

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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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

About the service

Yercombe (Gloucestershire) Trust is a residential care home which provides personal care to 10 older people. The service provides long term care and respite care. At the time of the inspection nine people were receiving care. Yercombe (Gloucestershire) Trust is based near Dursley, Gloucestershire. The service also provides day care services, which people living at the service can use, as well as people living in the local community.

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

People were comfortable, well cared for and benefitted from a whole home "family" approach to care. People enjoyed a varied and active life at Yercombe Trust. People were supported to follow their interests and their individuality and independence was respected.

People and their relatives told us all staff were kind, caring and compassionate. Staff were attentive to people's needs and knew how to promote their wellbeing. People were treated with dignity and respect.

Staff were appropriately trained and had the skills to meet people's needs. The registered manager ensured staff had access to the training, support and continued professional development they needed and requested. People received effective care and treatment. The service worked alongside a range of healthcare professionals to ensure people's health and wellbeing were maintained.

People's risks were known by care staff. Care staff were fully aware of their responsibilities to raise concerns and the provider ensured lessons were learnt from any complaints, incidents or accidents. There were enough staff deployed to ensure people received the support they required. People received their medicines as prescribed.

People received care which was personalised to their needs. Where people's needs changed, care staff took appropriate and effective action to ensure their health and wellbeing. 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.

The registered manager and provider had clear and robust systems to assess, monitor and improve the quality of care people received. Systems were designed to continuously improve the service and drive positive changes.

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

Rating at last inspection

The last rating for this service was good (published 22 August 2017).

Why we inspected

This was a planned inspection based on the previous rating of "Good". At this inspection we found that the service remained "Good".

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Yercombe (Gloucestershire Trust) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service also provides day care services to people living in the home, as well as the local community. CQC does not regulate day care services.

There was a registered manager at Yercombe (Gloucestershire) Trust. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider had not been asked to complete a provider information return prior to our inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received from the provider, including statutory notifications.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with five members of staff including two care staff, an activity lead, the chef, the deputy manager and the registered manager.

We reviewed a range of records; this included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection the rating of this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse at Yercombe (Gloucestershire) Trust. People told us they felt safe. Comments included: "I feel safe here" and "I can't think of anywhere else safer."
- Staff knew what action to take if they suspected abuse, poor practice or neglect. All staff were aware of the need to report concerns to the registered manager or provider and knew which organisations to contact outside the home if required.
- The registered manager reported and shared appropriate information with relevant agencies to safeguard people.

Learning lessons when things go wrong

- Incidents and accidents were reported, recorded and investigated to find out why things had gone wrong and ensure appropriate action was taken to keep people safe. Any learnings identified through investigations was shared with staff and used to prevent similar incidents occurring in future.
- The registered manager ensured improvements had been made to the service following a medicine administration error. This included reviewing agency induction checks and arranging for a new medicine storage trolley.
- The registered manager used Incident and accident audits to identify possible improvements to staffing arrangements or people's support.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People's risks were identified and assessed by care staff and management at Yercombe (Gloucestershire) Trust. Staff completed risk assessments in relation to people's health and wellbeing as well as the actions required to reduce these risks.
- Where people required assistance with their mobility an assessment was in place which documented the support they required. We observed care staff assisting people with their mobility and following their assessed plan of care. Staff used recognised safe techniques to assess people with their mobility.
- Where people had been assessed at risk of falls, staff followed clear guidance, including the use of equipment such as crash and sensor mats. The registered manager and care staff understood the importance of monitoring people after a fall, especially if they were on blood thinning medicines or had injured their head, to ensure people's health and wellbeing were promoted.
- The home was clean and well presented on both days of our inspection and staff protected people from the risk of infection. Staff had received training on infection control, which gave them the knowledge and skills to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection.
- People could be assured the building and equipment used to assist people with their mobility was safe

and routinely serviced and maintained. The registered manager and board of trustees had systems in place to ensure any health and safety and maintenance issues were addressed.

Using medicines safely

- People received their medicines as prescribed. Care staff kept a clear record of the support they had provided people regarding their prescribed medicines. Staff had systems they followed to ensure people were protected from the risk of maladministration of their medicines. Staff received training to be able to administer people's prescribed medicines. The deputy manager assessed staff competency to manage and administer people's medicines were assessed to ensure they managed people's medicines safely and effectively.
- People were given time to take their medicines in a calm and patient manner. Staff asked people who had 'as required' pain relief if they wanted these medicines and acted upon their wishes.
- People were supported to self-administer their own medicines. For example, one person had their own inhaler which they used. Staff provided them with support and guidance to manage this independently.

Staffing and recruitment

- There were enough staff, at any given time, to meet people's personal care needs. Staff had time to sit and engage with people and play games as well as doing craft based activities. Throughout the inspection there was a positive and relaxed atmosphere. Staff told us there were enough staff to meet people's needs. Comments included: "We are lucky, we always get time to spend with the residents" and "the staffing is quite good here, people don't go without."
- People spoke positively about staffing and the improvements to the continuity of care. Comments included: "I can't fault them, they always come quickly" and "I feel there is always someone around."
- Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. All staff worked a probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the training and support they needed to meet people's needs. People spoke positively about the care staff that supported them and felt staff had the skills to meet their needs. Comments included: "They (staff) are trained well and they know my needs" and "Nothing is too much trouble for them. I can't fault them."
- Staff spoke positively about the training and support they received and felt they had the skills required to meet people's needs. Staff comments included: "There is always training, and we always get support if we need more" and "We get all the training to learn the skills we need."
- Staff had opportunities for professional development, including completing qualifications in health and social care. Staff also had access to supervision and support, including regular one to one meeting with their line manager, which discussed key information as well as their developmental needs and goals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed with ongoing involvement of themselves and their close relatives and where necessary, based on their assessed needs from healthcare professionals.
- One person told us how they were involved in discussing their needs in relation to their health condition. They spoke positively about the support and encouragement staff gave them. The person said, "They encourage me, I am happy here, I am a face, not a number. Staff know what to do (to help me)."
- People had access to information to help them understand their care and treatment and promote a good quality of life with positive outcomes for people. One person told us, "They support me to do the things I like. It was a big change coming here, they've helped me to settle."

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to a varied and balanced diet. People spoke positively about the food they received and were supported to make a choice over the meals they enjoyed. Comments included: "The food is wonderful, we had shepherd's pie today, it was lovely and easy to eat," and "There is too much food, and the trouble is it's so lovely."
- The support people needed with their dietary needs was recorded in their care plans, including any specific dietary arrangements such as fortified foods and textured diets. Staff had training and skills to provide assistance to people who are not always able to take food orally, such as assisting people with Percutaneous endoscopic gastrostomy (PEG) feeding regimes. The service ensured they followed people's current nutritional plans.
- Snacks were available for people to enjoy at their pleasure. This included biscuits, crisps and fresh fruit. We observed staff prompting and encouraging people to enjoy food and drink throughout the inspection.

Where people requested food or drink, their requests were acted upon quickly.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Advice from health care professional helped inform people's care plans to enable staff to meet people's needs. For example, the registered manager had sought the advice of healthcare professionals in relation to one person's dementia care. They provided guidance and advice and ensured the person's prescribed medicines were effective.
- People were supported to attend medical appointments and were supported to access additional healthcare services such as opticians, chiropodists and hairdressers.
- Each person's oral care needs had been assessed as part of their care plan. This documented the support they required with cleaning their teeth or dentures.

Adapting service, design, decoration to meet people's needs

- People could orientate themselves around the home and access facilities including a range of communal lounges, their bedrooms and the day centre.
- People felt the home met their needs and had a "homely" feel. People were supported to personalise their rooms and areas of the home, including outdoor patio areas. Comments from people included: "It's a homely place, it's relaxed and comfortable, it doesn't feel corporate" and "I've got my own garden area. My room is for me, and I've got it how I like it."

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us their choices were respected. Comments included: "They ask me what I want, I've never been refused anything" and "I make choices, and they respect them."
- Staff supported people to make an informed choice, by providing clear options. Comments included: "The residents here know their own mind, they can make their own choices" and "Even if someone is living with dementia, they can still make choices, such as what they'd like to wear or eat."
- People's care records showed that the service had involved them in their care and carried out decision specific mental capacity assessments to ensure people's legal rights were protected.
- The registered manager had made one application to the local authority in relation to depriving a person of their liberty which was pending with the authoriser. They had ensured that the support they provided the person was the least restrictive and had sought the advice of healthcare professionals. Staff had carried out detailed a detailed mental capacity assessment and best interest meeting to ensure the person's support was effective and didn't impinge on their legal rights.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question had remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by dedicated and committed care staff. People spoke positively about how kind, caring and compassionate the care staff were. Comments included: "The staff know me, it's like a family. I get to know them and their children and they know me"; "It's like living with your family, they can't do enough to help me" and "The staff are very caring, nothing is too much trouble."
- Staff positively engaged with people and ensured they were comfortable and happy. We observed care staff engage with people in a respectful and natural way. Throughout the inspection staff and people enjoyed engaging with people, including eating together, playing games or talking. One member of staff told us, "I like working here as you have more time to spend with people."
- Staff told us how they promoted people's confidence and wellbeing. Comments included: "You have to prompt as much as you can" and "The residents can do a lot for themselves, they also look out for each other. We encourage them."

Respecting and promoting people's privacy, dignity and independence.

- People were encouraged to do as much as they were able to. Staff encouraged and reminded people regularly, including prompting them to have drinks and letting people lead their care. Most people were independent with aspects of their personal care and required prompting or supporting. For example, some people staying at Yercombe (Gloucestershire) Trust were there for short term respite. The provider and staff understood the importance of promoting and maintaining people's independence, which they would need back in their own homes. One person told us, "They support me to do things for myself."
- Staff told us how they respected people's dignity and the importance of making sure people were comfortable. We observed staff ensuring people's personal spaces were always respected. For example, knocking on their bedroom doors before entering, announcing their presence as they entered rooms and by talking and engaging with people before assisting them.
- The service respected people's diversity. Staff were open to supporting people of all faiths and beliefs, and there was no indication people that protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Supporting people to express their views and be involved in making decisions about their care.

- People were at the centre of their care and were involved in discussing their care and needs. People's care plans contained clear information about their views and the support they would like from staff. The registered manager and staff had clearly involved them in discussing their care and taken into consideration

their views. One person confirmed when asked that the care was based on their choices.

- People's communication needs were known, recorded and understood by care staff. Staff could describe the support people needed to enable them to understand their wishes and support their decision making.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question had remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in the planning of their care. This ensured that people's care assessments were personalised to their needs and preferences. One person's care plan had been written with the person and contained their voice throughout. People were happy with their involvement in the planning of care.
- The service provided respite care to people who would return. These people's care was planned with the person, their relatives and healthcare professionals. The registered manager explained people had ways to get used to the service, such as accessing the day centre to get a feeling for the service. One person told us, "I got used to the home through the day centre and I've lived here a while now. I enjoy it."
- Staff had detailed information on people's healthcare needs and their life histories. Many staff had worked at the service for a long time and a number of people had lived at the home for many years. This had helped promote continuity of care and promote a "family" feel.

Support to follow interests and to take part in activities that are socially and culturally relevant to them;

- People enjoyed a varied and active life living at Yercombe (Gloucestershire Trust). People could attend the day centre, enjoy activities tailored to their needs or enjoy their own company. People spoke positively about their lives. Comments included: "We have a wonderful activities co-ordinator. We've made Christmas cards, decorations. She's helped with really personal things"; "I get involved in all the activities, I love having my hair and nails done" and "There is plenty for me to do, I can go to the day centre when I want, or spend time here, I've got my own garden area."
- There was an activity co-ordinator in post who tailored activities to people's preferences, needs and interests. They spoke positively of people's varied interests which included music, gardening, painting and photography. People enjoyed board games, arts and crafts and knitting. The activity co-ordinator engaged and encouraged people, for example, one person had made a paper mache snowman. The person, the activity co-ordinator, staff and people discussed further decoration to the snowman they planned to make.
- People enjoyed activities and entertainers who visited the home and the day centre. On the first day of our inspection, people enjoyed a singer. It was clear people appreciated accessing the day centre engaging with different people.
- The activity co-ordinator had clear plans to develop activities and the events people enjoyed. They were arranging for a local historic society to attend the service and had carried out fundraising to purchase a season ticket for people to enjoy the local bird and wetland centre.

Supporting people to develop and maintain relationships to avoid social isolation;

- People's relatives and friends could visit them at any time. We observed people spending time with their

relatives and enjoying the freedom to spend time where they chose in the home. One relative when asked, spoke positively about the care their loved one received.

- The activity co-ordinator and staff understood people's preferences to provide activities which engaged them and protected them from the risk of isolation, whilst respecting their choices. They told us, "When I took it on, I spoke with each of them. There is quite a wide spectrum. We get them all involved."

End of life care and support

- People were supported at the end of their life by care staff. Staff spoke positively of how they ensured people were comfortable at the end of their life. One member of staff told us, "We stayed with [person] at the end, I held their hand and talked to them. [Registered manager] ensured we had the support we needed to."

- People's end of life wishes had been explored with them and their representatives. These included preferences in their end of life care and support and identifying any specific religious or cultural needs. The registered manager told us they supported people to discuss their views on admission to the service. Over time people had become more open to discussing their views. For example, one person had stated they "didn't know" what they wanted and staff had respected this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided to people in a format which was appropriate for them. For example, people could have access to information in a large print format, braille or in different languages. The registered manager and staff ensured people were communicated to in the most effective manner to their needs and preferences.

- There was a range of leaflets and information for people living at Yercombe (Gloucestershire Trust), including information on safeguarding and local services they could access. The registered manager reminded people of this information at monthly residents meetings.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise complaints and were confident the registered manager would take appropriate action.

- The provider had kept a record of compliments, complaints and concerns they had received. They had two documented complaints which were in relation to the day centre, which they had acknowledged and responded to. They had made changes to the service and communicated this to the complainant who was happy with the response.

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 the last inspection this key question was rated as Good. At this inspection this key question had remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were supported by the registered manager and understood their individual roles in supporting people at Yercombe (Gloucestershire) Trust. Comments included: "The manager is very good, they support you, but it's clear they trust us" and "We get the support we need, [registered manager] is approachable."
- The registered manager and provider understood their regulatory requirements. They had a clear understanding of their duties to notify CQC.
- The provider understood their responsibility to be open and honest when an incident had occurred. They had demonstrated this when following concerns, they had ensured people and their representatives, as well as relative agencies were informed.
- The registered manager was planning to implement champion roles for staff in the new year. Their aim was to give staff more responsibility, to drive their development as well as improvements within the home.

Continuous learning and improving care

- The registered manager and deputy manager had quality assurance systems to monitor, assess and improve the quality of care people received. They carried out audits on people's medicines, falls and accidents and the safety of the premises. Where shortfalls had been identified, clear actions had been recorded and action was taken.
- The Board of Trustees carried out their own quality assurance checks on the service to ensure the service was running as they expected. As part of these checks they spoke with people and staff and reviewed documents including people's care plans. Any concerns from these checks were addressed. For example, some small issues in relation to building maintenance were addressed at the time of the last check. People told us the board came and spoke with us. One person said, "the trustees come and have meetings here, they come and talk to us."
- The registered manager used complaints and concerns to help learn and drive the service forward. For example, recent fire drills had identified some improvements were required regarding staff organisation and response. The registered manager and deputy manager were planning to carry out more fire drills to evaluate the effectiveness of improvement actions taken.

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

- The views of people and their relatives had been sought in relation to changes within the home. The

registered manager carried out monthly resident meetings. They used these meetings to ensure people had information and also to seek their views.

- The registered manager had worked with people to implement a pebble jar scheme as a proportionate way for people to acknowledge good staff practice. People wanted a system to show their appreciation of staff without isolating staff. When the jar is filled with pebbles then all staff receive a treat.
- Care staff were provided with clear information they needed on people's needs, the registered manager's expectations and changes in the home, through meetings and policies memos. For example, changes to the home's medicine administration systems had been discussed and actions implemented.

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

- The registered manager, staff and people shared a clear vision and ethos for Yercombe (Gloucestershire) Trust. They wanted to provide a service which promoted a homely and family environment. Everyone spoke positively about this and the time people and staff got to spend together.
- Care staff were encouraged and supported to reflect on how they supported people. Staff spoke positively about how training and support had been tailored to enable them to effectively meet the needs of people living at the home. The registered manager supported staff to reflect on people's care and events in the home to help improve the quality of care people received, including medicine administration errors.

Working in partnership with others

- The registered manager had sought and acted upon the advice and support from a number of external agencies. The registered manager stated they were open to visits and guidance to help them improve and develop. Following building changes, the registered manager had welcomed the advice of the local fire and rescue service to ensure the building complied with fire safety regulations.