

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

Cymar House

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Warmest Welcome Limited
Overview of the service	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. The service is owned by Warmest Welcome Ltd and is located in Glasshoughton in Castleford.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 9 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We sent a questionnaire to people who use the service, talked with people who use the service, talked with carers and / or family members and talked with staff. We reviewed information sent to us by other authorities and talked with other authorities.

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

The CQC had received concerns regarding this service; therefore we brought forward the annual inspection. When we carried out the inspection we found the service to be compliant. We spoke with three people who used the service, a visitor, seven members of staff, the manager and Care Director. We reviewed four staff files and four care records.

We observed that people who used the service could choose when they wanted to get up; we also saw evidence of this reflected in people's care records. People looked well cared for and were seen to have good relationships with the staff. People who used the service told us they were happy living at the home and they were well looked after. We observed people were treated with respect and dignity.

Care records were up to date and reviewed monthly with risk assessments used to develop guidelines for staff to follow to reduce an identified risk. There were safeguarding and whistleblowing policies in place to provide staff with guidance about protecting people from abuse.

Training records confirmed that all staff had completed training in safeguarding and statutory training. We saw evidence of annual appraisals and regular supervision between staff and the manager or Care Director.

We reviewed the summary results from feedback questionnaires completed by people who used the service and their relatives in July 2012. The feedback was 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

Care and welfare of people who use services

✓ Met this standard

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

When we arrived at Cymar House at 7.10am the night staff were still on duty. Ten of the 23 people who used the service were already up and dressed appropriately. People we spoke with who were able to give their views; explained they liked to get up early. One person said "I get up early every day, I would like a lie in but I always wake up early". Another person said "I like to get up early, always have done". One person who used the service clearly knew the other people well and was able to tell us who liked to get up early and who liked to sleep in. Staff told us people could choose when they wanted to get up and some people liked to get up early, whereas others chose to stay in bed longer. We saw people rising as late as mid morning. We also saw evidence of this in people's care records we looked at, which reflected people's preferred times for getting up and going to bed.

We reviewed four care records, we found people's needs were assessed and care was planned and delivered in line with their individual plan. The care records provided clear guidance to staff about how people's care and support should be delivered. We found care records were person centred, detailed and individualised. For example, one person's plan recorded the type of face cream they liked to wear and gave specific details about what needed to be in place to help them sleep well, such as two pillows on the bed and the curtains drawn. Care plans also included information about communication; nutrition; personal hygiene; mobility; sociability; sexuality; sleeping; pressure areas care and maintaining a safe environment, information about people's life history and interests was also recorded. We saw evidence of recent reviews where care plans were discussed with the person using the service and their relatives. Daily records were detailed about the care and support provided and showed staff were providing care in accordance with the care plan.

Risk assessments identified where people were at risk of harm and were used to develop guidelines for staff to follow. In people's care plans we saw examples of risk assessments for falls, moving and handling and nutrition, using the Malnutrition Universal Screening Tool (MUST). Also the provider used the NHS Kirklees risk assessment tools for infection

prevention and control; Methicillin-resistant Staphylococcus aureus (MRSA) and management of Clostridium difficile (C.diff).

People's care was planned and delivered in a way that ensured people's safety and welfare. We found people had a behaviour management plan, which identified 'triggers' that influenced how a person behaved, how these needed to be recognised and managed by staff.

There was a keyworker system in place. The care plans were up to date, reviewed monthly, reflected people's health needs and other professional involvement such as District Nurse, GP or Dietician input. There was evidence that people's families had been kept informed of people's welfare and any changes.

Throughout the day we observed good interaction between people who used the service and the staff. Staff were kind, supportive and encouraging in their communication with people, promoting independence whilst reminding people of safety issues. We observed safe moving and handling, using the appropriate aides or equipment correctly. Staff were respectful and discreet when asking people if they would like to go to the toilet. People looked well cared for, clean and tidy, wearing clean clothes. It was clear staff gave attention to detail when supporting people.

The manager and staff we spoke with told us an activity organiser worked two days per week and activities were planned around people's wishes and interests.

Staff showed a good understanding of people's individual needs and explained how they supported people to live a fulfilling life and remain independent and have as much control over their lives as was possible. One member of staff told us "With people who have dementia it is important to get to know the person really well so we know if something is wrong". Another member of staff said "You have to look past the dementia and see the person". This helped to ensure that where people could not communicate very well, staff knew what signs to look for if a person became unwell or agitated and they knew what action they must take.

We saw staff were booked to attend dementia training and the Care Director assured us that all staff will have completed this by the end of August 2013. The manager described the arrangements in place for handling emergencies and we saw an emergency protocol box in situ. The manager also told us the procedures in place for dealing with any issues or concerns out of hours.

People looked well cared for and were seen to have good relationships with the staff. People who used the service told us they were happy living at the home and they were well looked after. Comments included:

"I'm quite content living here, the staff are good."

"There been lots of improvements for the better recently, I love living here."

"The food is lovely, there's plenty of it and lots of choice."

"It's okay here, you can take my word for it".

A relative we spoke with, who visits regularly, told us they were happy with the care their family member received and said the staff were very good.

During our inspection we spoke with seven members of staff, who all expressed that things had greatly improved recently. Several staff said they felt much more supported by the

new management, one said "things are 1,000 times better" and another said they "looked forward to coming into work now".

The care staff we spoke with told us the new care plans were easy to use and they contained relevant, sufficient information to know what the care needs were for each person and how to meet them. Staff demonstrated a good knowledge of people's care and support needs and could describe care needs provided for each person.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People living Cymar House had varying stages of dementia or mental health problems and were not all able to give us their views. Due to this we used a formal way to observe people, to help us understand how these people's needs were supported. We call this the 'Short Observational Framework for Inspection (SOFI)'. We spent a period of time sitting with people, who could not give us their views, in the dining rooms during the lunch time meal. We were able to observe these people's experiences of living in the home and their interactions with each other and with staff. Throughout the SOFI we saw that people were treated with respect and people who needed assistance with their meals were given help discreetly by staff. Staff were respectful of people's dignity during this time.

People were observed being relaxed and comfortable. We saw staff engaged with people in a kind, friendly and person centred way which allowed people time to choose what they wanted to eat and drink. Even though people using the service had made their menu choice in the morning, staff still gave them the opportunity make a choice of food. One person had not got up until mid morning and did not want a full hot meal, so was offered a sandwich. Another person did not want the meal they had chosen and staff asked what they would like and brought an alternative. The atmosphere was relaxed and friendly. We saw staff chatting with people and making sure they had what they wanted and giving people time to eat and enjoy their meal.

The people we spoke with during our visit told us they were happy with the food served at the home. We also spoke with the staff who had a good understanding of people's likes and dislikes. One member of staff said that [one person] did not like pork and [another person] did not like fish. Staff we spoke with also told us that there was no one currently with special dietary requirements, expect for those on certain medications could not have grapefruit. This demonstrated staff had a good knowledge of people's like and dislikes.

We saw food and fluid charts had been completed for people who were losing weight. Staff told us how they used these records to ensure that people were receiving sufficient amounts to eat and drink. Staff told us that people who are assessed as at risk nutritionally had their weight monitored weekly and we saw evidence of this in the care records. We also saw that a GP and dietician had been involved with one person, helping to manage their weight loss and provided specialist advice on nutritional needs.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw the provider had safeguarding and whistleblowing policies in place to provide staff with guidance about protecting people from abuse. We spoke with seven members of staff who could all identify the different types of abuse and described how they would respond if abuse was suspected or happening. Staff told us they understood how and who to report any concerns or allegations of abuse. They were confident that any issues would be dealt with promptly by the manager or care provider. Staff also told us they had received safeguarding training which included whistleblowing and were aware of the home's policies relating to these matters.

The training records we looked at confirmed that all staff had completed training in safeguarding. This means that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

People who used the service said they were happy living at the home and would not hesitate to raise concerns if they had them. We saw that people were at ease and relaxed with staff and their surroundings and staff treated people with consideration and in a manner which protected their safety and comfort.

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

We saw the provider had a planned staff development programme for April 2013 – March 2014, which included mandatory training such as fire safety as well as more specialised training such as mentoring skills. The manager told us that 12 staff had signed up to complete a mental health awareness course.

The manager told us that staff received regular supervision throughout the year and this was confirmed by staff with whom we spoke. Staff we spoke with told us they enjoyed working at the home, they felt that the manager was very approachable and supportive and had "an open door policy". Staff also told us access to training was good and they were encouraged and supported to obtain further relevant qualifications such as National Vocations Qualifications (NVQ). We saw that staff were booked to attend dementia training and the manager and Care Director assured us that all staff will have completed this by the end of August 2013.

We reviewed four staff files which demonstrated staff attending a variety of statutory training such as safeguarding, fire, infection control and manual handling as well as extra training such as NVQ. We saw evidence of annual appraisals between staff and the manager or Care Director, showing discussions had taken place regarding staff performance, training needs and aspirations. The supervision records we looked at covered topics such as infection control; Mental Capacity Act; mobile phone policy; resident's personal care; sharps injuries; record keeping; dignity and handover. In the staff files we also saw examples of the induction programme; the employee handbook; sickness absence management; job description; confidentiality policy; contract of employment.

The manager and staff told us that regular staff meetings were held. We looked at the minutes of previous staff meetings and found they were used to talk about a number of matters affecting the service such as policies/ procedures and issues concerning people who used the service.

We looked at the staff rotas and saw that there were sufficient staffing levels and that the rota was well organised to support people throughout the day and night.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw the summary results from feedback questionnaires completed by people who used the service and their relatives in July 2012. The feedback was positive.

The manager told us that she monitored the service on a daily basis by speaking with people who used the service, their relatives and visitors then addressing any issues straightaway. We saw evidence of this during our visit. The manager told us that residents and relatives meetings were held regularly which gave people an opportunity to raise any concerns or suggestions. We saw minutes of a meeting held in January. The manager told us they operated an 'open door' policy for everyone.

The provider had a complaints procedure in place, which included contact details for external agencies such as the Local Authority and CQC. We saw records of the complaints people had made, which included how they had been dealt with, the outcome and response. We saw that the provider kept a summary of complaints.

The manager told us that information obtained from satisfaction questionnaires, audits of complaints and accidents was discussed with staff through handovers and staff meetings so that lessons were learned and the service improved. We saw evidence of this in minutes from a recent staff meeting.

Staff we spoke with told us they felt the home was well managed, they had confidence in the management of the home and they attended regular team meetings.

One person who used the service said "The manager asks if everything is alright for me and we have residents' meetings".

We saw the internal audit system covered audits on the care plans; accidents, medication; infection control and pressure sores.

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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