

Review of compliance

| | |
|--|--|
| Yercombe (Gloucestershire) Trust Yercombe (Gloucestershire) Trust | |
| Region: | South West |
| Location address: | Yercombe Lodge Stinchcombe Dursley Gloucestershire GL11 6AS |
| Type of service: | Care home service without nursing |
| Date of Publication: | July 2012 |
| Overview of the service: | Yercombe Lodge is a Residential Home and Day Centre. The Residential Home provides short stay respite care and a small number of long-term residential rooms for the elderly . Situated on the outskirts of Stinchcombe, between Dursley and Wotton-under-Edge, it lies under the Cotswold escarpment in 18 acres of woodland and gardens. |

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Yercombe (Gloucestershire) Trust was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 22 June 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We talked with four people who lived in the home and with two people who were there on the day for personal support. People said they liked living in the home and thought the staff treated them very well.

The home had a warm and cosy atmosphere and was clean throughout. The main lounge area had comfortable easy chairs where people socialised in the day time. We chatted to people in the lounge, one person was knitting squares to be made up into blankets for a local charity. Another person was knitting a multi-coloured sweater and said, "It keeps me busy, I broke my wrist a while back so it's good exercise".

People visited their local GP when they needed to and in addition other health services such as visits to the hospital, chiropodist and the dentist and optician when required. The district nurse visited the home on a regular basis to give health care.

At lunch time we observed that staff gently escorted people to their table. Everyone greeted each other and there was general chatter between the tables. People were offered a choice of meal and asked how much they would like. Three members of staff ate their meal alongside residents. One care worker supported a person to eat, they described what they were putting on the spoon and waited until the person indicated they wanted more food. People continued to chatter throughout the meal reminiscing about people they knew.

Staff received appropriate professional development. We spoke with two members of staff who said they were well informed of people's needs and the support people required. Most staff had worked at the home for many years and said they knew

people well, their likes and dislikes and were familiar with their care plans.

We asked the manager how they engaged with people and their families to find out their views on how the service was run. We were told the home had carried out survey's but not in the last two years. They had not sought the views of their stakeholders.

What we found about the standards we reviewed and how well Yercombe (Gloucestershire) Trust was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Yercombe Lodge was meeting this essential standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Staff were knowledgeable about individuals care and support needs, however, some care plans and risk assessments were not detailed enough to ensure the welfare and safety of the service users.

Yercombe Lodge was not meeting this standard. We judged that this had a minor impact on people who used the service and action was needed for this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Yercombe Lodge was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Yercombe Lodge was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Yercombe Lodge had informal systems which listened to the views of people in their day to day lives. However their quality assurance had not included the views of people, their relatives or stakeholders when planning services.

Yercombe Lodge was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People expressed their views and were involved in making decisions about their care and treatment.

We talked with four people who lived in the home and with two people who were there on the day for personal support. People said they liked living in the home and thought the staff treated them very well.

The home had a warm and cosy atmosphere and was clean throughout. The main lounge area had comfortable easy chairs where people socialised in the day time. We chatted to people in the lounge, one person was knitting squares to be made up into blankets for a local charity. Another person was knitting a multi-coloured sweater and said, "It keeps me busy, I broke my wrist a while back so it's good exercise".

People said they loved the views looking out from the lounge, One person said, "on a clear day you could see as far as Wales". One person showed us the television room where people liked to watch television later in the day. There were an assortment of puzzles, books and magazines for people to enjoy.

People told us they were involved in their care planning. One person said, "I make my

own decisions about what I want to do, If I want to stay in my room I can". People told us they made choices about their daily lifestyle such as meal choices and their daytime routine. However, two people did comment that the time they got up centred around breakfast being at a set time. We asked the manager about this who said that people had a choice of when they got up. The manager said they would follow this up.

The home respected people's wishes, for example, people were encouraged to decorate their rooms with their own items and with their own furniture if they wished. People said they kept in touch with their family and friends, by letter, telephone or visits. During our visit we saw that visitors were made welcome by staff.

The manager told us the home respected people's religious beliefs and arranged for Holy Communion to be given in the home for people who requested this.

Other evidence

We observed that staff knocked on doors before entering people's rooms. We saw that staff took time to engage with people and were respectful, encouraging people to be involved in making decisions.

Some people living in the home were not able to tell us what they thought of the care provided, so we made observations. We observed that people were comfortable and well cared for. Attention had been paid to making sure that they were suitably dressed.

Care workers supported people with dementia in a friendly manner. We listened (outside the room) to a care worker assisting a person in their room. Both the care worker and person were chatting easily with each other. People told us they were encouraged to be as independent as possible.

Our judgement

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Yercombe Lodge was meeting this essential standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is non-compliant with Outcome 04: Care and welfare of people who use services. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke with two people who were there on the day of our visit for personal care, one person said, "I come in for a bath once a week, it's wonderful here, the staff are fabulous, so kind, I could have lunch but I can't stay today".

We observed that people looked well cared for. People we spoke with told us they were well looked after. We asked people what they did in the daytime. Several people chatted to us about the new activities co-ordinator who had introduced a range of activities such as, local history, bird spotting and zumba which is an dance exercise. One person said they liked the memory games as it kept their brain active, another person said they really liked the 'touchy feeling' game as they had a visual impairment and the game helped to stimulate their senses.

One person said there was a room adjacent to the kitchen which could be used for baking. They said they had recently made fudge which they had enjoyed.

At lunch time we observed that staff gently escorted people to their table. Everyone greeted each other and there was general chatter between the tables. People were offered a choice of meal and asked how much they would like. Three members of staff ate their meal alongside residents. One care worker supported a person to eat, they described what they were putting on the spoon and waited until the person indicated they wanted more food. People continued to chatter throughout the meal reminiscing about people they knew.

Other evidence

A care worker explained that each person had a personal care plan which took into account their individual needs and preferences. People told us they were involved in their care planning and we saw from care files that they had signed their care plans.

People visited their local GP when they needed to and in addition other health services such as visits to the hospital, chiropodist and the dentist and optician when required. The district nurse visited the home on a regular basis to give health care.

We saw from the care records there were no end of life care plans, the manager said this was something they were addressing.

We looked at the daily recording sheets, some of which we found to be task orientated with little information about the emotional well-being of the person. We looked at the care files of three people who lived in the home. Each file included a care plan which had been reviewed monthly. Staff were knowledgeable about people's needs and how they supported them. However, we found that some care plans lacked description and detail about the support people needed.

Risk assessments were written around the person's needs, for example, mobility and falls, and nutrition. However, for some people the risk assessments had not clearly identified what the risks were or clear instructions on steps to take to minimise the risk.

Our judgement

Staff were knowledgeable about individuals care and support needs, however, some care plans and risk assessments were not detailed enough to ensure the welfare and safety of the service users.

Yercombe Lodge was not meeting this standard. We judged that this had a minor impact on people who used the service and action was needed for this essential standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We could see that people were comfortable with the staff in the home. We talked to several people about being safe. They said they felt safe in their home and would tell the manager if they were unhappy. One relative told us it was a very safe and secure home. Staff said they knew people really well and would be able to recognise changes in a person's behaviour which could indicate that something was wrong.

Other evidence

The manager said that all staff had a current Criminal Reference Bureau check. We looked at two staff files and saw that the correct pre-employment procedures had been followed. The home had a safeguarding policy and procedures in place which staff had signed to say they had read.

The noticeboard in the staff room displayed information about safeguarding and reporting abuse. In certain areas of the home we saw leaflets on how to raise a concern or make a complaint.

Staff talked confidently about what constitutes abuse and were aware of what signs and indications they might come across when working with people with older people. They were able to tell us how to appropriately deal with a safeguarding concern. This

included ensuring the person concerned was safe, raising it with the management or informing the board of trustee's. Staff were aware of the whistleblowing policy and records showed that staff had received training in the safeguarding of vulnerable adults.

The manager had completed training in the deprivation of liberties safeguarding and this information had been rolled out to staff.

Our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Yercombe Lodge was meeting this essential standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People praised the staff saying, "they are wonderful, all of them". One person said they were nice and did their job really well. We saw that people were comfortable with staff and that there were positive interactions.

Other evidence

Staff received appropriate professional development. We spoke with two members of staff who said they were well informed of people's needs and the support people required. Most staff had worked at the home for many years and said they knew people well, their likes and dislikes and were familiar with their care plans.

Staff told us they had a handover between each shift to share information, such as, how people spent their day, their appetite and any concerns to be aware of. Staff said they were well supported by management and had supervision every month. Each member of staff had an annual appraisal which looked at their overall development. Staff commented that management were 'very approachable and listened to their opinions and suggestions'.

We saw staff training certificates displayed on one of walls in the hallway of the home. Staff said they were happy with the training and information they received in order to do their jobs. They had recently updated their manual handling training and would shortly be doing training in dementia care.

The manager told us that all but one member of staff had at least a level two qualification in health and social care.

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Yercombe Lodge was meeting this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is non-compliant with Outcome 16: Assessing and monitoring the quality of service provision. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

People commented that they could approach the manager if they had any complaints or suggestions about their care or the home. A relative told us they were aware of how to make a complaint. They had not needed to but had made a comment to the manager about the facilities.

We saw that feedback forms were placed around the home so that people, their families and other visitors could give their views. However, we saw that so far for 2012 there had been no forms returned.

Other evidence

The manager described the range of quality audits the board of trustees used to assess the quality of the service provision.

The manager told us they monitored accidents and used such information to support them in reducing risk to people. There were environmental risk assessments and audits in place which were carried out monthly or quarterly, such as safety checks of electrical appliances and water temperature readings.

Yearly audits were carried out on the environment and premises. Fire testing and faults were recorded and followed up. The manager said the board of trustees had a five year development plan which was updated every year. Last year they had purchased a new washing washer and moved offices to allow a room to be used for staff residents and

relatives as a computer suite. This year they held a fete to try and engage more volunteers. People told us they had a lovely day and the weather was wonderful.

The home produced a newsletter for residents. The last edition included poems written by people living in the home. The activities co-ordinator was now looking for a resident to help write articles for the newsletter.

The manager said they visited each person on a daily basis to find out how they were and if they need anything. The manager said they had not received any formal complaints as they tended to engage with people before it became an issue of complaint.

We asked staff how they were able to bring matters of concern forward or put forward suggestions for improvements. They told us they would approach the manager or bring matters up during supervision meetings. They were confident that action would be taken.

We asked the manager how they engaged with people and their families to find out their views on how the service was run. We were told the home had carried out surveys but not in the last two years. They had not sought the views of their stakeholders.

Our judgement

Yercombe Lodge had informal systems which listened to the views of people in their day to day lives. However their quality assurance had not included the views of people, their relatives or stakeholders when planning services.

Yercombe Lodge was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

| Regulated activity | Regulation | Outcome |
|--|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 04: Care and welfare of people who use services |
| | <p>How the regulation is not being met: staff were knowledgeable about individuals care and support needs, however, some care plans and risk assessments were not detailed enough to ensure the welfare and safety of the service users.</p> <p>Yercombe Lodge was not meeting this standard. We judged that this had a minor impact on people who used the service and action was needed for this essential standard.</p> | |
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 16: Assessing and monitoring the quality of service provision |
| | <p>How the regulation is not being met: Yercombe Lodge had informal systems which listened to the views of people in their day to day lives. However their quality assurance had not included the views of people, their relatives or stakeholders when planning services.</p> <p>Yercombe Lodge was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.</p> | |

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

| | |
|----------------------------|--|
| Document purpose | Review of compliance report |
| Author | Care Quality Commission |
| Audience | The general public |
| Further copies from | 03000 616161 / www.cqc.org.uk |
| Copyright | Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified. |

Care Quality Commission

| | |
|-----------------------|---|
| Website | www.cqc.org.uk |
| Telephone | 03000 616161 |
| Email address | enquiries@cqc.org.uk |
| Postal address | Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA |