

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

## The Yachtsman Care Home

41-42 Laidleys Walk, Fleetwood, FY7 7JL

Tel: 01253873472

Date of Inspection: 20 May 2014

Date of Publication: June 2014

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	The Yachtsman Limited
Registered Manager	Ms Marie Parkinson
Overview of the service	<p>The Yachtsman Rest Home is registered to provide personal care for up to 32 people. They support mainly older people or people with dementia. Accommodation is on three floors with a passenger lift for access between the floors. There are two lounges and dining rooms and a smaller quiet lounge plus a large garden for people to enjoy. The home is situated close to shops, buses, the beach and the local facilities of Fleetwood.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and used information from local Healthwatch to inform our inspection.

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.

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### What people told us and what we found

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On the day of our visit we spoke with the owners, registered manager, deputy manager, staff, relatives and residents. They helped answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people living at the home, staff caring for them, relatives and by looking at records. We also had responses from external agencies including social services. This helped us to gain a balanced overview of what people experienced living at The Yachtsman.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

Systems were in place to make sure management and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helps the home to continually improve.

The home had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. The manager had been trained to understand when an application should be made and how to submit one. This meant that people would be safeguarded as required. Applications had been made to the local council for residents. The manager said, "We are in the process of submitting applications for all residents to the council."

From our observations during the day, we found people were treated with respect and dignity by staff. People living at the home and relatives we spoke with were positive about the care and support they received. Comments from residents and relatives included, "I come here most days to visit my relative and leave feeling they are so well cared for and safe." Also, "I have lived here for a while and cannot fault the staff and manager for the care they give me. I feel safe and secure that's how they make me feel."

Staff recruitment was safe with all required checks undertaken prior to people starting to work at the home. This meant suitable staff were employed to provide the care and support people required.

Is the service effective?

Relatives we spoke with said they were able to see people in private and visiting times were flexible. "We come here quite a lot to see our relative and are always made welcome by the manager and staff."

People's health and care needs were assessed with them, and they were involved in developing their plans of care where possible. Relatives views were also sought to ensure people received the right care to meet their needs. Specialist dietary, mobility and equipment needs had been identified in care plans where required.

People's assessed needs were reflected in their care records. Individual records were person centred, comprehensive and informative in identifying personal preferences and how they liked their care and support provided to them.

Is the service caring?

We spent part of the day in the lounge and dining areas at lunchtime and breakfast observing staff interaction with residents. People were supported by kind and attentive staff. We saw staff showed patience and gave encouragement when supporting people. One resident we spoke with said, "I would not want to be anywhere else."

People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with their wishes. Residents personal histories had been developed by the manager and staff.

Is the service responsive?

People completed a range of activities in and outside the home regularly. We saw evidence of daily activities planned and advertised around the home. One resident said, "We had a barbeque at the weekend it was very enjoyable."

Reviews of people's care took place monthly and involved family members where possible. We saw evidence of where people's needs changed, their plans would be updated and reviewed promptly.

Is the service well-led?

There were a range of audits and systems put in place in by the manager and owners to monitor the quality of the service being provided.

Staff told us they were clear about their roles and responsibilities. Staff had an understanding of the ethos of the home and quality assurance processes were in place. This helped to ensure people received a good quality service at all times

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

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### **More information about the provider**

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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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

People living at The Yachtsman were supported to make decisions about the care and support they receive.

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### Reasons for our judgement

The home had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. The manager had been trained to understand when an application should be made and how to submit one. This meant that people would be safeguarded as required. Applications had been made to the local council for residents. The manager said, "We are in the process of submitting applications for all residents to the council." The manager told us she was trained to deliver training in this area for staff. Staff confirmed they had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

We looked at the care plan arrangements the home had in place. We found they had recorded information to ensure people they supported were receiving the appropriate level of care. Records showed people were at the centre of planning and decision making about their care. People had signed records to show they had been consulted and agreed with the level of care being provided.

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

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**Our judgement**

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The provider was meeting this standard.

People using the service experienced safe, appropriate care and support to meet their identified needs.

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**Reasons for our judgement**

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We looked at care records of people living at the home. We found their assessed needs were reflected in their care plans. There was evidence of involvement of the resident and relatives in the care planning process. One relative we spoke with said, "From the start the manager and staff asked me all about my husband and we gave them as much information as possible. It made understanding of my husband's needs better for the staff."

Care records of people who lived at the home demonstrated to us how their needs were being met and monitored. Records were set out in a way which informed staff of people's needs and choices. They contained a range of assessment information including managing mental health, social and healthcare needs. This meant staff had the information they needed to support people's welfare. For one person there had been changes in their health needs. Staff and management had recognised the changes and implemented an action plan involving other health professionals. Measures had been put in place and the care records updated to inform people of the care required. The relative of the person said, "They kept me fully informed of what was going on. The staff picked up on things straight away."

Risk assessments had been completed to identify the potential risk of accidents or harm to people living at the home. This meant staff were aware of any potential risk in the home for individuals in their care. These were being reviewed and updated on a regular basis.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI helped us assess and understand whether people who lived at the home were receiving good quality care that meets their individual needs. We observed many examples of good practice with staff being responsive and attentive. Staff were supportive, reassuring and showed an understanding of people who had a dementia condition throughout the observation process. This meant they were aware of people's needs and had the skills to deliver care.

We observed routines within the home were being arranged around people's individual

and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge areas. The person in charge informed us activities were arranged around a weekly programme. We saw evidence of an activity timetable around the home. One staff member said, "We do go out a lot there is no restrictions on activities and social events." A resident we spoke with said, "There is always something going on or a trip out somewhere."

We found care records completed by staff members were up to date and being kept under review. We noted they described the daily support people were receiving and the activities they had undertaken.

During our inspection we contacted Lancashire contracts monitoring team. They told us there were currently no issues or concerns with the service.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We looked at what recruitment procedures the home had in place. We found relevant checks had been made before new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), (formerly CRB checks) and references. These checks were required to ensure new staff were suitable and safe for the role of protecting people in their care.

Staff members we spoke with recently employed by the home told us they had found their recruitment and induction thorough and professional. They all commented they were not allowed to commence work until all checks had been completed. Comments included, "The checks were all completed before I started here. They provided me with a good induction training programme. I also had my moving and handling training before I could support residents."

We saw evidence new staff members had been issued with a written contract specifying the terms and conditions under which they were employed. The staff spoken with confirmed they had a job description and they were clear about their responsibilities.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

Systems were in place for monitoring the quality of the service people receive.

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### Reasons for our judgement

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The provider and manager had procedures in place to monitor the quality of the service. Regular audits were being completed. These included monitoring the homes environment, care plan records, financial records, medication procedures and maintenance of the building. The owners informed us audits were carried out monthly although they were involved daily in the running of the care home. They reviewed all quality audits and identified any changes or actions which might need to take place in order to improve the service. This meant the home had systems in place to ensure it benefitted from effective decision making.

Surveys, questionnaires were completed by residents and families annually. The manager would analyse any suggestions or negative comments and act upon them.

Staff spoken with said they did not have regular staff meetings, however could approach the manager with any issues or concerns. Comments from staff included, "The manager is fantastic and always available to talk to." A relative spoken with about the management of the home said, "The manager and owners are approachable and always willing to listen and help out if I have any issues." Staff told us that their views were considered and responded to.

The manager told us the views of people living at the home were sought by a variety of methods. These were on an informal basis and general discussions throughout the year. The people we spoke with confirmed they were satisfied with the service being provided and the manager was always approachable anytime.

Service contracts were in place confirming the building was maintained and a safe place for people to live.

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

People's personal information was managed carefully to help maintain their privacy, dignity and confidentiality was respected.

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### Reasons for our judgement

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Information was recorded in paper format and on a computer system. We saw it had been updated when required. The home used records in accordance with the Data Protection Act 1998. This ensured the service protected information relating to residents.

The manager informed us all confidential information was stored securely to ensure personal information was kept safe. We saw facilities suitable to contain confidential information.

We saw records at the home were maintained and stored safely. This included staff and residents confidential records. The manager told us they were aware of the procedures and policies they must follow to make sure all records were confidential. This meant safe and secure management systems were in place.

The manager informed us they were involved in updating and reviewing records so that information was accurate and used to monitor people's support.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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