

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

Yews Hill / North Rise

75 & 77 Yews Hill Road, Lockwood, Huddersfield,
HD1 3SG

Tel: 01484430329

Date of Inspection: 16 May 2013

Date of Publication: June
2013

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Bridgewood Trust Limited
Registered Manager	Mr. Christopher Mark Taylor
Overview of the service	Yews Hill/North Rise is a care home providing accommodation and support to people with a learning disability. Accommodation and support is provided in two houses next to each other. Yews Hill/North Rise is part of the Bridgewood Trust; a charity organisation which provides residential and day services to people with learning disabilities
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 16 May 2013, observed how people were being cared for and spoke with one or more advocates for people who use services. We talked with staff.

What people told us and what we found

On the day of our inspection most people living at Yews Hill/North Rise had gone out for the day. Some people were out at day centres or activity groups and one person had gone out with their family. We observed positive interaction between care staff and the people who remained at Yews Hill; everyone from North Rise had gone out. It was evident from talking with staff that they knew people well and how they liked to be supported. We spoke with one person living at Yews Hill and they told us they liked it; they told us staff were nice.

We looked at two sets of care records and saw they provided sufficient information about the support people required. We saw they were person centred and included information about their likes and dislikes. We spoke with one member of staff who was not a regular care worker at Yews Hill/North Rise and they told us the care plans were informative and provided them with a 'good picture' of the person's needs.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The manager told us that they assumed everyone had the capacity to consent to care decisions unless it had been identified they did not or could not understand the decisions they were being asked to make. They told us people had access to advocacy and we met an advocate on the day our inspection. The advocate we spoke with told us they had supported several people living at Yews Hill/North Rise.

We spoke with two care workers about their understanding of deprivation of liberty and they were able to give examples of when a person's liberty may be deprived. They told us they had received training in mental capacity. The manager told us this was part of their induction.

We looked at the care records of two people and saw the manager had taken appropriate action in obtaining consent. For example, we saw they had recorded a conversation with the person's relative about the person having a key to their bedroom as the person was unable to understand the decision they were being asked to make. However, the provider may find it useful to note that records used to record these 'best interest' decisions were not very detailed. They did not provide sufficient detail's about the decision to be made and why a best interest decision was required. Also, what other options had been discussed and who was involved in making the decision and the outcome.

Throughout our inspection we observed care staff involving people in making care decisions. These were mainly in relation to what they wanted to eat and drink and, if they wanted any support in getting dressed. We sat with people who used the service during lunch and observed staff offered them choice and asked if they had had enough to eat. One person did not want to sit in the dining room with the other people and we saw that staff brought their lunch to them and sat with them providing encouragement to eat. This demonstrates staff respect the decisions people make.

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

We looked at the care records of two people and observed how staff interacted with them. We saw from the care records that people's needs had been assessed and frequently reviewed. We saw people had a personal support plan which included information about the support they required and how this was to be done. These were person centred. One care worker whom we spoke with told us that they thought the care records were detailed. They told us, "They have all the updates so you get a good picture."

We saw and staff confirmed that when specific requests were made these were carried out.. For example, in one person's care plan it stated they needed to wear a specific watch as part of their epilepsy management. We saw they were wearing this watch. In both care records we saw that when a person's health had changed the appropriate healthcare professionals had been consulted. For example, a person was taken to the local accident and emergency department when staff noticed they were experiencing pain in a standing position.

Throughout our visit we observed positive interaction between staff and people using the service. We saw that staff took time to speak with people and enquired about their health and wellbeing. We spoke with two people who lived at Yews Hill and they told us they were happy. The staff we spoke with told us they thought the people who lived at Yews Hill/ North Rise received good care.

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

We looked at the medication arrangements for people using the service. We saw that medication was stored appropriately such as in a locked cupboard and the manager informed us that only trained staff administered medication.

The manager explained the process they went through when new medication arrived for people. They told us medication was counted to ensure there were no discrepancies in what had been prescribed and what had been administered. We looked at the medication for one person and saw that the number of tablets left for administering matched what was recorded on the medication administration record.

We saw that each person had a medication care record which provided details about the medication they took. It included how they liked to take it, what the medication was for, what it looked like and what to do should a person miss their medication. We saw a copy of a written agreement from a person's GP consenting to them taking their medication with food.

We saw from the three personnel records we looked at that staff involved in medication administration had received appropriate training. They had also been assessed as competent in administering medication. We saw they received annual competency checks which included an observation of them giving medication.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at the staff rota for the week prior to our inspection and the week of our inspection. It showed there were sufficient staff to meet the needs of people using the service. We were informed that only female staff slept at North Rise because all the people who lived there were female. The staff rota confirmed this.

The staff we spoke with told us there was always enough staff available to support people who used the service. They told us the provider was in the process of recruiting more staff as several staff had left recently. The manager told us they had been using bank staff from within the Bridgewood Trust to cover vacancies. They told us they always ensured bank staff or agency staff worked alongside permanent members of staff.

We looked at the personnel files of three members of staff and saw they received appropriate training and support for their role. Examples of training included medication, disengagement techniques, safeguarding, disability awareness and infection prevention and control. We saw that all three members of staff had identified what training they required and this had been scheduled into their individual training matrix.

During our inspection we observed staff were visible, attentive and responded to people's requests in a caring manner.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We looked at the procedures for monitoring the quality of service provided. We saw monthly quality monitoring checks were conducted by the operations manager. This included checks on care plans, medication, health and safety and staff training. Following this a report which identified any areas for action was produced. We looked at the reports for April 2013 and March 2013 and did not see any concerns. We also saw the manager completed monthly reports which informed the provider if there were any issues in relation to the regulated activities. We saw that action was taken when issues were identified. For example, arranging a landlords gas safety inspection.

We saw a copy of the complaint procedure was on display in the office and the manager told us they had not received any complaints since our last inspection. The Care Quality Commission had not received any information of concern about this service in the last year.

We looked at a returned satisfaction survey which had been completed by a relative of a person using the service. The comments were positive.

We looked at the minutes of the quarterly resident meetings and saw that people who lived at Yews Hill/North Rise were kept informed about the running of the home and were asked for their opinion on the quality of care provided. The minutes showed that people were happy with the care provided.

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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