

# Review of compliance

## Graham Philip Saunders & Robert Mark Saunders The Yachtsman Rest Home

<b>Region:</b>	North West
<b>Location address:</b>	41-42 Laidleys Walk Fleetwood Lancashire FY7 7JL
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	October 2011
<b>Overview of the service:</b>	<p>Mr G Saunders and Mr R Saunders are a partnership and provide accommodation for persons who require personal or nursing care at one location - The Yachtsman care home. It is registered for a maximum of 32 people, and predominantly provides care for older people and people with dementia.</p> <p>The Yachtsman is located on the sea front at Fleetwood. Accommodation is</p>

	<p>provided on two floors. A passenger lift is available to assist residents moving from to and from the first floor.</p>
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**The Yachtsman Rest Home was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

The summary below describes why we carried out this review, what we found and any action required.

## Why we carried out this review

We carried out this review to check whether The Yachtsman Rest Home had made improvements in relation to:

Outcome 01 - Respecting and involving people who use services  
Outcome 04 - Care and welfare of people who use services  
Outcome 05 - Meeting nutritional needs  
Outcome 09 - Management of medicines  
Outcome 12 - Requirements relating to workers  
Outcome 14 - Supporting staff

## How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 September 2011, talked to staff and talked to people who use services.

## What people told us

People living in the home who spoke to us said that staff respected their privacy and that they were treated with respect. One person said, "The staff are excellent. They really look after us well."

People living in the home said they are able to choose when to get up, and go to bed and what they want to do during the day. One person told us "Tea is served between 4 – 5.30 and I am able to go and help myself to what I want when I want which I like".

One person told us that they were involved in deciding their care. They said that they talk to the staff, "We have talked about how I want to get ready in a morning and what I want to eat and they wrote it down."

People living in the home were complimentary about the care and support they received. One person said, "Staff are very good, work very hard with a difficult job to do. I have no complaints". Another person said, "Staff are very kind, they go out of their way to help"

People spoken to said the staff were very helpful. One person said, "Staff are willing to go the extra mile". Others said staff were kind and patient.

One person commented "I would like more fresh air, not necessarily for a walk with a carer but just to be able to go outside and walk around the building".

People felt that the home was kept clean and was pleasant to live in. One person said sometimes they were cold but others said it was too warm or it was comfortable for them. Staff were advised to remind people to speak to staff if they were not comfortable with the temperature or anything else. People living in the home were full of praise about maintenance of the home. They said any repairs needed were promptly attended to and that they were very happy with this.

A member of staff talked to us about the new care plans. She found the new care plans informative but she found them difficult to follow but only in the sense that they were new and she had been used to the old system. She talked about her key worker role and was able to tell us which people she was Keyworker for and the type of things that she needed to do for them. Another member of staff told us that the care records were much more detailed now and gave a lot of helpful information.

Some people living in the home commented that the laundry service was not as good as it had been previously. They told us that the laundry person who had previously dealt with all the laundry had changed jobs in the home and all staff had become involved in doing the laundry. She had known whom items of clothing belonged to and quickly returned them. Since she had moved jobs clothing went missing more often and it seemed to take a while for articles of clothing to find their way back to the relevant person. The owners and manager said they would look at how to improve this.

Most of the service users stated that the food was good. One service user was not happy with the food, saying that the presentation was poor and the vegetables overcooked. Other people spoken to disagreed with this and said they liked the food.

Staff spoken to felt that their recruitment process had been thorough, with a good and helpful induction.

Staff spoken to said they felt well supported by senior people in the home. One member of staff stated "I am supported by the Manager and deputy if I have any problems with anything". Another member of staff said, "I can talk to senior staff anytime, they will always help if they can."

A member of staff told us she had attended regular relevant training sessions, enjoyed the atmosphere in the home and loved caring for the service users. The member of staff talked about the training programmes she had completed, and stated that she had had a supervision session in the last month. She was able to talk about the needs of the service users with dementia.

## **What we found about the standards we reviewed and how well The Yachtsman Rest Home was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about**

## **their care and treatment and able to influence how the service is run**

People living in the home are involved in deciding their care needs and are treated in a respectful and dignified way.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

Care plans and risk assessments have been improved with more detailed information about their care needs. However staff need to develop risk assessments in relation to people going outside where they are able to.

### **Outcome 05: Food and drink should meet people's individual dietary needs**

People living in the home have nutritious food and drink and are assisted effectively by staff.

### **Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

Medication management is effective and safe and ensures people living in the home receive medication as prescribed.

### **Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

Staff recruitment is robust and helps protect people living in the home.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Staff receive regular supervision and training and feel they are well supported by senior staff.

## **Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People living in the home who spoke to us said that staff respected their privacy and that they were treated with respect. One person said, "The staff are excellent. They really look after us well."

People living in the home said they are able to choose when to get up, and go to bed and what they want to do during the day. One person told us "Tea is served between 4 – 5.30 and I am able to go and help myself to what I want when I want which I like".

One person told us that they were involved in deciding their care. They said that they talk to the staff, "We have talked about how I want to get ready in a morning and what I want to eat and they wrote it down."

##### Other evidence

We looked at some care records. At our last review there was no evidence that people living in the home were involved in planning their care. On this review records showed that people living in the home and where appropriate their relatives were involved in developing and updating care plans.

People spoken to said they talked to staff about their care. One care plan recorded that

the person was unable to sign their name but that they had involvement in the care plan. In another care plan a relative of the person had signed the care plan showing her involvement. Her involvement was also clearly seen within the body of the care plan itself.

Meetings are held for people living in the home but some people do not want to or are unable to be involved in these. We discussed ways of getting their views with the manager who said she would try these. Senior staff spend time each day talking to people living in the home to check they are satisfied with their care.

The dignity of individuals was preserved. Members of staff were seen knocking on bathroom doors before assisting service users to the toilet.

**Our judgement**

People living in the home are involved in deciding their care needs and are treated in a respectful and dignified way.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People living in the home were complimentary about the care and support they received. One person said, "Staff are very good, work very hard with a difficult job to do. I have no complaints". Another person said, "Staff are very kind, they go out of their way to help" People spoken to said the staff were very helpful. One person said, "Staff are willing to go the extra mile". Others said staff were kind and patient.

One person commented "I would like more fresh air, not necessarily for a walk with a carer but just to be able to go outside and walk around the building".

People felt that the home was kept clean and was pleasant to live in. One person said sometimes they were cold but others said it was too warm or it was comfortable for them. Staff were advised to remind people to speak to staff if they were not comfortable with the temperature or anything else. People living in the home were full of praise about maintenance of the home. They said any repairs needed were promptly attended to and that they were very happy with this.

A member of staff talked to us about the new care plans. She found the new care plans informative but she found them difficult to follow but only in the sense that they were new and she had been used to the old system. She talked about her key worker role and was able to tell us which people she was Keyworker for and the type of things that she needed to do for them. Another member of staff told us that the care records were much more detailed now and gave a lot of helpful information.

Some people living in the home commented that the laundry service was not as good as it had been previously. They told us that the laundry person who had previously dealt with all the laundry had changed jobs in the home and all staff had become involved in doing the laundry. She had known whom items of clothing belonged to and quickly returned them. Since she had moved jobs clothing went missing more often and it seemed to take a while for articles of clothing to find their way back to the relevant person. The owners and manager said they would look at how to improve this.

### **Other evidence**

We observed staff interacting with people during our visit. Staff supported people living in the home well. They were assisting people and talking to them as they went about their tasks and were attentive if anyone needed them. We observed staff involvement with people living in the home throughout and after lunch. We also talked to some people living in the home in a small group and some people individually during our visit.

At the last review we had some concerns about the lack of information in some care plans. At this review the care plans were much improved. All care plans checked had more information in than previously, although some would still have benefited from more detailed guidance about specific areas of care. However the manager had redeveloped about a third of the care plans to include detailed information about the care and support needed written in a well personalised easy to read way. These clearly described how to support each person in a way they wanted. Staff were still getting used to the new care plans but one person said they thought they would be very helpful once they got used to them.

Records showed that where one person, as a result of a medication change, had become very lethargic. Staff had contacted the GP and this medication was discontinued. The person was more lively and alert as a result of this intervention.

Records also showed that one person had times when they became upset and very anxious. Information was in place showing how best to support the person when they seemed to be getting upset and what strategies may help them during this time. This was easy to follow and helped staff to manage the person's behaviour effectively.

Care plans contained appropriate risk assessments that had been regularly updated. These included where people wanted to go out alone and were unable to do so as they would not be safe. Where this occurred staff had involved family and other professionals and had gone through the correct procedure to make sure they were looked after safely.

The home has a key pad on the front door so that people who would not be safe going out of the home alone, do not leave the home when staff are supporting others. Staff are in the lounge with people living in the home but the home is on a main road and close to traffic and some people could be at risk if they walked out alone. They are able to go out but for some people this is with staff support. Although staff routinely completed risk assessments when there was a concern about a person's road safety, they had not looked at how best to make sure others could leave the building when they wanted to.

During the warmer weather the front door had been open and a member of staff

remained in the garden to support people. As the weather had become cooler this had stopped. One person had not realised they could still go outside if they wished. Staff need make sure that those who wish can go out of the home as they want and make them aware of this.

**Our judgement**

Care plans and risk assessments have been improved with more detailed information about their care needs. However staff need to develop risk assessments in relation to people going outside where they are able to.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

Most of the service users stated that the food was good. One service user was not happy with the food, saying that the presentation was poor and the vegetables overcooked. Other people spoken to disagreed with this and said they liked the food.

##### Other evidence

A cooked breakfast is available for those who want one. The manager said in discussion with people living in the home it had been agreed that lunch was moved from midday to 1pm as midday was too early when some people had eaten a cooked breakfast at 10am.

A choice of food is available at lunch time. On the day of the inspection lunch was a starter of oxtail soup, a main course of gammon, mash, cauliflower or chicken salad followed by a sweet of treacle sponge and custard, The food looked well cooked and nutritious but the gammon main meal was lacking in colour and the cauliflower was overcooked. This was discussed during the visit and the manager said she would make sure that meals were presented more appetisingly in future.

One person said that she didn't want the lunch she had chosen when it was presented to her. She was offered the alternative lunch which she also refused and was then offered a sandwich of her choice which she accepted happily.

Lunch was supervised by staff and was unhurried and relaxed. People were able to take their time and chat whilst eating. Relaxing music was being played quietly in one dining room. One member of staff was observed sitting helping a lady to eat her food

and chatting to her whilst she did so. Others were quietly checking if anyone needed anything else.

**Our judgement**

People living in the home have nutritious food and drink and are assisted effectively by staff.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

There were no specific comments made by people who use the service with regards to this outcome.

##### Other evidence

At the last review medication administered was sometimes not signed for, audits had not noted this and staff were not familiar with the reason some medications were taken. On this review medication management was much improved. Medication records were examined and showed that all entries had been signed for by the member of staff giving the medicine out and that where an individual had refused medicines or medicines were not given coded reasons were written on the reverse of the MAR sheet. Each shift audited the previous shifts medicine giving and any discrepancies were brought to the attention of the deputy manager or manager straight away.

A new system for keeping a check on changes in medicines such as GP changes or ordering, had been started which was helping to make sure that all medication records were kept up to date. There was detailed information about all medication used in the home and staff knew what the medication was for.

##### Our judgement

Medication management is effective and safe and ensures people living in the home receive medication as prescribed.

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

Staff spoken to felt that their recruitment process had been thorough, with a good and helpful induction.

##### Other evidence

At the last review we had concerns about some areas of staff recruitment in relation to references and getting a complete work history of each applicant. On this review we looked at the staff files of three staff. All records showed a fully completed application form, a full work history, CRB check and two references from the most recent employers.

Staff had received Induction training, training for manual handling, health & safety, infection control, dementia awareness, and safeguarding. They had also had regular reviews of their work progress and any support needs.

##### Our judgement

Staff recruitment is robust and helps protect people living in the home.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

Staff spoken to said they felt well supported by senior people in the home.

One member of staff stated "I am supported by the Manager and deputy if I have any problems with anything".

Another member of staff said, "I can talk to senior staff anytime, they will always help if they can."

A member of staff told us she had attended regular relevant training sessions, enjoyed the atmosphere in the home and loved caring for the service users. The member of staff talked about the training programmes she had completed, and stated that she had had a supervision session in the last month. She was able to talk about the needs of the service users with dementia.

##### Other evidence

At the last review staff were not receiving supervision as often as they should do. On this review all staff except the manager were having regular formal supervision. The manager was meeting and discussing the management of the home with the owners most days but they were not recording these discussions or formally auditing the home. Carrying out formal supervisions and keeping a record of important discussions would be beneficial to all involved.

We saw a matrix of staff supervision which showed sessions being undertaken approximately every 5 weeks. This was supported in individual staff files with a record of the supervision session.

Staff training has continued despite some difficulties in getting external courses. The

manager, who has some training qualifications, has continued providing in house training to staff using specialised training packages.

**Our judgement**

Staff receive regular supervision and training and feel they are well supported by senior staff.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<b>Why we have concerns:</b> The manager needs to assess whether people are able to safely go out of the home and if so that they are able to do so and that they are aware of this.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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