

Yarborough Care Ltd

Yarborough House RCH

Inspection report

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Date of inspection visit:
15 March 2022
23 March 2022

Date of publication:
16 May 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Yarborough House RCH is a residential care home providing personal care to up to 25 people aged 65 and over, some of whom may be living with dementia. The service was supporting 20 people at the time of the inspection.

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

People had been placed at risk due to fire safety measures not being actioned in a timely manner and having insufficient staffing numbers to evacuate people in the event of a fire. Other areas of improvement including maintenance checks, health risks and decorating were identified. The provider took action to address urgent concerns we found during the inspection.

The provider lacked the appropriate systems and processes to drive forward improvements in a timely manner. The provider's own systems of oversight had not identified most concerns we found during the inspection.

People were supported by kind and caring staff. End of life care wishes were explored and recorded. We have made a recommendation about the management of complaints.

Visits to people were arranged in line with government guidance. We signposted the provider to resources to support their approach including the use of essential care givers.

Systems in place to monitor staffing levels were not effective and all relatives we spoke with said there were staff shortages at times. Prescribed medicines were managed safely however, improvements in the provision of as required medication was required.

Staff knew how to report allegations and concerns of abuse and understood their roles clearly and what was expected of them. Recruitment and selection processes were followed.

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

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

Rating at last inspection

This service was registered with us on 2 December 2020 under this provider and this was their first inspection.

Why we inspected

This was a planned inspection as a newly registered service.

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.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safety and provider oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Yarborough House RCH

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.

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

One inspector carried out this inspection, and an Expert by Experience made telephone calls to people's relatives. 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

Yarborough House RCH is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 March 2022 and ended on 23 March 2022. We visited the service on 15

March 2022.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with the registered manager, deputy manager, two care workers and a housekeeper. We spoke with one person who used the service about their experience of the care provided. We spoke with five relatives via telephone. We reviewed a range of records. This included three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the fire service in relation to fire safety concerns.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Significant areas of the home required painting and decorating, with some areas posing an infection control risk. The provider told us they were taking action to address this, but no action plans were in place.
- Fire safety risks had not been fully considered by the provider including the amount of staff available on a night-time to meet people's evacuation needs. We shared our concerns with the fire service and the provider gave assurances that processes were put in place to reduce this risk.
- Risk assessments were in place however, we identified one person whose risks had not been fully assessed or documented.

The failure to assess and monitor risk was a breach of Regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Accidents and incidents were analysed by the registered manager to look for themes and trends. Learning had been captured and actions taken to reduce the risk of reoccurrence.

Using medicines safely

- The provider failed to have sufficient systems in place to ensure the safe administration of 'as required' (PRN) medicines. Protocols in place to guide staff when to administer PRN medicine were not sufficient and the times that time specific medicine, such as PRN pain relief were administered was not being recorded.
- People did not have access to all PRN medication on a night-time due to staff competency. The provider confirmed following the inspection that sufficient numbers of night staff had been competency checked to administer medicines on a night-time.

Failure to have systems in place for the safe administration of medicines was a breach of Regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were safely received, stored and returned to pharmacy when they were no longer required.

Staffing and recruitment

- We observed enough staff were available to support people's needs. However, all relatives we spoke with said there were staff shortages at times. A relative told us, "Sometimes there are not enough staff about when I visit."
- The provider had a dependency tool in place to set the staffing levels for the home. This tool was not effective at identifying the staffing numbers and skills mix required for people's needs to be met at all times.

- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Maintenance on the building including the painting of handrails was an infection control risk.
- We were somewhat assured the provider was facilitating visits for people living in the home in accordance with the current guidance. The registered manager and deputy manager lacked knowledge about essential caregivers and their potential roles within the service. They were signposted to the guidance regarding this.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely risk-assessed.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse.
- Staff had received up to date appropriate training in this area.
- People and their relatives felt the service was safe. A relative told us, "My [Name] is safe because they were having lots of falls at home. Now as soon as they attempt to mobilise the staff are always with them."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Records in relation to fluid monitoring and risks relating to hydration were not always fully completed or documented.
- Mealtimes were a pleasant experience for people. People were offered a choice of meals, however, picture cards to support decision making were not always used.
- Feedback was positive about food and nutrition. Relatives told us, "The food is always good, [Name] never complains about the meals and there is always a choice. I have eaten a few meals with [Name] and they have always been very nice."
- Menu choices were discussed with people and feedback recorded and used to inform kitchen staff.
- People were offered drinks and snacks throughout the day.

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

- We were told people were supported to access health care services such as doctors and district nurses, however, records did not always evidence this. Records in relation to complex health concerns or situations were not always in place including feedback from health professionals.

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 specific 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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Some mental capacity assessments had been carried out and when people were unable to make a decision, best interest meetings had taken place with appropriate people involved. Records in relation to one person's decision making and how staff should respond were not in place.
- Applications to deprive people of their liberty had been made appropriately and systems were in place to monitor these.
- Staff gained consent from people before providing any care and support.

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

- Systems were in place to assess people's needs and preferences, so staff knew how to support them.
- Oral hygiene assessments had been completed.

Staff support: induction, training, skills and experience

- Staff received induction, training and competency assessments to ensure they had the skills for the job. The systems in place to monitor this had not identified when staff deployed were not suitably trained.
- Staff received some supervision and appraisals to support them in their role. A system was in place to monitor this moving forward.
- Staff told us they felt supported. One member of staff told us, "If I need anything, I would go to the team leader and they would help, and they would also help me on the floor. Even the registered manager would help on the floor as well."

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

- The service provided a homely environment, however, large areas of the home required improvements in painting and decorating.
- Some people's rooms were very personalised.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 treated with kindness and were positive about the staff's caring attitude. One person said, "The staff are excellent, they are always there when needed."
- Staff knew people and their needs well. We observed kind and positive interactions between staff and people. A relative told us, "[Name] always looks clean and tidy and their nails are usually clean and cut down. The staff love [Name] and [Name] loves them, they are kind, caring and compassionate. You usually see the same staff about."

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

- People and their relatives had been involved in the development of their care plans and their ongoing care needs.
- Residents meetings took place between people and staff, there was evidence within the meetings that people's choices and wishes were considered.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff knocked on people's doors and waited for a response before entering.
- People's independence was promoted. A relative said, "[Name] tries to do as much of their personal care themselves but the staff are there to help and encourage when they need it. They always treat [Name] with dignity, and they leave [Name] to dress themselves because that's what [Name] wants. The staff are lovely, so kind and caring with them."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- There was a basic log of complaints with limited information including any outcomes and lessons learnt.
- Relatives felt confident they could report any concerns or complaints and they knew who to report things to.

We recommend the provider seek advice and guidance from a reputable source, about the management of and learning from complaints.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A basic programme of activities was in place. A relative told us, "[Name] takes part in activities, they enjoy anything." Staff were encouraged to undertake activities in addition to their caring duties.
- People and their relatives were supported to maintain their relationships. Relatives visited the service in line with government guidance. When in full lockdown those who could benefit from using zoom calls were offered this as a way to see their loved ones. However, a relative told us, "We are having problems speaking to [Name] by phone since the new telephone system was introduced. The staff can no longer take the phone to the residents' rooms. We just have to rely on messages being passed on."

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

- Care planning records did not always represent personalised care. This was primarily due to the software used and the provider gave assurance this would be addressed.
- People were happy with the support they received.
- People were encouraged to make their own decisions and choices. People chose when and how they wanted to spend their time.

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.

- We identified one person who lip read however, alternatives to wearing masks had not been sufficiently investigated.
- Some people's communication needs had been assessed and recorded in their care plan.

End of life care and support

- People had been offered the opportunity to discuss their end of life care wishes if they wanted to.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- Governance systems had failed to identify and address the shortfalls found at inspection. When monitoring systems had identified risks, appropriate and timely action had not always been taken to address these areas.
- Timely action had not been taken in relation to fire safety concerns and maintenance matters. There failed to be any action plans with specific timescales to ensure improvements were being driven forward.
- The quality of accurate and contemporaneous records was not always sufficient. Some people's care records contained limited information to be assured care was being delivered to meet their needs including monitoring records and risk management.
- Oversight systems had failed to ensure that regular health and safety checks were adhered to in line with the provider's own policies. Gaps in fire, bedrails and flushing of unused water outlets were identified.
- The provider lacked oversight of staffing levels and staff skill mix to ensure people's needs were being met at all times. The dependency tool being used was ineffective at providing this oversight.

Failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 told us they felt listened to and the new manager was approachable.
- The registered manager understood their responsibility in relation to duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- The provider engaged with people receiving care, their relatives and staff.
- The service regularly worked in partnership with other health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to have systems in place to assess and monitor risk and for the safe administration of medicines.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to assess, monitor and improve the quality and safety of the service.

The enforcement action we took:

A Warning Notice was issued.