

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Yercombe (Gloucestershire) Trust

Yercombe Lodge, Stinchcombe, Dursley, GL11
6AS

Tel: 01453542513

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Yercombe (Gloucestershire) Trust
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 older people. 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.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

This was a positive visit and we could see that people were well cared for and supported appropriately by all staff. We spoke with four people who lived in the home and observed the care they and other people received. Staff were dedicated and caring. It was evident through observation and in discussions that they enjoyed working in the home and supporting people. People were happy to see us and understood why we were visiting them.

The home was bright and airy and was well maintained throughout. We saw that people had access to appropriate equipment such as wheelchairs and walking frames and staff ensured that these were close to hand for people. We looked at various records throughout the day and found that there were procedures and systems in place to ensure the smooth running of the home.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our visit we spoke with four people who lived in the home. One person told us "It's a lovely place". Another person told us they had recently come into the home for some respite care and described the care as 'wonderful'. People praised the staff for their care and support.

Throughout the day people spent time in their rooms or the main lounge, received visitors or went for a walk around the grounds. We observed that people in their room were comfortable and had access to their call bell. Drinks were available throughout the home and people in their rooms had drinks close to hand.

People were well occupied. The home offered various activities. On the morning of our visit the activities co-ordinator read a story to people sitting in the lounge. Everyone listened intently. Later there was a sing-along to 'old time' music and a quiz. People participated and seemed to enjoy each other's company. One person was engrossed in painting a water colour picture.

We observed that staff were respectful towards people and very attentive to their needs. People looked well cared for, hydrated and well nourished. One person said the food was 'absolutely lovely'. Menus had been developed to meet people's specific needs, for example, gluten free or diabetic controlled.

We looked at the care files of five people who lived in the home. The care plans had been reviewed regularly and, where possible, people had signed their care plan. There were pre-admission assessments in place and risk assessments which related to personal care, medication, nutrition, continence, manual handling and falls. There was also information which related to the activities people took part in and if they had enjoyed the activity. The provider may wish to note that there was little information about people's life history, which could support staff communication with those people with dementia.

We looked at the daily diaries for people, which provided an overview of how each person had spent their day, how they were feeling and if they had a restful night. The staff handover book highlighted appointments, any changes in personal care and other useful information to ensure continuity of care.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We looked at five care records and saw evidence that the home had requested the involvement of other agencies when required. Care staff told us that health and social care professionals visited the home for appointments with people. Staff said they had a very good relationship with all visiting professionals. They told us that if they needed to make a referral to a service such as podiatry then people did not have to wait long for an appointment.

One person told us the chiropodist came into the home to see them and staff would support them if they needed to go to a hospital appointment. Within people's care records we saw that people had been encouraged to participate in health screening and promotion programmes, such as the influenza inoculation.

We saw that contact information for the different health and social care services were available to staff in the records office. We looked at clinical records kept by the district nurse who documented people's treatment and any recommendations and follow up review dates. The home also kept a record of appointments and outcomes in the daily notes. The manager explained that if people were admitted to hospital then a pre-admission form was completed which highlighted people's preferences for their care.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

Yercombe Lodge was set within its own grounds and provided accommodation over two floors, with bedrooms on each floor. On the ground floor there was a large lounge with views overlooking Berkeley Vale, a smaller sitting room, large dining room, kitchen, laundry room and staff office. The Manager's office was situated on the ground floor adjacent to the front entrance of the home.

We saw that the home's layout supported the needs of the people who stayed there. On the ground floor, each bedroom had its own washing facilities. Each of the first floor bedrooms had a toilet and washing facilities. Communal bathrooms and toilets were within easy reach of the bedrooms. Corridors were wide enough to accommodate wheelchair users.

The front and rear of the property was wheelchair accessible. The gardens were well maintained with various outdoor seating areas. The home was set in a quiet location in several acres of grounds. People told us how lovely and peaceful it was to live there.

We found the home had a relaxed and informal atmosphere, was clean, warm and smelt fresh. The decoration and furnishings were sympathetic to the style of the property and appropriate for the people who lived there. People moved freely around the home and there was a selection of easy chairs provided, should people wish to sit down. In all of the bedrooms and communal areas a call bell was available so that people could summon support or assistance.

We saw that some people had furnished and decorated their bedrooms to their own taste with many personal items. Most bedrooms had views of the gardens and the ground floor bedrooms had access to a small private patio. One person said "I really love my room, who wouldn't, look at that view". The home had been well maintained throughout. We spoke with the maintenance person who told us they were a private contractor and carried out regular maintenance and repairs to the property.

The registered manager undertook regular audits of the premises to ensure they were well maintained. The home had ensured that risk assessments had been carried out. For example, security and fire risk had been reviewed to ensure the building was safe and had complied with the legal standards for safety, suitability and liability insurance that applied.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the provider had taken steps to ensure that equipment was maintained and fit for purpose.

We saw that hand rails had been fitted at waist height throughout the corridors, and at strategic places within the bathrooms and toilets. This enabled people to move around the home independently. The home was wheelchair accessible with a lift to the first floor. Inside the lift was a fold down seat, should people wish to use it.

People had access to a call bell within each of the bathrooms and toilets and in their own bedrooms. In the staff records office was a nurse call system which alerted staff when a call bell was activated.

Two people with a visual impairment used a talking clock which was small enough to keep on their person. Other equipment, such as wheelchairs, walking frames, bath chairs and stand aids were properly maintained and suitable for their purpose. One bathroom had a large shower area with an enclosure which was suitable for wheelchair users. In another bathroom was an assisted bath with hydraulic lifting equipment. A sit on weighing scale was available and, as with all other equipment, had been serviced in May 2013.

We looked at the home's records and found that equipment either had a valid guarantee or a maintenance contract in place. Regular audits were carried out for wear and tear and safety.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We spoke with four people who lived in the home. They all had positive comments to make about the care and support they received. One person told us they had spoken to the manager about the possibility of having shower facilities on the first floor. The manager told us they were looking into this.

The home had a formal system for gaining people's views through their annual survey which was to be carried out later in the year. The manager told us they had not received any complaints since our last visit.

The home had a system in place to monitor the quality of their service. Fire checks and drills and environmental risks assessments were carried out and the home's policies and procedures were current. We looked at the home's incident and accident recording system and found that all events were responded to appropriately.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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