

The Yardley Great Trust Group

Yardley Grange Nursing Home

Inspection report

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Date of inspection visit:
24 January 2023
25 January 2023
13 February 2023

Date of publication:
05 May 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Yardley Grange Nursing Home is a residential care home providing personal and nursing care to up to 46 people. The service provides support to people who are over 65 and require nursing care and/or have dementia. At the time of our inspection there were 42 people using the service.

The home is set out over two floors with access to both floors via a lift. There are numerous communal lounges and visiting areas situated throughout the building for people to use.

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

The provider had systems in place to monitor the quality of the service. However, these systems had not identified the shortfalls we found at the inspection in relation to recording of actions taken following feedback from people and oversight of some aspects of recruitment. Further oversight was needed to ensure all areas of the service were monitored effectively.

People were supported safely, and staff understood the risks associated with people's care. People received safe support with their medicines and learning was taken from any incidents or accidents that occurred. There was a dedicated team of staff responsible for the cleanliness of the home and systems were in place to promote and monitor good infection control practice.

There were sufficient staff available to support people and staff were recruited safely. People were supported by staff who had received the necessary training for their roles. 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.

People received support to have their healthcare needs met and the registered manager and staff team worked alongside local healthcare professionals to achieve this. People had their preferences for meals and drinks met and were provided with meals that met their dietary requirements.

People felt well cared for and were supported by staff who knew them well. People were involved in choices in their care and were treated with dignity and respect.

People had access to a range of activities and were supported to maintain relationships that were important to them. People's care records were reviewed to ensure they were up to date.

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

Rating at last inspection

The last rating for the service under the previous provider was good (published on 21 May 2019).

Why we inspected

Whilst we have carried out an infection control inspection, published 09 April 2021, this inspection did not award a rating for the service. The service has not been inspected and rated since a change in provider on 10 July 2019. We undertook this inspection to rate the service under the new provider.

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.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Yardley Grange Nursing Home

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

On the 24 January 2023 one inspector and a specialist nurse advisor visited the service. One inspector visited the service on 25 January 2023. An Expert by Experience carried out phone calls to 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

Yardley Grange Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Yardley Grange Nursing Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 January 2023 and ended on 13 February 2023. We visited the location on the 24 and 25 January 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. 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. All of this information was used to help us to plan our inspection.

During the inspection

We spoke with 1 person and 8 relatives about their experience of the care in the home. We spoke with 11 staff members including the registered manager, deputy manager, nursing staff, care staff and the chef. We carried out observations of people's care.

We reviewed 7 care plans and records relating to monitoring of people's care needs. We reviewed 8 medicine administration records. We reviewed 3 staff members files to review the recruitment processes in place. We viewed records relating to training and how the quality of the service was monitored.

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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to recognise safeguarding concerns and how to escalate concerns should these occur.
- Peoples relatives told us their felt their loved one was safe at the home. One relative told us, "My [relatives name's] understanding is not 100% anymore. But I feel 100% content and that [they are] well cared for." Another relative told us, "Oh yes [they are] safe and quite settled there actually."
- Where safeguarding concerns arose, the registered manager alerted the local authority and CQC appropriately.

Assessing risk, safety monitoring and management

- People had the risks associated with their care identified and measures were put in place to reduce these. This included where people needed a specialist diet or required support to mobilise safely.
- Staff understood the risks associated with people's care and guidance was available to staff that helped to ensure people were supported consistently and safely.
- There were systems in place to help ensure known risks to people's health were kept under review.

Staffing and recruitment

- Systems were in place to ensure the safe recruitment of staff. These included seeking references from previous employers and obtaining a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us staffing levels were sufficient to support people living at the home. We saw that staff attended to peoples' requests for support promptly.
- There were systems in place to ensure safe staffing levels were in place. The registered manager explained their use of a dependency tool, which calculated the numbers of staff required to keep people safe, based on each person's assessed needs. People's needs were reviewed each month, which meant the required staffing numbers were also reviewed each month.

Using medicines safely

- People received safe support with their medicines. There were systems in place that checked whether people always received their prescribed medicines when they should. Whilst we found people had not experience harm and there was monitoring in place, we discussed how the recording of times of administration of medicines that needed a set amount of time between doses could be enhanced. The registered manager actioned this immediately.

- Where people needed medicines 'as required' there was clear guidance available for staff around the signs the person may need this type of medicine.
- Only trained nursing staff were delegated to administer medicines. Nursing staff confirmed checks were carried out to ensure they were safe to administer medications.
- One relative informed us after a recent review their relative had their medicines changed and about the positive impact this had as their relative was more alert. They told us, "We were there when they did it and explained everything to us. It is a good thing [name] is more alert."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- People were supported to have visitors in line with their wishes and in accordance with current government guidance.

Learning lessons when things go wrong

- Accidents and incidents were reviewed, for each person, and action taken where improvements to care had been identified. There were systems to analyse accidents and incidents across the home to identify potential trends to reduce the chance of reoccurrence.
- The registered manager responded positively to our feedback during the inspection and made improvements where they were identified.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them moving into the home to ensure their needs could be met safely.
- Assessments involved the person and their relative and detailed information about people's likes and dislikes and preferences for care. This information was used to formulate care plans for people.
- The registered manager informed us of how they considered the compatibility of existing residents with potential new admissions to the home.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training and who felt supported in their role.
- Staff informed us they had received sufficient training for their role to enable them to meet people's needs safely. A review of staff training records showed staff had received training they required to meet people's assessed needs.
- The home had employed a physiotherapist to provide guidance and support around people's mobility needs. They provided regular training to staff around moving and handling.
- On the first day of the inspection a dietician was delivering training to staff around people's needs where drinks or meals needed to be modified in order for them to be provided safely. This training supported staff's understanding of people's dietary needs which in turn would help the staff team to support people safely.
- Staff received supervisions to enable managers to discuss their performance and offer them support to enhance their training and development.

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

- People were offered choices with their meals. Whilst a menu had been devised, people were asked if they wanted the menu option, if not, alternatives were offered. A relative told us, "Generally [name] likes the food. They will make something else if [name] doesn't like what is on the menu."
- People's preferences for meals and drinks were known by staff and recorded in care plans.
- The service had a chef on site who had spoken with people to find out their likes and dislikes of food and drink. The chef knew which people had specialist dietary requirements so they could prepare these meals safely.

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

- Most people were not independently mobile. We discussed ways in which the environment could be further improved to enable people living with dementia to orientate themselves around the building. The

registered manager informed us this would be considered should they support more people who mobilised independently.

- People's bedrooms were personalised with pictures and items important to them.
- The home's design was appropriate to meet people's needs. There were communication aids such as a date board in the dining rooms to enable people's orientation with the date and time.

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

- People were supported to access healthcare as and when needed. The service had good links with their local general practitioners (GP) practice who visited the home twice a week.
- People's healthcare needs were recorded in their care plans and there were processes in place to enable these to be monitored where needed.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We saw people being offered choices in their care and consent was sought from people before they were supported. One relative told us, "They always talk to [name] and explain what is happening plus they call us too if there are any problems."
- People were supported by staff who understood the principles of MCA and told us how they used this in practice with people they were supporting.
- Nursing staff had received training around the MCA and supported staff in their understanding of the information relating to this legislation. Care staff had not received training around the MCA. The registered manager informed us they had enrolled care staff on MCA training following our inspection.
- People had capacity assessments in place relating to specific decisions that needed to be made. Where the person was deemed as lacking capacity to make the decision a best interest meeting was held with professionals and relatives.
- The service had made DoLS applications appropriately and had monitoring systems in place to enable them to keep track of when approved DoLS were due to be renewed.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by a stable staff team who knew them well. We observed kind, caring and natural interactions between staff and people.
- One person we spoke with gave positive feedback about the care they received and said, "It's perfect here. I'm well looked after" and, "They [staff] have made me feel at home and most at ease here. They [staff] go above and beyond."
- Relatives shared positive feedback about the care their loved one received. One relative told us, "Oh I have nothing but admiration for them [staff]. I am very happy [name] is there." Another relative informed us staff were kind saying, "I also have asked [my relative] and she too says they are kind and gentle. They also speak kindly and cheerfully to her and others."
- Staff enjoyed their role in supporting people and one staff member told us, "I love my job."
- The registered manager informed us of the ethos in the service which also showed care for people's relatives. We saw relatives were made to feel welcome in the home and provided with meals and drinks where they chose to stay at the home for extended periods of the day. One relative told us, "I am always made to feel welcome and you are made to feel part of a big family."

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

- People were supported to make day to day decisions about their care. Staff informed us how they altered their approach depending on people's needs. For example, by using visual aids to support the decision making process.
- Care plans recorded how to involve people in their care and how people made decisions.

Respecting and promoting people's privacy, dignity and independence

- People received support that promoted their independence and respected their privacy and dignity.
- Staff informed us of the ways they respected people's dignity during personal care such as ensuring curtains were shut.
- Care plans detailed what people could do independently and the level of support they needed in other areas.
- There were a number of rooms within the home where people could meet visitors in private. We saw these being used and were informed of previous family celebrations that had been facilitated by using these rooms.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

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

- Relatives or their representatives were informed about and involved as and when people's care needs changed. We noted care reviews with relatives and people had lapsed. Completing care reviews with people would further enhance their opportunity to comment and make changes to their care. When we raised this with the registered manager, they informed us this would be commenced again.
- People's care plans were developed with the person and their family enabling people to say how they would like their care to be delivered. Care plans included consideration of people's protected characteristics
- Care records were reviewed by staff to ensure accurate records of people's care was maintained.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We were informed of different aids that were available to support people with their specific communication needs, such as large print books and documents. People's specific needs in relation to their communication were recorded in their care plans.

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

- One member of staff informed us that they thought staffing levels needed to increase at times to enable people to go out on day trips. We discussed this with the registered manager who informed us that this would be facilitated once the weather warmed up.
- The home had a dedicated team of staff who supported people with group activities. People were also offered access to external entertainers who visited the home. Activities were planned around people's interests and around key events during the year. Planning had already started for celebrations around the upcoming coronation.
- Some people were cared for in bed. The activities coordinator informed us how dedicated time was spent with these people who could not access communal activities due to their care needs.
- People were supported to maintain contact with their relatives. We saw many different visitors during the inspection. One relative told us, "It is free to go at any-time we like now including weekends."

Improving care quality in response to complaints or concerns

- Relatives told us they felt able to raise any concerns, should they have any, and that these would be responded to.
- The service had received one complaint in the last year. We saw there were processes in place to review complaints and respond appropriately.

End of life care and support

- People had their end of life wishes documented in their care records when they were ready to discuss these.
- Staff received training in end of life care to aid their understanding of the support people needed at this time of their lives.

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.

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

- The home had systems in place to monitor the quality of the service. Whilst these had been in the most part effective, they had not identified some concerns identified at the inspection.
- The providers recruitment policy had not been followed, in one instance, where a risk assessment should have been completed following recruitment checks for a staff member with a criminal conviction. The registered manager informed us of the verbal conversations that were held but a written risk assessment had not been completed. This was completed during the inspection.
- The providers monitoring systems had not identified that reviews of care with people and relatives had lapsed. We were informed these would be restarted.
- The domestic cleaning team showed us a list of daily cleaning tasks they carried out. However, monitoring systems had not identified there were no records available to show these tasks had been completed. The registered manager informed us this had been put in place following the inspection.
- A survey had taken place for relatives and people which concluded in June 2022. We saw many positive comments and positive results from this. However, where concerns had been raised there was no record available to demonstrate these had been followed up. The management team could inform us what action they had taken and assured us a more robust system would be put in place to monitor people's satisfaction following the changes made.

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

- People and relatives gave feedback about their daily care on a regular basis and changes were made.
- Relatives felt involved in their loved one's care and informed us of how and when the service kept them updated. One relative told us, "The communication is very good always phoned on any medical changes."
- We received mixed feedback from relatives about their involvement in suggesting improvements in the service and whether they had received surveys to formally feedback their views. We raised this with the registered manager who agreed to review this.
- Staff meetings took place with heads of department who cascaded information to the staff teams they were responsible for. Staff we spoke with felt involved and able to make suggestions for improvement.
- Staff felt supported by the management team. One staff member informed us, "I can always approach the manager. She is a good listener and does understand." Another staff member told us, "The management team is very good."

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

- Relatives were complementary about the care their loved ones received and many told us they would recommend the care home to others. One relative told us, "I am overjoyed with the care he receives in every department; it is brilliant. If anything happens like the need to see a GP they call me and keep me informed." Another relative told us, "I am really grateful to the care that [name] receives." Another relative told us, "I have got nothing but gratitude for them and the way they look after [name] and that is a definite."

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 registered manager understood their responsibilities under the duty of candour. They understood the need to be open and honest with people should something go wrong.

Working in partnership with others

- People were supported to access a range of healthcare professionals when required. This helped support people's health and wellbeing.