

Review of compliance

Black Swan International Limited York House	
Region:	East
Location address:	47 Norwich Road Dereham Norfolk NR20 3AS
Type of service:	Care home service without nursing
Date of Publication:	April 2012
Overview of the service:	York House is registered to provide accommodation for a maximum of 40 people who may require nursing and/or personal care.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

York House was meeting all the essential standards of quality and safety.

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 as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 10 March 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

On our arrival at the home people confirmed they enjoyed being in the home and that they were well cared for. One person told us that staff were 'very, very good' and if they could not be in their own home then York House 'would do fine.'

Everyone told us that they enjoyed their meals and when we discussed their needs, we were told that staff did know what to do and how they preferred to be helped. People told us they could speak with staff and have a laugh.

People living in the home and visitors did say that there was sometimes a bit of a wait if they needed to use the call bell. However, they did say that staff were usually available to help when needed and were always caring.

What we found about the standards we reviewed and how well York House 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

The provider is compliant with this outcome. People wishing to move into York House are included in discussions about their care and are also given any support needed.

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

The provider is compliant with this outcome. The care plans contain information to ensure people are cared for in a way that suits them and these are regularly reviewed.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider is compliant with this outcome. Staff are trained to understand and recognise abuse, supporting people to be as safe as possible.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider is compliant with this outcome. People living in the home can be assured that staff have received the correct training to be able to care for them properly.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider is compliant with this outcome. A review of the quality of the service is carried out on a regular basis, with people's comments informing any decisions about changes in the home.

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 we spoke with told us that they were happy with their support. One person explained that they had been fully included in discussions before they had chosen to move into York House. They said they felt they were given enough information and support to make a decision about moving to the home and their relative also confirmed this.

Other evidence

People wishing to move into York House were provided with information and appropriate support to enable a person to make a decision about such a move. People were able to include any person or family member in these meetings. People could also visit the home or have a meal before they made a decision. The needs of the person were reviewed and additional staff training was undertaken if necessary.

Staff expressed a thorough knowledge of the support needs of people living in the home as well as how people like to be supported. Staff described to us how they ensured that people's privacy and dignity were protected and we saw examples of people being offered choices about their care and routines.

Our judgement

The provider is compliant with this outcome. People wishing to move into York House are included in discussions about their care and are also given any support needed.

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

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

One person we spoke with explained that they had been asked for their choices about routines and their care, they felt fully included in the process. Their visitors who also spoke with us confirmed that family are included in the developing of care plans if the person concerned wished.

People told us that staff worked very hard and were always caring and considerate when providing support.

Other evidence

We looked at care plans that contained up to date information that showed all details were appropriately recorded and regularly reviewed. Risk assessments were also found to be completed and contained clear information and instructions for staff.

We observed staff dealing with people in an appropriate and considerate manner, with staff displaying a thorough knowledge of individual needs during our discussions.

We were told that when a care plan had been completed, it was then sent to the head office where it was read by a person who has not met the individual concerned. The question was then asked about the clarity of information and how clear this was presented. The care plan was then typed up and given to the manager to read and discuss. Care plans clearly showed the choices and wishes of the person receiving support and provided such detail as 'wishes to discuss with their family before making a decision about this part', supporting the dignity and choice of the person concerned.

We saw that staff monitored weight regularly and any healthcare support was obtained and again fully recorded. We spoke with a visiting healthcare professional who told us the staff worked very well with them. People were cared for and any instructions given were always followed and the well being of people promoted. Care plans were found to be orderly which enabled staff to find relevant information easily. Individual needs and support were shown to be regularly reviewed and adjusted when needed. Any allergies were clearly recorded as well as a statement if there were no allergies.

Staff explained that in the information used when the shift changed, details were colour coded to help staff recognise that some changes in support or medication may have taken place. Staff also told us they were currently developing their knowledge and skills regarding end of life care and discussed what they had learnt.

Our judgement

The provider is compliant with this outcome. The care plans contain information to ensure people are cared for in a way that suits them and these are regularly reviewed.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People living in the home and visitors we spoke with told us they were confident about talking with staff when they had any problems or worries.

Other evidence

A copy of the complaints procedure was provided in the information folder kept in every room. Complaints were logged, detailing the nature of the complaint, the action taken and the outcome. The service was also aware of the requirement to inform CQC of certain issues should they arise.

The home had undertaken appropriate recruitment procedures and carried out background checks as required to support the safety and well being of people. Safeguarding training was mandatory for all staff and was updated and refreshed as necessary. Any incidents, such as a person falling, were listed for monthly review by the manager. The local matron called into the home regularly and helped with this review and provided advice for staff.

Risk assessments were on care plans to identify any risks that had been identified and detailed actions to be taken by staff to minimise or prevent such risks.

Our judgement

The provider is compliant with this outcome. Staff are trained to understand and recognise abuse, supporting people to be as safe as possible.

Outcome 13: Staffing

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 sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

When we spoke with people about the availability of staff we were told that on some occasions people had to wait at busy times of the day but that staff did know how to assist people. Everyone told us that staff were really very good and they regularly checked that people were comfortable and happy.

Other evidence

On our arrival at York House there were six care staff on duty plus the deputy as well as the manager. We were told that shifts now included an extra member of care staff during the mornings. This had been implemented following comments from some people living in the home about having to wait on occasions for assistance.

The manager was carrying out interviews in the home as an additional post had been created to cover the period between 5 pm and 9 pm. This period had become quite a busy time of day and staff told us the additional member of staff was making a great difference at these times. We were also informed that the extra staff had been allocated again following comments made by people living in the home.

We were told that staff completed monthly time sheets that were reviewed according to the needs of people living in the home. This supported any decisions about staffing numbers and as previously explained, additional staff were then allocated to the time slots where they were needed the most.

All staff completed mandatory training with continued refreshers and updates arranged

as required. Staff had regular supervision and told us that they felt supported by senior staff and also by the manager. Staff were trained regularly and kept up to date with new requirements and Dementia awareness training had been added to the mandatory training programme.

Our judgement

The provider is compliant with this outcome. People living in the home can be assured that staff have received the correct training to be able to care for them properly.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not speak with any of the people using the service about assessing and monitoring the service provision.

Other evidence

Regular quality assurance audits were carried out with people using the service on a 6 monthly basis. The results of these audits provided information that helped to develop the services provided. Any improvements were also made where necessary, as explained at outcome 13 with the adjustments in staffing numbers. A new chef had also been appointed following comments from people and a new menu was in the process of being developed. Family questionnaires had been completed yearly and the results and following actions were put into a letter that families received.

Additional information is obtained by the organisation through the regular completion of monitoring that included direct observations, checks and regular supervision where discussions took place about areas of care and staff development.

We have previously reviewed records relating to areas of health and safety and these were found to be up to date. Fire alarms and other equipment were tested on a regular basis and these were completed within the required timescales. On our visit to the service we noted the premises were clean, comfortable and well maintained with no hazards noted.

Our judgement

The provider is compliant with this outcome. A review of the quality of the service is carried out on a regular basis, with people's comments informing any decisions about changes in the home.

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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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