

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

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

Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed
Records	✓ Met this standard

Details about this location

Registered Provider	Sure Health Care Limited
Registered Manager	Miss Victoria Louise Towse
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'.

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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:

- Meeting nutritional needs
- Management of medicines
- Assessing and monitoring the quality of service provision
- Records

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 14 August 2013, 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 and talked with staff.

What people told us and what we found

We did not speak with many people who live at Derwent House during this visit as the non-compliance related primarily to management and record-keeping. However one person confirmed that their meals were hot, tasty and sufficient. They also told us they received their medicines appropriately, at the times they needed them and were happy living at Derwent House.

We found improvements had been made to the way medicines were managed, in order to promote people's health and well-being.

The service had better systems in place to identify and manage the needs of people who were at risk from not eating and drinking sufficient amounts.

Overall people's care records were well maintained however these could be updated in a more timely way when people's care needs changed.

We found some improvements had been made for monitoring how the service was operating. However this needs further development and needs to be sustained. This would enable the provider to demonstrate that the quality of service was being kept under review and changes to the way the service was operating were being made when necessary.

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 26 September 2013, 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

Meeting nutritional needs

✓ Met this standard

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

When we visited the service in April 2013 we found that people were happy and contented with the quality and choice of meals provided at Derwent House. However at that time the service did not have a robust or consistent way of identifying or supporting people at risk of poor nutrition and/or dehydration, or for those people with swallowing difficulties.

On this visit care staff told us about some people living at Derwent House with nutritional care needs. They said an assessment had been completed, which identified them as being at risk of becoming malnourished or dehydrated. Those staff were knowledgeable about the support the individuals needed and told us how information about people's nutritional needs was recorded and reported.

We spoke with catering staff and asked about one individual's nutritional needs. The staff knew of those requirements and also explained how they fortified foods with extra calories to try to ensure people received sufficient nutrition. This showed the care staff communicated with catering staff about people's nutritional needs.

People were supported to be able to eat and drink sufficient amounts to meet their needs. We looked at food and fluid records in three people's rooms and found these overall were well completed and showed that people were being supported to have sufficient fluid and diet. Good monitoring records help to show whether people receive sufficient nutrition each day.

We looked at three people's care records. We saw that people's weights were being monitored at timescales in line with their risk assessment. This meant some people were being weighed more frequently than others, because they were at greater risk of having insufficient food or fluids. We saw that the service had requested healthcare support for one person when their weight had continued to fall. This showed the service was taking action appropriately.

Care and kitchen staff told us of some people living at Derwent House who required their fluids to be thickened because of swallowing difficulties. We looked at records relating to thickening of fluids and found these could be written and made available for staff to follow

in a more consistent manner. This would minimise the risk of people being given fluids that have been thickened to the wrong consistency.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

When we visited the service in April 2013 we found that whilst people overall were being given their regular medicines appropriately, other medication systems needed improving. We found, in particular, that records and checks associated with medication management were either missing or not well-maintained. There was little evidence people were being offered 'as required' medicines, in order to promote their health and well-being. On this visit we checked whether these processes had been improved and sustained.

We found regular medication audits were now being completed to check that people were receiving their medicines appropriately and in a safe way. We saw that any identified concern, found at audit, was dealt with promptly. We saw other medication checks were now being carried out, so the service was able to account for medicines stored there.

We saw the service now used topical medicines records, so that care staff could record when they applied creams or ointments as part of supporting people with their personal care. Care staff spoken with told us of these records, and how they were completed. These helped to show this care was provided regularly and consistently, and people were receiving their prescribed creams appropriately. Appropriate arrangements were in place in relation to the recording of medicines.

We checked five people's medicines against their medication Administration record (MAR). Overall the majority were well maintained. The provider may find it useful to consider the arrangements in place for managing those medications with a limited shelf life. This is because we saw some inconsistencies in the way those medications, for example eye drops, were being managed. Ensuring a consistent approach to medicines management would minimise the risk of people being offered medicines that had been in use for more than the recommended guidelines.

Assessing and monitoring the quality of service provision

✘ Action needed

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 not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

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

When we visited the service in April 2013 we found that although people living there, their families and visiting professionals provided positive comments about Derwent House there was little evidence to show that the quality of the service was being kept under review. At that time the registered manager told us she had no monitoring systems in place, though recognised these needed to be implemented.

On this visit we found some audits had now been introduced. For example monthly medication and care planning audits were being completed so that the quality of those systems could be monitored. We saw audits of the environment and infection control practices were also being completed, although records didn't identify what action had been taken when issues had been identified. Whilst these systems were now in place it was too early to see whether these had brought about change and improvement to the way the service was operating.

Whilst some improvements had been made we identified other areas of practice which required monitoring and we discussed these with the registered manager. For example we noted an individual living at Derwent House had put forward the same suggestion about how to improve the service at two residents meetings in recent months. The registered manager said this suggestion had not been looked into, nor had she discussed it with the individual. This meant the manager had not acted on those comments in order to determine whether the suggestion could be implemented.

We also found there was no evidence that learning from incidents/investigations took place and appropriate changes were implemented. We noted there was no analysis of incidents that may have harmed an individual, like simple falls, pressure sores or the use of pressure relieving equipment or bedrails. Analysis of this information would help to identify whether changes were needed or indeed to help to determine whether staffing levels were appropriate to meet people's needs.

Quality auditing systems to monitor how the service is running need to be in place so that the risk to people who live, work and visit the service can be identified and managed. We will follow this up with the provider.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

When we visited the service in April 2013 we found records describing people's care were of variable quality and did not always reflect the care people were receiving. We saw other records relevant to the management of the service were also not well maintained. Good quality records are needed to evidence that the service was running well.

On this visit we found there was a more consistent approach to managing people's care records. Overall we found that people's personal records including medical records were accurate and fit for purpose. We saw people's care needs were reviewed regularly and changes in their needs were identified and recorded. However the current system in place at the home meant that one senior nurse was responsible for updating these records. This meant there could be a delay in updating people's care records, because the senior nurse was unavailable. The provider may find it useful to consider the suitability of the current recording arrangements to determine whether this was the best way of ensuring care records were updated in a timely way.

Despite this we found those care staff spoken with were knowledgeable about people's needs and told us they were informed promptly when people's care needs changed. Staff also confirmed the service rarely used agency staff, so there was a stable staff team, who knew people's care needs and the level of support required.

We found the service was now also gathering and maintaining other records about the service although the provider may find it useful to consider whether the way information was written down could be improved. Clear, factual and accurate record management help to demonstrate that the service is well managed and well led.

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 activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
Diagnostic and screening procedures Treatment of disease, disorder or injury	How the regulation was not being met: The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

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 26 September 2013.

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, 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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