

# Review of compliance

Warmest Welcome Limited Cymar House	
<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	113 Pontefract Road Glass Houghton Castleford West Yorkshire WF10 4BW
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	October 2012
<b>Overview of the service:</b>	<p>Cymar House accommodates up to 25 older people, the majority having either dementia or mental health problems. The service does not accommodate people who have nursing needs.</p> <p>The service is owned by Warmest Welcome Ltd and is located in Glasshoughton in Castleford.</p>

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

## Our current overall judgement

**Cymar House was meeting all the essential standards of quality and safety inspected.**

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 and carried out a visit on 9 October 2012.

### What people told us

Because the majority of people who were living in the home had some form of dementia, we had difficulty in being able to communicate effectively with them. However, we were able to speak with one person living there.

The person told us they were encouraged to maintain their independence.

They said there were now more choices of food at mealtimes.

They told us "This is a great place to live. Staff take me out, everyone is so genuine and we all get on. The atmosphere here is lovely and calm and we have a good laugh between each other and with staff."

The person said they had no concerns and were encouraged to have their say in how the home was run.

### What we found about the standards we reviewed and how well Cymar 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**

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

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

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

The provider was meeting this standard.

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

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

The provider was meeting this standard.

**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 did have an effective system to regularly assess and monitor the quality of service that people receive.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

People were protected from the risks of unsafe or inappropriate care and treatment.

The provider was meeting this standard.

**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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

A person who was using the service told us they were encouraged to maintain their independence. They also told us there were now more choices of food at mealtimes.

##### Other evidence

When we last visited the service on 31 July 2012 we found that people's views and experiences were not taken into account in the way the service was provided and delivered in relation to their care. Because of this we issued a compliance action because the care provider was non-compliant with the regulations.

At this visit we found that people were involved in how their care was planned and delivered.

We looked at the care records of a person who had recently been admitted into the service. We saw that a pre-admission assessment had been undertaken and staff from the service had obtained information about equipment that would be needed to meet the person's individual needs when moving into Cymar House. Their care records included a 'map of life' that detailed such things as the person's life and family history, their hobbies and interests, favourite TV programmes and activities they liked taking part in. This information enabled care to be planned with the person and their relatives

in a person centred way.

Where possible either people who were using the service or their representatives were asked to sign their care plan to confirm their agreement with it.

**Our judgement**

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

## 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

The person who was using the service described Cymar House as "A great place to live." They also commented, "Staff take me out, everyone is so genuine and we all get on."

##### Other evidence

When we last visited the service on 31 July 2012 we found that people did not experience care, treatment and support that met their needs and protected their rights. Because of this we issued a compliance action because the care provider was non-compliant with the regulations.

At this visit we found that people's needs were being met and their rights were protected.

We found peoples' care plans were more person centred and contained individualised information about the person. Because people and/or their relatives had more involvement in care planning, care was delivered in a person centred way and in accordance with the person's wishes.

Care reviews were carried out regularly so information was up to date and actions were taken quickly if people's needs changed.

A number of risk assessments were undertaken in relation to such things as moving and handling, falls, pressure sores and nutrition. Where risks were identified these

were properly monitored so that referrals could be made to appropriate specialist services where there were concerns. When we looked at one person's records they had a care plan for weight loss. We saw that a dietician and the person's GP had been notified about this and had provided guidance and direction to staff on the actions that were needed.

One person had been recently admitted into the service from another care home. When they were initially admitted the person had a number of pressure sores which have since healed. This indicated good standards of care from the staff team.

Since we last visited an activity organiser had been appointed. This person worked two days a week. On other days there was another member of staff who organised activities. Some people took part in exercise classes to help maintain their physical health. People were asked about what kind of activities they enjoyed. The activity programme was then planned around these preferences to encourage people to take part in things they liked doing.

### **Our judgement**

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

The provider was meeting this standard.

## Outcome 14: Supporting 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 competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

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

The person who was using the service said; "The atmosphere here is lovely and calm and we have a good laugh between each other and with staff."

##### Other evidence

When we last visited the service on 31 July 2012 we found that people were cared for by staff that were not properly supported to deliver care and treatment safely and to an appropriate standard. Because of this we issued a compliance action because the care provider was non-compliant with the regulations.

At this visit we found that staff were receiving the necessary support to be able to deliver care and treatment safely.

The training records showed staff had all received health and safety training and updates where needed. This included fire safety, moving and handling, Control of Substances Hazardous to Health (COSHH) and safeguarding adults from abuse. This equipped staff to be able to deliver care and treatment safely and to an appropriate standard.

The majority of people who used the service had dementia care needs. When we spoke with members of the staff team they said dementia training would be useful in developing their knowledge and understanding of the condition. The Care Director who was present throughout our visit informed us they were in the process of arranging this training for all staff. Arrangements had also been put in place for staff to attend some mental health awareness, including legislation about the Mental Capacity Act and its

impact on working practices. This training will also cover Deprivation of Liberty Safeguards (DOLS). This will enable staff to have a better understanding about how to ensure people's rights were always fully protected and any decisions made were in the person's best interests.

When we looked at staff files we found some annual appraisals had been carried out and these were due to be completed by the end of October 2012. Appraisals offered staff the opportunity to reflect on their performance and to look at ways of enhancing their skills and development.

Staff spoke positively about the recent management changes to the service and the improvements in the training and support they received.

**Our judgement**

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

The provider was meeting this standard.

## 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

The person who was using the service said they had no concerns and were encouraged to have their say in how the home was run.

##### Other evidence

When we last visited the service on 31 July 2012 we found that the provider did not have an effective system to regularly assess and monitor the quality of service that people receive. Because of this we issued a compliance action because the care provider was non-compliant with the regulations.

At this visit we found that effective systems were in place to monitor and improve the care and services on offer.

When we last visited the service the registered manager was absent from work. We had since been notified about the registered manager's resignation from her post. A senior carer continued to act as manager for the service with the support of the Care Director until a permanent manager was appointed. We were told the post had gone out for advertisement and interviews were expected to take place within a fortnight of our visit.

During this visit it was clearly evident how much work the acting manager had undertaken to make the necessary improvements. There was clearly a more person centred approach to care, records were kept up to date and were accurate, staff had completed health and safety training, recruitment procedures were being properly followed and staff appraisal systems had begun to be implemented.

When we first entered the premises we observed how the environment was much calmer than we found at our previous visit. The atmosphere was relaxed and we heard laughing and joking between people who were using the service and staff. When we spoke with one member of staff they said; "The care has improved since the acting manager has been in post. Care is more person centred and the food quality and choices are much better." Another staff member commented; "It is a much better place to work now. Staff morale has improved, we are learning new things every day and care plans are much better, more person centred and easier to follow." Another comment was, "The acting manager has an 'open door policy' so we can see her or the Care Director at any time and they offer support and advice. We were not able to do this before."

Meetings were now held with people who used the service and their relatives. These had been well attended and there was information near the entrance to the home so relatives were kept up to date with what was happening within the service and had their views and opinions taken into account.

A number of internal audit systems had been introduced. These included audits on the care plans, accidents, medication, infection control and pressure sores. The provider may find it useful to note that from looking at the findings it was not always clear what actions were needed and whether these had been satisfactorily completed.

Staff had completed all the outstanding health and safety training. We saw there were weekly fire safety checks and regular fire drills. The fire drills had identified some staff were not following proper procedures in response to alarms sounding and this was being addressed with the staff members concerned.

**Our judgement**

The provider did have an effective system to regularly assess and monitor the quality of service that people receive.

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

The provider is compliant with Outcome 21: Records

#### Our findings

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

The person who was using the service made no comment about this outcome area.

##### Other evidence

When we last visited the service on 31 July 2012 we found that people were not protected from the risks of unsafe or inappropriate care and treatment. Because of this we issued a compliance action because the care provider was non-compliant with the regulations.

At this visit we found that sufficient measures had been put in place so that people were protected from risks of unsafe or inappropriate care and treatment.

People's personal records including medical records were up to date and accurately reflected the support people were receiving. Records were now properly dated and signed.

When we looked at the staff files we saw that a Criminal Record Bureau (CRB) check had been undertaken on every member of staff. The staff files also contained all the other necessary documentation to evidence proper recruitment procedures were being followed to protect people who used the service from unsuitable workers.

#### Our judgement

People were protected from the risks of unsafe or inappropriate care and treatment.

The provider was meeting this standard.

# 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA