

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

## Fulford Nursing Home

43 Heslington Lane, Fulford, York, YO10 4HN

Tel: 01904654269

Date of Inspection: 04 September 2013

Date of Publication:  
September 2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Safety, availability and suitability of equipment</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Mr Raymond Hancock
Registered Manager	Mrs. Donna Crockford
Overview of the service	Fulford Nursing Home provides nursing care for up to 28 people. It is situated on the outskirts of York at Fulford. There is a small car park for visitors to use. Local shops are available to people in Fulford and there is a bus service into York.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Meeting nutritional needs	8
Safety, availability and suitability of equipment	10
Complaints	11
<b>About CQC Inspections</b>	12
<b>How we define our judgements</b>	13
<b>Glossary of terms we use in this report</b>	15
<b>Contact us</b>	17

## 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 4 September 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by commissioners of services and reviewed information sent to us by local groups of people in the community or voluntary sector.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

---

### What people told us and what we found

---

People's needs were assessed and their rights were respected by staff. We saw that people made their own decisions or were supported by staff to do so. People's diversity, values and human rights were respected

We saw that people had individualised care records and risk assessments in place which helped staff to understand and meet people's needs. Everyone we spoke with told us they were happy with the care and support they received. One person we spoke with said "The care is good I get the help I need." A relative said "I look at the care plans with the nurse."

People's nutritional needs were assessed and monitored. The food served looked appetising. People had a choice of meals and could have whatever they wanted, even if this was not on the menu. One person we spoke with said "The food is okay. They know what I like and don't like." A relative said "There is a choice of food every mealtime. X is putting weight on and enjoys the meals."

Equipment was provided which helped the staff to meet people's needs. This was regularly maintained to protect the health and safety of all parties.

A complaints policy and procedure were in place. People we spoke with said they felt able to make a complaint. However, everyone we spoke with said they had not needed to do so. A relative said "I have never had occasion to complain. If I did it would be taken on board. They have all said right from the start if you are not happy with anything just come and tell us."

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](http://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

**Respecting and involving people who use services** ✓ Met this standard

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

---

### Our judgement

The provider was meeting this standard.

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

---

### Reasons for our judgement

We looked at this outcome because just prior to our scheduled visit we received some information of concern which suggested that people may not have been spoken to with respect. We spoke with ten members of staff. We discussed the concerns that had been raised with us. One issue was substantiated, this was dealt with immediately by the management team. Further training about the importance of maintaining professional communication was put in place for all staff.

During our visit we observed staff interacting with people living at the home. We observed that staff were polite and they respected people's individual choices. Staff were seen to be conversing appropriately with people and we saw no issues of concern. Three people we spoke with said they felt they were respected by the staff and they were treated as individuals. One person we spoke with said "The staff are polite and kind. I am well looked after." Another person said "The staff are good, they are polite and they knock on my door before entering."

People expressed their views and were involved in making decisions about their care and treatment. We saw that before a person was admitted a full assessment of their needs was carried out. This included gaining input from other people about the care and support the person required. This helped to ensure that people's needs were known and could be met. We looked at three people's records. We saw people's preferences and choices were recorded and that their care records were written to say what they could do for themselves and what they needed help with. People we spoke with said they felt their views were listened to and were acted upon. For example, we observed staff asking people what they wanted to eat and drink. If they had had enough, where they wanted to spend their time and what they would like to do. This helped to respect people's diversity, values and human rights.

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

---

**Our judgement**

---

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

---

**Reasons for our judgement**

---

People we spoke with told us they were well looked after and said they had the help and support they wanted to receive. One person we spoke with said "The care is good I get the help I need." Another person said "My care – I discuss it with the staff. If I was not well the staff would get the General Practitioner (GP) to see me." A visitor we spoke with said "I look at the care plans and discuss these with the nurse. Risks are also identified. This helps me to feel satisfied that (the staff) know what they are doing." We observed that people looked well care for during our visit.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our inspection we looked at three people's care records. We saw that these records contained information about people's individual needs. We saw that care plans and risk assessments were reviewed as people's needs changed and on a monthly basis. Staff we spoke with said they kept this information up to date to ensure that people's needs were known and could be met. We saw evidence that relevant health care professionals were involved in people's care when this was necessary. This helped to maintain health and wellbeing.

There were arrangements in place to deal with foreseeable emergencies. When a person had to go to hospital information about their care and their medication was sent with them and if possible a member of staff would support them. This may help to relieve the person's anxiety.

**Food and drink should meet people's individual dietary needs**

---

**Our judgement**

---

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

---

**Reasons for our judgement**

---

We looked at this outcome as prior to our scheduled visit we received some information of concern which suggested that some people's choices may not have been listened to in regard to their dietary preferences and that people who may not like meals were not offered an alternative.

During our inspection we observed lunch and tea to see if people were given a choice of what they would like to eat. especially in regard to the type of bread they preferred for their sandwiches. We found people had their choices of food respected and there was plenty of brown bread sandwiches provided. A person we spoke with said "As for the food it is marvellous. Two choices of first course and two for second. I could ask for something else and it would be done for me. The cook has just asked me if I want white or brown bread at tea. Sometimes I have white sometimes brown I have what I fancy." Another person said "At tea I usually have sandwiches. I prefer brown bread if they have run out but they tell me. Generally the food is very good here."

At lunchtime we carried out a SOFI observation in the dining room. The provider may wish to note that the blackboard in the dining room did not have the choice of food displayed on it at the time of our visit. This would have helped people to remember what food was available for them. We observed that staff were polite and they were respecting people's individual choices in regard to what they wanted to eat and drink. We saw evidence that people had been asked before lunch was served what they would like to eat. We also saw that people's choices for their tea were recorded so that the cook knew what they had to prepare.

The food being served looked appetising and nutritious at both meal times observed. We saw that there was a five week menu in place. The lunch and tea being served on the day of our visit corresponded with the information provided on this menu. We saw staff sitting with people who required assistance to eat and drink. Staff prompted people to try to eat a little more and gave other choices of food if a person had not eaten much. We saw that if people went to the bathroom during their meal their food was put to one side by the staff and it was presented to them ensuring it was warm enough for them to finish on their return so they would continue to eat their meal.

We spoke with the cook who could tell us about people's dietary preferences. They



confirmed that if a person did not like anything on the menu then something else would be prepared for them. We were informed that cakes and deserts were made where possible so they were suitable for diabetics and for people who wanted to reduce their weight. Staff we spoke with told us about people's individual dietary likes and dislikes. The cook was present until after tea had finished so that they could prepare any other choices of food that people may wanted to eat. Staff we spoke with said "People always have a choice for lunch and tea. They tell us what they want."

We looked at three people's care records. We saw evidence that if a person was losing weight advice was sought from the person's GP and relevant health care professionals. This helped to ensure that people's nutritional needs were being monitored appropriately to help maintain their health and wellbeing.

**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**

---

We spoke with the management team who confirmed that all the equipment was in working order. We saw that there was enough equipment to promote the independence and comfort of people who used the service. We spoke with all the staff on duty. One of the staff said "We have hoists, slide sheets, turntable's, wheelchairs and walking frames. We have enough to use for people. The care plans tell us what equipment to use."

During our visit we observed hoists being used to help to transfer people where this had been assessed as the safest method to be used. We looked at a number of hoists and the majority were in good working order. They had all been serviced, as required. We saw evidence that the wheelchairs being used were also regularly maintained. This helped to protect the health and safety of all parties. However, the provider may wish to note that one hoist that we saw which was stored in an upstairs bathroom was rusty at the base and was found to be dusty. We spoke to the manager about this, they immediately asked a member of staff to dust this. We were informed that the rust would be dealt with and the hoist would be re painted.

We looked at the record of bed rails being used being used within the home. We carried out spot checks on six sets of bed rails. These are used to help to prevent people from falling out of bed. We found these were correctly fitted, covered and appropriately used to help prevent entrapment. Risk assessments were in place for the use of bed rails and people or their representatives had agreed to their use. This helped to maintain protect people. A member of staff we spoke with confirmed that visual checks of bedrails were undertaken as staff attended to people and issues were reported immediately so that they could be dealt with promptly.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

---

### Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

---

### Reasons for our judgement

During our visit we spoke with three people living at the home. They were asked if they would feel able to raise issues or concerns with the staff or management team. All three people said they would. One person we spoke with said "I have never complained but I could." Another said "I have none. I never have had. I would say if I needed to."

People were made aware of the complaints system. This was provided in a format that met their needs. This was displayed in the home. The Care Quality Commissions contact details were updated on the homes complaints policy and service user guide. We were sent a copy of the updated information. A member of staff we spoke with said that if a person wanted to raise a complaint they would tell the manager straight away so that the issue could be dealt with. All the staff we spoke with said they would bring any issues to the attention of the management team to be dealt with. Staff also confirmed they felt the management team were approachable and that they would listen and act on any complaints they may wish to raise.

We looked at the complaints policy and procedure. This included information about the timescale for acknowledging the complaint, investigating the issue and informing the complainant of the outcome. The manager confirmed that there had been no complaints received. They said if a complaint was raised they would investigate and address the issues. This helped to ensure that people's complaints would be fully investigated and resolved, where possible, to their satisfaction.

## 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.



## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---