

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

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Staffing

✓ Met this standard

Details about this location

Registered Provider	Black Swan International Limited
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 to check whether York House had taken action to meet the following essential standards:

- Staffing

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 1 February 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We 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

During our inspection on 6 September 2012 we found that there were not enough staff employed by the provider to meet the needs of the people living at York House. At that inspection we received negative feedback from the people using this service demonstrating that they were not being cared for how they wished. For example, when talking with one person about time pressures on staff they told us that they did not get to choose when they went to bed they commented "I got told I had to go to bed now – it was like now or never"

The purpose of this inspection, carried out on 01 February 2013, was to ensure that the necessary improvements had been made. We found that they had.

Since our last inspection, the provider had recruited additional staff. Staff confirmed that improvements had been made and our feedback from the people using this service was generally more positive.

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

More information about the provider

Please see our website www.cqc.org.uk 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

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

During our inspection on 6 September 2012 we found that there were not enough staff employed by the provider to meet the needs of the people living at York House. At that inspection we received negative feedback from the people using this service demonstrating that they were not being cared for how they wished. For example, when talking with one person about time pressures on staff they told us that they did not get to choose when they went to bed they commented "I got told I had to go to bed now – it was like now or never"

Whilst observing lunchtime at that inspection we found that there were not enough staff available to meet the needs of the people living at York House. We saw that staff members moved between people who required assistance with their meals giving one person a mouthful before attending to the next person.

We told the provider that they had to make improvements.

On 04 October 2012 we were forwarded an improvement plan from the provider of services at York House, which addressed all of the concerns raised by us following our inspection in September 2012 and listed the actions to be taken to ensure improvements were made.

The purpose of this inspection, carried out on 01 February 2013, was to ensure that the necessary improvements had been made. We found that they had.

Since our last inspection, the provider had recruited additional staff. People were now supported by eight members of staff in the morning, rather than six, and an additional member of staff had been recruited for both the afternoon and night shifts. We reviewed the last month's rota and saw that efforts were being made to ensure staffing was maintained at these new levels.

We again observed lunchtime and found that this was better managed. However, the

provider may find it useful to note that at our previous inspection, in September 2012, 20 people were in the dining room with 3 people needing assistance. On this occasion only 11 people were eating their lunch in the dining room with 1 person requiring assistance.

We saw that their staff asked people what they would like with their lunches, for example, sauces and condiments. The one person who required assistance with their meal received this uninterrupted from one member of staff and other staff members took the time to hold conversations with the people in the dining room.

We spoke with four members of staff and asked them if they felt the problems in relation to staffing levels has improved since our previous visit. The majority of these staff members confirmed that they had seen an improvement and confirmed that the provider had ensured staffing was an on-going topic discussed at team meetings.

We spoke with five people who used this service and again the majority of comments received confirmed to us that improvement had been made. One person told us, "I just call my bell and they [the staff] come very quickly." Another person commented, "I more or less get to go to bed and get up when I want to." A third person told us that on occasion the mornings could be "...frustrating..." because they had to wait to receive assistance. However, they confirmed they had no other complaints and that in general staff were "...very helpful." The provider may find it useful to note, we did receive negative feedback from one person using this service who told us that, "No one has five minutes to talk to you." They added, "[You] never know if you're getting up morning or lunch."

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 dentists 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 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. 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.

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