Inspection Report

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

Derwent House Residential Home

Riverside Care Complex, Hull Road, Kexby, York, YO41 5LD

Tel: 01759388223

Date of Inspection: 28 January 2014

Date of Publication: February 2014

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

Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Sure Health Care Limited
Registered Manager	Mrs. Patricia Storm Chisholm
Overview of the service	Derwent House Residential Home provides personal care and support for 32 older people, some of whom may be assessed as needing nursing care. The service is set in a rural position, east of York. There is ample car parking on site. Information about the service and how it operates can be obtained by contacting the home.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Derwent House Residential Home had taken action to meet the following essential standards:

- Assessing and monitoring the quality of service provision

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 28 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by commissioners of services and reviewed information sent to us by local groups of people in the community or voluntary sector.

What people told us and what we found

We undertook this inspection to check if improvements had been made to this outcome area since our last inspection in August 2013. We found that the manager monitored the quality of the service provided to people. We saw that any issues requiring attention were recorded on an action plan. We saw when the issue was dealt with evidence was recorded to say when and how the issue was addressed. This helped to maintain the standard of the service provided to people.

During our visit people told us they were asked for their views. A person we spoke with said "Staff ask if everything is okay for me. I have no issues with the service at all. I would say if there were any issues, they would be dealt with." A visitor we spoke with said "It is a fabulous place X and I am looked after well. There are no issues with the service we receive."

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

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 monitor the quality of service that people receive.

Reasons for our judgement

During our visit we spoke with people living at the home. They told us they were satisfied with all aspects of the service they received. One person said "It is lovely here. I am very happy. I am asked all the time if I am happy with things and I am." Another person said "Staff ask if everything is okay for me. I have no issues with the service at all. I would say if there were any issues, they would be dealt with." We spoke with two visitors. One said "It is very good here, there are never any problems. People always looked cared for and we are made welcome. I would go to the desk if I needed to speak with the manager about anything. My views would be listened to. I am sure."

At our inspection in August 2013 we found that improvements were needed in this outcome area. We had found that although the quality of the service was reviewed, there was no evidence that issues raised were acted upon. There were no records of actions taken to address issues that had been raised. Suggestions made by people during residents meetings were noted but we saw they had not been acted upon. We also found analysis of accidents/ incidents such as: falls, pressure sores or the preventative use of equipment such as bedrails was not taking place. This analysis may have helped to protect people's health and wellbeing. We asked the provider to address these shortfalls. The provider sent us an action plan telling us how and when these shortfalls were to be rectified.

During this inspection we checked to see that improvements had been made. The manager told us that audits relating to: medication, care records, infection control pressure sores, accidents and bed rails were in place. We inspected these audits which had been undertaken regularly since our last inspection. We saw where issues had been identified an action plan to address these concerns had been written. For example, we saw that a person's care plan audit had found that their care plan needed updating in regard to the use of bed rails. We saw this had been completed. We looked at the pressure sore audits which showed sores were improving and relevant action had been taken. This ensured

that people's health and wellbeing was kept under review so that their health and wellbeing was protected.

We inspected the accident/incident audit. We saw the management team analysed who had fallen, when this occurred and assessed if there were patterns to the falls. The manager said they monitored this information when anyone fell and at the end of each month. This helped to ensure that corrective action could be taken promptly to help minimise the risk of further falls or injury. Notifications of deaths, incidents, accidents and injuries were sent to the Care Quality Commission as required by law.

We saw that the provider had introduced a series of audits so that the quality of the service could be regularly monitored. We looked at a number of these audits and noted the provider had made changes to the service delivery in line with their findings.

Residents meetings were held. We looked at the minutes of the last meeting. One person had said they would like a bath more regularly. This had been was acted upon. We saw people were asked for their views about their quality of life at the home, their care, activities, food provided and the home environment. We saw that people had given positive feedback about all aspects of the service. Annual questionnaires were given to people to gain their views We saw three actions had been identified from this information. We saw that two of the three issues relating to staff training and cleaning of the home had been acted upon already. The third issue, regarding better access to the garden was planned for spring time. People's views were being taken into account to improve the way the service was operating.

Staff we spoke with told us staff meetings were held. They said the management team had an open door policy so they could speak with them at any time. The staff told us they could raise any issue and said issues would be addressed. However, the provider may wish to note that the said would like to have more staff meetings, perhaps every three months. We shared this information with the manager. This would allow the staff to give their views about the service on a more regular basis.

Auditing systems were in place and relevant action was being taken to monitor how the service was running. Risk to people who lived, worked and visited the service could be identified and managed. This helps to protect all parties.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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