

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

York House

47 Norwich Road, Dereham, NR20 3AS

Tel: 01362697134

Date of Inspection: 06 September 2012

Date of Publication: October 2012

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

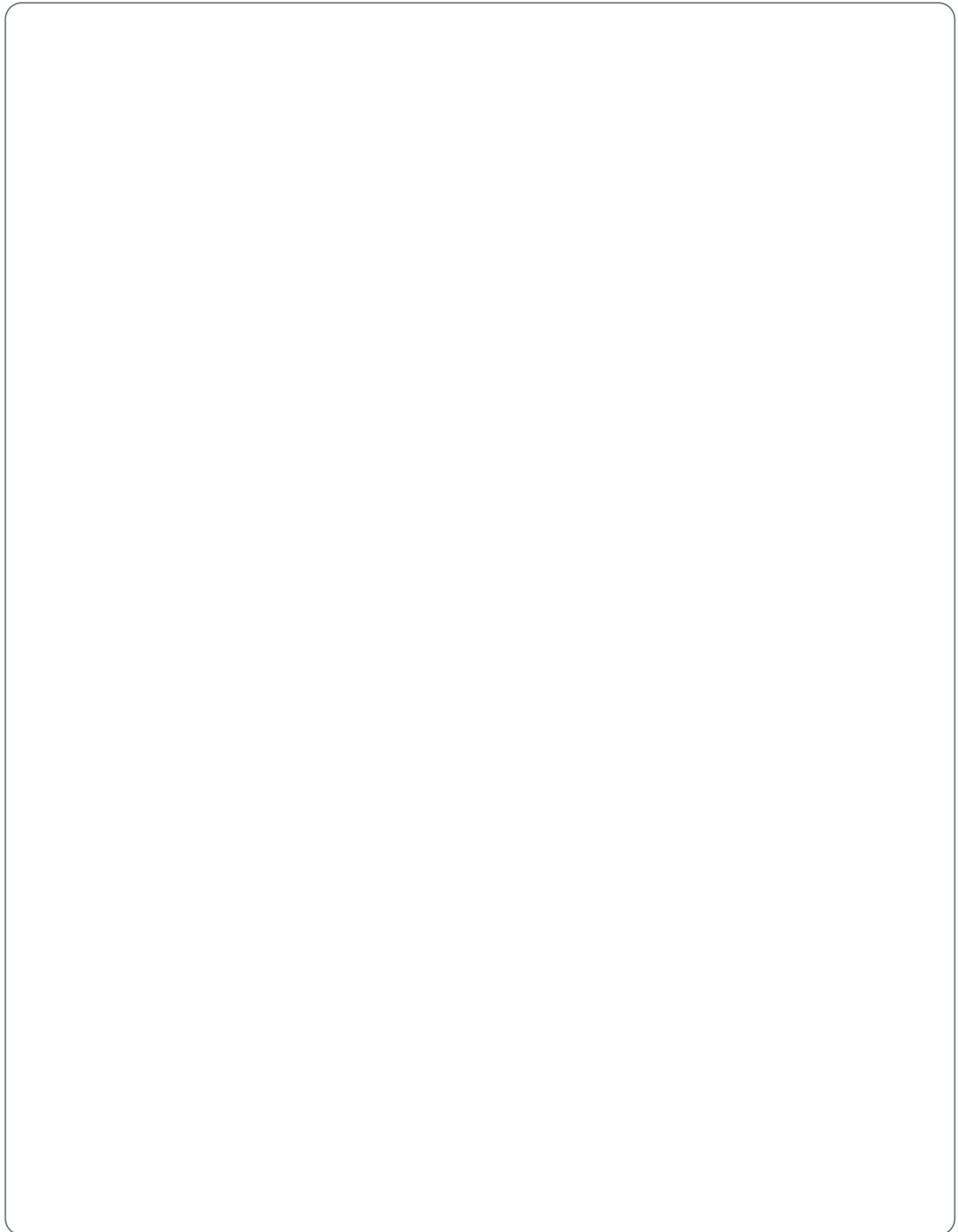
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✗ Action needed
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Black Swan International Limited
Registered Manager	Mrs. Celia Hart
Overview of the service	York House is a residential home providing care and support for up to 40 older people, some of who may be living with dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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'.



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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 6 September 2012, 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 and talked with staff.

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

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

We found that although during the period of our observation there were limited staff interactions we saw that when staff did approach and speak to people they did so in a friendly and respectful manner. On one occasion we saw a member staff bend down and speak with a person to enable more effective communication and that on another occasion a member of staff responded promptly when a person asked them for their assistance.

We spoke with four people and a relative of one of the people using the service. We were told that "the staff are all good and kind" and another person told us "I am quite happy here - I get on well with the staff"

However, all people we spoke with raised concerns about the numbers staff available to help them with their needs. One person told us "The girls [staff] don't have five minutes to talk to you, I feel the place is falling apart from what it was". When we asked them if they had to wait long periods of time to receive care they responded "Yes sometimes". Another person told us that due to time pressures on staff they sometimes did not get to choose when they went to bed, they commented "I got told I had to go bed now - it was like now or never".

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

What we have told the provider to do

We have asked the provider to send us a report by 18 October 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website 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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. At our inspection we reviewed the care records of four people living at the home. In each record we saw that detailed assessments of peoples' needs had been carried out to determine the level of care that they required. To demonstrate that people had agreed to their plan of care we saw that people had signed to indicate their consent and that where a person had been unable to sign, a family member or other representative had agreed on their behalf. This demonstrated that where people could not formally agree to their care plans, relevant people had been consulted to ensure that the care and support provided would meet an individual persons need.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. During our review of people's care records we also saw that consideration was given to the mental capacity of each individual person living in the home. An assessment was carried out to ensure that if there was a possibility a person may lack the capacity to consent to a certain decision staff would be aware of this. Records also clearly documented details of any Lasting Power of Attorney (LPA) that a person had in place. This meant that staff would be aware of when or if they needed to make decisions in the best interests of the person. We spoke to four members of staff who all demonstrated an understanding of the Mental Capacity Act. We also saw training records which confirmed that the majority of staff had completed training in this area together with the Deprivation of Liberty Safeguards (DoLS). When we questioned staff on what action they would take if they felt a person should be deprived of their liberty they confirmed that this would be referred to the registered manager for a decision to be made. Each member of staff was also aware of the policies and procedures in place at York House and knew where to access these should they need further information or guidance.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plan. Care files we reviewed showed that there was information about people's current and past medical history. We found that individual assessments had been carried out and these were then used to develop people's individual care plans. Plans were reviewed regularly and record keeping was clear. We saw that where there had been a change in a person's needs their care plan had been reviewed immediately and updates made as necessary. For example, we were told that a person now required their food to be specially prepared for them and when we reviewed the care plan we saw that this had been documented so that staff were aware of this change. This demonstrated that care and support was assessed, planned and carried out in accordance with people's individual needs.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We noted from our review of care plans that individual risk assessments were in place. These assessments took into account risks relating to people's moving and handling needs, their likeliness to fall, develop a pressure sore or suffer from malnutrition. We saw that where a person had a particular medical need, this was clearly documented so that staff were aware of any actions that needed to be taken. For example, we saw that for a person who required regular visits from the District Nurse, details of these and any outcome were written in the person's care plan. These assessments and information ensured that staff were made aware of how to minimise risks for the people living at York House.

There were plans in place to deal with foreseeable emergencies. During our review of care plans we also saw that each person had in place a personal fire evacuation plan. These described the arrangements to be adhered to should an emergency occur. These demonstrated that a co-ordinated and safe approach would be taken in relation to any emergency that required evacuation of the premises.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We spoke with three members of staff about their knowledge of infection control. They all demonstrated an understanding of key infection control principles including the importance of hand washing and wearing personal protective clothing such as disposable gloves and aprons when they attended to people's personal care.

We reviewed training records and found that all staff had undertaken training on infection control with the exception of two new starters who were to be booked to attend training in due course.

There were effective systems in place to reduce the risk and spread of infection. We saw that York House had in place an infection control plan and risk assessment. We saw that various infection risks such as MRSA, diarrhoea and vomiting, scabies and laundry management had been assessed, with actions in place to reduce the risk of the spread of infection clearly documented. We saw that York House carried out regular legionnaires tests and that an annual review of infection control procedures was taking place.

We also found that each person had an infection control care plan in place and found that where a person had an open wound this care plan was regularly reviewed to ensure that the risk of an infection being contracted was reduced. York House also had in place outbreak management plans and we saw evidence that these were worked towards when an outbreak of diarrhoea and vomiting happened earlier in the year.

We saw that regular cleaning took place at York House. Cleaning staff were employed and we saw cleaning schedules in place which confirmed that daily cleaning tasks were undertaken. However, the provider may find it useful to note that although we were told that people's rooms were thoroughly cleaned on a monthly basis we could find no documented evidence which confirmed that this had been carried out and we noted that some bedrooms had foul odours.

We reviewed infection control procedures in place at York House. We found the policy to be in date and noted that due regard had been given to relevant national guidance. It is a requirement of the Health and Social Act 2008 for providers to have regard to this guidance when deciding how they will comply with registration requirements.

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

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Prior to our visit to York House on 06 September 2012, we had received information of concern that told us there were on occasion not enough members of staff on duty to care for the people living at York House.

We spoke to four people using the service who all raised concerns about the numbers staff available to help them with their needs. One person told us "The girls [staff] don't have five minutes to talk to you, I feel the place is falling apart from what it was". When we asked them if they had to wait long periods of time to receive care they responded "Yes sometimes". Another person told us that due to time pressures on staff they sometimes did not get to choose when they went to bed, they commented "I got told I had to go bed now - it was like, now or never". A third person told us that although they got on well with staff they were not supported with the care they required. They commented "it upsets me - my dinner is not brought to me on time and I'm not helped to dress when I require it in the morning". A fourth person stated "staff are a bit slow in coming, especially in the mornings".

We were also told by two people that they only had access to a shower once a week although they would like this to be more. They were both of the opinion they were unable to have more showers because staff did not have the time to do this.

We also spoke to four members of staff who all stated that they felt there was not currently enough staff on duty to meet the needs of the people living at York House.

We also found that on the day of our inspection, a member of staff who should not have been on shift, had stayed to provide care and support whilst the inspection was carried out.

During our inspection we carried out two observational exercises. On one of those occasions, to help us understand people's experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

During our general observations over lunch time we found that there were not enough staff to help people eat their meals. For example, we noted that two members of staff were in the dining room whilst 20 people ate their lunch time meal. Four of those people required additional support with their meals such as assistance with cutting up food and eating. We observed that the two members of staff (one of which was the member of staff who should not have been on shift) going between people who required assistance giving one a person a mouthful of food before attending to the next person. We saw one person receiving the assistance become upset and refuse to eat. To ensure that people have their needs met staff should be enabled to provide one to one support to those people who require assistance at meal times.

During our SOFI in the afternoon, we found that although staff interactions were limited, people in the communal lounge were checked upon to see if they wanted a cup of tea or to go to the bathroom.

At the beginning of our inspection we asked the registered manager what staff ratios were in place at the home. We were told that during the morning shift there would be one senior carer supported by six care assistants, in the afternoon one senior would be supported by four carers with the addition of another support member of staff between 5pm and 9pm. We were told that two members of staff would cover the nightshift between 9pm and 7am.

When we reviewed the staff rotas for the last month, we found that staffing was maintained at the levels stated to us by the manager. However, the provider may find it useful to note that we found the registered manager and deputy managers were included in the rotas as members of staff providing care and support. Although extra management support is provided by the area manager, we are not confident that the registered manager is enabled to manage the service effectively.

Whilst we found evidence that demonstrated that there were, on occasion, not enough staff to care for the people living at York House, we also found that steps were being taken to address this. We spoke with the regional manager and the registered manager who confirmed that an agreement had been reached to recruit an additional member of staff during the day and at night. At the time of our inspection, we were told interviews had been arranged. We also saw that members of staff had been fully involved in this decision and their concerns had been taken on board.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff were able, from time to time, to obtain further relevant qualifications. We found that York House had in place a mandatory and optional training programme. We reviewed the training records and saw that the majority of staff had completed their mandatory training. We also found that York House operated a system which monitored training to ensure staff attended relevant courses and training updates. We spoke to four members of staff who confirmed that they felt appropriately trained to carry out their role and confirmed that if they felt they lacked training in a particular area this could be requested by their manager.

Optional training included courses to help meet peoples' specific needs for example, training on diabetes and pressure sore management. On reviewing the training records for these optional courses we were able to see that a selection of staff had been trained in each of these areas.

Staff received appropriate professional development. We found that a programme of formal supervision and appraisal was in place for permanent members of staff. We found that staff were able to access various forms of supervision which included one to one sessions, group supervision and observation. We also saw that staff had access to meeting with the provider and were encouraged to feedback any concerns that they may have. We spoke to four members of staff who confirmed that generally they felt supported from their immediate line manager. However, the provider may find it useful to note that some feedback received told us that, on occasion, staff did not feel supported by more senior management in the provider company.

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.

Reasons for our judgement

People were given support by the provider to make a comment or complaint. We saw that the complaints procedure was displayed clearly in the main entrance to the home. This demonstrated that people were provided with information about how to raise a complaint with the provider. The information also contained escalation details, so if people felt the provider did not deal with their complaint they could escalate the complaint to the appropriate body. We also found that people had access to the complaints procedure in their own individual user guide which was kept in their rooms. The complaints procedure was available in large print thus ensuring accessible information was available to people living at York House.

We also found that people living at York House and their relatives had access to meetings at the home. We saw minutes of these meetings which demonstrated that people were encouraged to feedback about the service so that the provider could take action or make improvements where this was necessary.

We asked for a summary of complaints people had made and the provider's responses to them. We were provided with the complaints folder but found that no complaints about the service had been made in the past year. We could therefore not test whether or not complaints had been dealt with and responded to appropriately. However, we did review the complaints policy in place at York House and found that this contained detailed information about the steps to be taken in the event a complaint was received. The policy described clear timescales for responding to complaints, the requirements and responsibilities about investigating a complaint and procedure for ensuring outcomes were communicated.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
	How the regulation was not being met: Appropriate steps had not been taken to ensure that at all times there were sufficient numbers of suitably qualified, skilled and experienced persons employed for the purpose of carrying on the regulated activity. Regulation 22.

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 to us by 18 October 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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, 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 dentists, primary medical services and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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 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.

 **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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

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