

Countrywide Care Homes (2) Limited

Yohden Hall Care Complex

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Yohden Hall Care Complex is a nursing care home providing personal and nursing care to 77 people. The service is split into four units and one unit accommodates up to ten people with a learning disability. At the time of the inspection there were 53 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

Yohden Hall Care Complex is a large home which is separated into four different units. The unit that supported people with a learning disability had ten available rooms. This is larger than current best practice guidance. Effective infection and control prevention protocols were not in place on the first day of inspection. Staff did not always respond quickly to assess the safety of medicines. The management support team addressed these matters immediately. People received their medication as prescribed. Staff supported people to access external healthcare professionals when needed. 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.

Right Care:

The provider had systems in place to ensure people were protected from the risk of abuse and harm. Staff were kind to people and treated them with empathy. Environmental and individual risks were identified and managed. The provider was completing a review of care records to make improvements.

Right Culture:

Quality assurance systems were effective. The provider had recognised failings in the home via their quality assurance systems and had started to address the issues identified. The provider responded quickly when extra support was needed in the home to ensure people received good quality and safe care. Whilst the management support team had strong presence in the home, individual units lacked leadership, for example IPC management was poor on our first day. The management support team gave staff clear guidance on where improvements were needed and how these were to be achieved. The management team were in the process of making improvements to the service. These were not fully embedded therefore evidence was not available to confirm the changes were effective or would be sustained.

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

Rating at last inspection and update

The last rating for this service was good (published 4 February 2020)

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to the management of medicines and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Yohden Hall Care Complex

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Yohden Hall Care Complex is a 'care home'. People in care homes receive accommodation and nursing as a single package under one contractual agreement dependent on their registration with us. Yohden Hall Care Complex is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection the registered manager had recently stepped down from their post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and eight relatives about their experience of the care provided. We spoke with 12 members of staff including a quality excellence partner, two service support practitioners, a nurse, a life-style co-ordinator, two administrators, and five care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. A variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Effective infection and control prevention protocols were not in place on the first day of inspection. Donning and doffing stations were not clearly identifiable, a number did not have access to washing facilities or hand gel.
- Masks were not readily available throughout the home and especially at donning and doffing stations outside rooms which were occupied by people who had tested COVID positive.
- Staff members did not always follow COVID protocols. We observed staff gained access to non COVID areas of the home via unauthorised entrances. Agency staff supporting a person COVID positive were not wearing the appropriate level of PPE.

On the second day of the inspection the management team had made improvements.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

- Staff did not always follow safe protocols for the storage of medicines. Checks had not been conducted to confirm medicines remained safe when temperatures in a treatment room had raised above the appropriate levels. The management support team immediately addressed this matter.
- People received their medicines as prescribed. Systems were in place to ensure people received their medicines when they needed them. The management support team had added additional checks to ensure previous issues were addressed.
- Staff responsible for administering medicines had completed the appropriate training and the provider conducted regular competency checks ensuring staff remained at the appropriate standards.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding training.
- Safeguarding concerns had been raised to the relevant authorities. However, records were not always complete. The provider had recognised the gaps in records and started to address the matter.
- People told us they felt safe. One person told us, "I am happy and safe."

Assessing risk, safety monitoring and management

- Environmental and individual risks were identified and managed. Risks associated with specific health

conditions lacked personalised detail. The provider was conducting a review of care records, all care staff were asked to reflect on people's care and support needs to ensure records were accurate and current.

- People lived in a safe environment. Health and safety checks were regularly conducted. Staff had completed fire safety training.

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

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The provider had robust recruitment process in place. Comprehensive checks were conducted prior to applicants being employed. These included a review of employment history and Disclosure and Barring Service checks.
- The service had procedures in place to ensure identity checks were completed before agency staff supported people.
- People and relatives gave mixed comments about staffing levels. One person told us, "There are plenty of staff." Whilst a relative said, "There are less staff on an evening." The provider had recently added an additional staff member to support across all four units.

Learning lessons when things go wrong

- Information from accidents and incidents were regularly analysed to identify any trends and lessons learnt.
- The provider used clinical data from falls, weight monitoring and incidents to drive improvement within the home.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider responded quickly when extra support was needed in the service to ensure people received good care. A management support team was supporting the service.
- Leadership varied on the units within the home. Whilst the management support team had a strong presence in the home, individual units lacked leadership, for example the unit leads had not identified IPC management was poor or noted they were not acting as effective role models.
- Staff we spoke with were positive about the changes made. The management support team gave staff clear guidance on where improvements were needed and how these were to be achieved.
- The management support team had been working at the service for a few weeks and changes they were making had yet to be tested. Evidence was therefore not available to confirm the changes would be effective at securing the necessary improvements.

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

- The provider understood the legal requirement to notify the CQC of certain accidents, incidents and events. However, following feedback from a relative we were told about an event that should have been notified to the CQC. We raised this matter with the management support team and they immediately took action to investigate this matter.
- Quality assurance systems were effective. The provider had recognised failings in the home via their quality assurance systems and had started to address the issues identified.
- The provider used information from a range of sources to develop continuous learning. Clinical data such as weights, infections and falls were reviewed at provider level. The information was used to identify trends and to support in holistic reviews for individuals.

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

- The provider and the management support team understood their responsibilities to be open with people and relatives when things went wrong.
- The management support team were open and honest. They were responsive to issues raised following feedback from relatives.

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

characteristics

- People, relatives and staff had opportunities to share their views about the home.
- Staff meetings were regularly held which discussed the running of the service.
- People were supported to be part of the local community. Staff supported people to access the local facilities, including the local church and support groups.

Working in partnership with others

- The home worked in partnership with external healthcare professionals, supporting people to have joined up care and support.