

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

Yellow House Care Home

154-158 Sackville Road, Hove, BN3 7AG

Tel: 01273727211

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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
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mrs G Wells-Brown
Registered Manager	Miss Donna Hunt
Overview of the service	Yellow House Care Home can provide accommodation and personal care for up to 15 people who have a learning disability. There were 13 people living at the service at the time of our inspection. The accommodation was on the ground and first floors and each person had their own bedroom. The service is registered to provide accommodation for persons who require nursing or personal care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 5 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our inspection we spoke with three people who used the service. We also spoke with three staff members; these were the registered manager and two care workers.

The people we spoke with told us they were happy with the care they had received and with the staff team. One person who used the service told us "I'm very happy here".

The people who used the service were in safe and secure premises that promoted their wellbeing. We also saw that people were provided with a choice of suitable and nutritious food and drink. One person who used the service said, "I really like the food".

During our inspection evidence was seen that appropriate pre-employment selection and suitable checking of staff had taken place. The service also had a system in place to effectively deal with comments and complaints.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

The registered manager confirmed that any new people who used the service were thoroughly assessed prior to their care starting. This ensured that people's care needs could be met by the service. Through records we looked at and feedback from staff we spoke with, there was evidence that a thorough assessment and introduction into the service was undertaken for people.

We viewed the care files of four people who used the service. The care plans we looked at provided appropriate and detailed information to staff on how to support people in line with their needs and wishes. We saw evidence that assessments had taken place that detailed the needs of people who used the service. We saw up-to-date evaluation records used for the monitoring of general health, daily living abilities, medication, activities, communication, likes, dislikes and preferences. This demonstrated that the service was planning and delivering care to meet individual needs.

The care plans we viewed had risk assessments that related to specific and identified risks to people's safety, and contained details of actions to be taken by staff to minimise the identified risks to people and staff. We were told by the registered manager that care plan reviews were completed every six months or when people's needs changed. This ensured that staff remained informed of the most current care needs of people who used the service. We saw evidence in the care files that care plan reviews had been carried out regularly. This demonstrated that through the planning of care, the service had ensured the welfare and safety of people who used the service.

People who used the service were encouraged to maintain their health and each person had a completed health action plan. Records were seen to include evidence of multi-

disciplinary notes from other people involved in the delivery of care, such as healthcare professionals. We saw that people who used the service were registered with local General Practitioner's (GP's) and had access to other healthcare professionals, including chiropodists and opticians as required. We saw in the care plans that people were supported to attend healthcare appointments and all such visits and appointments were recorded. This demonstrated that the provider ensured safe and appropriate personalised care, centred on the individual and considered their circumstances and their immediate and longer term needs.

We saw that staff had been trained to administer first aid. This demonstrated there were arrangements in place to deal with foreseeable emergencies.

One person who used the service told us "The staff are really nice". Another person told us "I'm really happy here, I like it. I like the staff". One member of staff we spoke with told us "We provide really good care. Ultimately this home is a safe and positive environment for the residents to live in. People with a learning disability are so vulnerable, but we engage with them here. We're always here for them". Another member of staff told us "The environment and staff here make it good for the residents. They get plenty to do and they can come to us with anything". The registered manager told us "The care is down to people's own desires and needs. We assess what people want and we are constantly talking to people to make sure they are happy. We like to 'champion' our residents and do the very best we can for them. This is not an institution, this is a family home. Many of the residents have been here a very long time. We recognise people's behaviours and understand why they behave that way. It's not just in the here and now. We look at people's pasts and what might have happened to them years ago". This demonstrated that people had experienced care, treatment and support that met their needs and protected their rights.

The registered manager told us, "We have a very stable staff team here. They are all very flexible and we all communicate with each other really well. The staff we have know the residents well and have good communication with them. We match certain staff to certain residents, to really get to know them and gain in-depth knowledge of what they want". A member of staff told us "We all work really well as a team and everything we do is for the residents, to ensure they are treated as individuals". This demonstrated that the people who used the service were provided with good continuity of care as a result of good communications between all of those who provide it.

The service had policy and procedural documentation in place which was accessible to staff. We saw that the documents were comprehensive and had been updated. The documents informed staff of the correct way to carry out their duties and to deliver care. They also contained procedures for staff to follow in an emergency or if they were concerned about any aspects of the service. This showed that the service had clear procedures in place that had been followed in practice, monitored and reviewed.

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 were provided with a choice of suitable and nutritious food and drink.

We saw that where required, people had received an assessment of their dietary needs, which had been updated regularly. Where a person was identified as being at risk, due to a specific dietary or health need, a plan of care had been put in place to ensure that staff knew how to meet these needs.

The registered manager told us that staff had liaised closely with each other and the residents, to ensure that people who used the service received appropriate food and drink. We saw that people who used the service kept daily food diaries to record what they had eaten and drunk on a specific day. The registered manager told us that people who used the service could request and make food or drink at any time. The registered manager told us "The residents decide what they want to eat. They make their own breakfasts and lunches. They will choose their dinner, but there is always an alternative if they decide they want something else". We saw examples of alternative menus being available for people, such as vegetarian meals. The registered manager told us "We cater for what people want, there aren't any budget restrictions for food and we get what we need. We encourage people to eat healthily and we recommend exercise as well. One of our residents asked us for help and support to lose some weight. We supported and encouraged them, and they have now lost three and a half stone. They are really happy about it". This demonstrated that the service provided choices of food and drink for people to meet their diverse needs. The service made sure that the food and drink provided was nutritionally balanced and supported peoples' health. This meant the provider enabled people who used the service to make healthy living choices concerning their diet.

We spoke with three people about the food at the service. The feedback was positive. One person who used the service told us "I really like the food. We get a choice. Bacon pudding is my favourite". Another person told us "I think the food is very good. I like salads. I like the whole lot". A member of staff told us "We let the residents choose whatever food they want. We let people know we're doing the weekly shop and they tell us what they would like". This demonstrated that people were provided with a choice of suitable and nutritious food and drink.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

The registered manager provided a tour of the premises. The building design and layout was appropriate for the people who used the service with accommodation provided over two floors. All visitors were required to ring a bell and wait for a member of staff to open the door. This demonstrated that security arrangements were in place to protect people who use the service.

The ground floor comprised of a large lounge and dining area, a kitchen, the registered manager's office, a smaller lounge and several bedrooms. The first floor comprised of mainly en-suite bedrooms and there were other toilets and bathrooms. The bedrooms we looked at were spacious, well lit and ventilated and allowed the people who used the service to move around and be as independent as possible in activities of daily living. This demonstrated that the provider had also ensured that people who used the service were in safe, accessible surrounding that promoted their wellbeing.

All parts of the building we saw were clean and tidy and appeared well maintained. The registered manager told us "One of the owners is a builder, so they can do lots of the work if needed. We also can contact a local plumber and electrician if we need to. The owners are very approachable in terms of the building, and things get fixed or changed pretty quickly". We looked at records and saw that regular health and safety checks had been carried out on the premises and equipment. We saw that risk assessments had been completed regarding the safety and suitability of the premises, and any reviews of risks managed appropriately. This demonstrated that the provider had ensured that the premises were being adequately maintained.

We saw that emergency evacuation plans were in place for people in their individual care plans. The person's care plan included the level of support that they required in the event of an emergency. We also saw that all of the staff at the service had completed health and safety and fire safety training, and we saw certificates which supported this. This demonstrated that people who use the service and staff understand what to do in the

event of an emergency.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. There were effective recruitment and selection processes in place. During our inspection we looked at the recruitment and personnel records of three care workers who had been employed by the service. We saw that all of the files contained suitable identification documentation that had been received from staff. The files also contained a criminal records check, as well as a confidential health check. There was evidence that an application form had been completed and appropriate reference checks had been undertaken in all of the files we viewed. We spoke with the registered manager who explained the recruitment and selection process for potential new staff to us. This demonstrated that the provider had ensured that appropriate checks had been undertaken before staff began work.

The registered manager explained to us the risk assessment process they would follow should they have concerns about a person's potential employment. They also told us the procedure they would follow should they need to refer staff to the appropriate bodies, if they felt they were no longer suitable to work in health or social care.

We saw that staff had relevant qualifications, knowledge, skills and experience to carry out their role. The staff we spoke with demonstrated that they had a good understanding of the communication needs of people, and were knowledgeable of the individual needs and preferences of people who used the service. This demonstrated that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. People were given support by the provider to make a comment or complaint where they needed assistance.

We saw that there had been no formal complaints in the last twelve months. The registered manager told us "We always inform residents on how to make a complaint. Information is readily available and displayed around the home". We saw that the provider had a complaints policy and procedure that was accessible to staff and people who used the service. The registered manager informed us of the procedure for investigating complaints and how changes could be implemented in light of complaints received. Details of how to make a complaint were displayed around the service, and were also available in pictorial format to assist people to understand the process better. This demonstrated that the provider had an effective system in place to identify, receive, handle and respond to complaints and comments made by the people who used the service.

Staff told us that they were aware of the complaints process and would raise issues with the registered manager where necessary. One of the care workers that we spoke with told us "I would always help and support people to make a complaint if they needed to". This demonstrated that staff were aware of the complaints process and were encouraged to bring complaints to the attention of the service.

When asked about how to make a complaint, one of the people who used the service that we spoke with told us "I would speak to [the registered manager]. I know they would listen to me". Another person told us "I would talk to [the registered manager], they'd do anything for me". This showed that the complaints process was available, understood and well-publicised.

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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