to withhold cardiopulmonary resuscitation (CPR).

We looked at activities at the home to ensure people were offered appropriate stimulation throughout the day. The service produced a monthly newsletter for people who lived at the home and their family members. Accompanied with the letter was monthly list advertising the events organised for each day. We looked at the activities organised for October which included chair exercises, movie afternoons, knitting club, bingo and various entertainers. On the day of our inspection visit we saw people participating in a karaoke afternoon. The people we spoke with told us how much they enjoyed the activities organised. One person said, "I do enjoy the activities and join in when I can."

The service had a complaints procedure which was on display around the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. The registered manager told us she always responded to concerns raised immediately to prevent them developing into a formal complaint. People who lived at the home told us they were happy and had nothing to complain about.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. A visiting healthcare professional told us how impressed they had been with the support provided for one person at end of life care at the home. They also told us the family of the person had been very complimentary about the care and compassion provided by staff.

## Is the service well-led?

### Our findings

People who lived at the home told us they were happy with the way in which the home was managed. One person who lived at the home said, "The management and staff are great. It is a very nice place to live and the staff have very high standards."

We found the service had clear lines of responsibility and accountability. The registered manager was supported by a deputy manager who undertook management tasks including administering medication. The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well run and consistent service.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing the services medication procedures, care plans, infection control, environment, staffing levels and ensuring people's birthdays and anniversaries were celebrated.

We looked at the minutes of a recent residents meeting. We saw one person had commented how lovely and clean the home was and they wanted their comments passed onto to domestic staff. We also saw one person had requested changes to the services menu. The registered manager told us these had been implemented and the changes had been warmly welcomed by other people who lived at the home.

A visiting relative told us they had attended a residents meeting and informed the registered manager about a social event being held at a local hall on Tuesday afternoons. They told us their relative attended the event along with a number of people from the home and the activity had proved to very successful. This showed the registered manager continuously listened to people's views and ideas and was open to making changes and improvements to the service provided.

Surveys completed by people who lived at the home confirmed they were happy with the standard of care, accommodation, meals and activities organised. They also said they felt safe and the home was well managed. Surveys completed by two family members scored the service as excellent. One person had commented, 'Excellent home it feels like home from home.' Four healthcare professional surveys had also been completed. They all rated the service as excellent. They said the registered manager and her staff were helpful, the home was clean and tidy and they would happily recommend the home to anyone looking for a care home for a family member.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.