Inspection Report

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

York House

47 Norwich Road, Dereham, NR20 3AS

Tel: 01362697134

Date of Inspection: 09 July 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard

Details about this location

Registered Provider	Black Swan International Limited
Overview of the service	York House is a residential home providing care and support for up to 40 older people, some of who may be living with dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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 July 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

Throughout our inspection visit to York House we received comments such as, "I like living here. The staff are supportive and caring and the meals are great." "I speak my mind and will say if I am not happy. The staff will always sort me out." We found that people were offered choices and treated with dignity and respect.

We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We read personalised details in the care plan but noted that improvements could be made on the day to day records written by the staff on each shift. Risks had been identified and acted upon to ensure people were cared for as safely as possible.

Meals and meal supplements were provided with choice and appeared nutritionally balanced. We were told how much they were enjoyed. We received comments such as, "....The food is lovely, ...I am never hungry as we can have as much as we want,.....We have a great cook who looks after our food needs well,....I can never complain about the food and I really like my food."

The medication was administered to people safely. People were supported by competent staff correctly with their medication needs. All storage of medication and controlled drugs was secure. People were assured their medication was appropriately managed.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

On the day of our visit to York House 36 people were living in the home supported by a team of seven care staff that included the recently appointed manager. Two domestics, two catering and two maintenance staff were also employed. The people we spoke with were positive about the way they were supported with their individual needs. We were told by one person, "I like living here. The staff are supportive and caring and the meals are great." Another said, "I speak my mind and will say if I am not happy. The staff will always sort me out."

The people we observed were interacting with staff when the staff member entered the lounge. However, the provider may find it useful to note that when people were left on their own some, who were not watching the television, had little to occupy themselves with. We were informed that the person responsible for activities was not available and with staff still assisting people in their bedrooms the people already up were left in the lounge or at the dining room table for some time with little to occupy themselves with.

People who used the service understood the care and treatment choices available to them. Once staff had completed the care support required in people's bedrooms we observed them interacting with people in a polite manner. We heard choices offered and questions asked that enabled the people to decide for themselves. For example, where would they like to sit, would they prefer a newspaper or have their nails painted. The conversations were carried out at eye level and all of the questions were noted to be explained further when not understood with staff seen to be waiting patiently for the answers.

Walking around the building we observed staff knocking on people's bedroom doors. They asked if it was OK to enter and then gave an explanation as to why they needed to come into that person's room. Again we heard choices offered such as what drink a person preferred or if they needed assistance to drink.

People who used the service were given appropriate information and support regarding their care or treatment. The staff members we spoke with gave us information that showed how individual people's needs were met and how the staff team worked to meet those individual needs. For example, we saw how a person was supported and encouraged with their mobility and heard them say, "I know I need to do this to make me walk safely." They told us later that staff were encouraging and knew they did it to promote their ability to stay as mobile as possible.

We spoke with a family member who told us that they had shared some concerns with the management on the dignity required for their relative. This had been addressed and the person receiving support was noted, on the day of this inspection, to be smart in appearance. This was applicable with all the people we saw. Gentlemen had been supported to shave and ladies were dressed appropriately for the hot weather. The provider may find it useful to note that a few people did not have clean, cut fingernails and although they were choosing nail polish colours the nails painted were not always trimmed.

One person we spent time with told us that they were encouraged to be involved in the life of the home. They said that the management had a meeting planned for the week following this inspection that all the people living in the home could attend to voice their views. This ensured people were given the opportunity to be involved in the way the home provided and delivered the support required.

During this inspection visit and while we were observing people an emergency arose. We saw staff competently and confidently support this person in the most appropriate and safe manner. Dignity was preserved and privacy offered as soon as it was suitable to do so.

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

To ensure people's care was recorded the home had a care plan folder for each person containing the relevant care and support required to meet the individual needs.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We chose five care plans to look at that belonged to people we had spent time talking with or observing earlier in the day. Each care plan had an initial assessment of the person's needs prior to being admitted to the home. This ensured the home could support the person with their needs once they were admitted. The care plans were completed with all the relevant needs required and any associated risks that had been identified. We read the action that had been taken to lessen or remove the risks. For example we saw the risk of falls for one person. We read how the person had fallen from bed. This had triggered the risk assessment and that the action taken had been to supply a bed that lowered to the floor for night time use. This bed was seen in the bedroom for that person. We saw in another care plan how a person was at risk of slipping from their chair. The risk assessment had been completed with the action taken to provide a non-slip/lock sheet to prevent the person slipping. All risk assessments and care plans looked at had been reviewed each month and any alterations made part way through the month had been dated and signed prior to a new document being typed and printed.

We noted the health professional support offered to the people in the home and the recordings of these visits logged in the care plan. Records included GP and district nurse visits. We also saw that support from a dietician for a person who had lost weight was arranged. The record of the contact with the GP was seen and the addition of supplement drinks for this person had been recorded. We looked at the weight for this person and noted the increase each month following the introduction of these supplement drinks.

As part of the record keeping the staff at the home completed a daily report for each person. We read these comments and found they contained limited information. The comments were mostly standard records that did not give any individual information. The provider may find it useful to note that it was difficult to track the outcome of some concerns when they had been logged in the daily record. For example, one person was recorded as having a red area. There was no further record to show the outcome of this

finding but were told the concern had been acted upon. We spoke to the person involved who assured us they were now fine. They said, "The staff are great you only have to say you need help and the nurse or doctor arrive."

During this visit we heard the interaction with the local district nurse and the support that was required for one person. The information given by the district nurse was questioned by a staff member to ensure they were clear about the expectations and that correct support could be provided. The information was then logged for staff to follow. This ensured that staff were clear about how to support this person with specific medical needs.

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

On our arrival the tables were set ready for lunch and a menu was available on each table for people to see the meals available. The meal was also on the wipe board attached to the dining room wall. The provider may find it useful to note that the menus were in small print and not easy to read and that the second choice of the meal was not on display on the wipe board. However, we did see a number of people offered a pasty if they did not like the fish main course.

People were offered the choice as to where they would like to sit and what soft drink they preferred with their meal. Two people, who required support to eat their meal were observed being encouraged by staff. The staff members sat with them and talked through what was on their plate and what they would like to eat as the spoon or fork was loaded. For example, we heard,"....would you like some carrot now or do you prefer more new potatoes." and "....is the fish tasty. Would you like some more."

People were provided with a choice of suitable and nutritious food and drink. We spoke to seven people about the quality of the food. They gave us comments such as, "....The food is lovely, ...I am never hungry as we can have as much as we want,.....We have a great cook who looks after our food needs well,....I can never complain about the food and I really like my food." We noted throughout the visit that people were given regular drinks, either hot or cold according to the individual preferences. The day of our visit was particularly hot and people were encouraged to drink the jugs of different juices available in the lounge.

Within the records in the office we read information that told us supplementary fortified liquid drinks were provided to those people who did not have good appetites and needed extra support to maintain their weight and ensure they had a nutritionally balanced diet.

We noted in the five care plans seen that people were weighed monthly to ensure they were eating enough. One staff member told us that if someone lost weight they would be weighed more frequently and that a dietician would be involved. We read one person's record that showed the involvement of the dietician and the request from that expert for the home to keep a food chart to monitor what the person was eating. We read the completed food chart and the action taken following the advice from the expert. This ensured people were supported to maintain a balanced and healthy diet when possible.

Management of medicines ✓ Met this standard

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

During the lunchtime period we observed a staff member carrying out the administration of medication to those people living in the home who required it during the midday meal. This staff member was wearing a red apron telling people not to disturb them during this period. This allowed the staff member to concentrate fully on the task required.

We noted that the medication trolley was locked each time it was left unattended and that the trolley was secured to wall. The new manager had recently received a second trolley to divide the medications into two halves. Rooms 1 to 19 and rooms 20 to 40. This allowed the medication to be administered by two staff members at the busy times such as first thing in a morning and also ensured medication was administered at the times stated on the medication administration record (MAR).

Medicines were handled appropriately. We observed two people being offered their medication. The staff member checked the blister pack against the MAR chart record, pierced the medication into a pot and then placed a dot on the MAR record to show they had removed the medication from the original container. The staff member then took the medication to the named person. They observed them swallow the tablets before returning to the MAR chart to initial the correct record to show the medication had been taken. This ensured people were offered their medication by a competent staff member who followed a safe procedure for medication administration. This staff member also asked the people having their lunchtime medication if they required any pain killers as their MAR chart stated they could have them when required. One person did not understand so the designated staff member phrased the question in a different way to find out if the person had pain. This gave the person the opportunity to decide if they wanted the tablets or not.

Medicines were kept safely. Within the medication store room we noted the medication was held at a suitable temperature. A recording chart within this room showed the month of July had a recording for each day of the month on both the room temperature and the medication fridge temperature. Both these figures were fairly static throughout the month and suitable for the storage required.

The medication store room was locked. Fixed to the wall in this store was a key safe that

held the key for the controlled drugs cabinet. This cabinet was also locked showing that controlled drugs were stored safely and securely. We looked at two people's medication from the controlled drugs cabinet. The balance of remaining medication corresponded with the controlled drugs register and two staff members had signed the register on each administration process. This ensured that controlled drugs were managed safely.

In the office we were shown the designated medication audit folder. We looked at a few of the records in this folder that showed when and how often the medication process was audited. We noted that senior management carry out the audits as part of their monthly visits to the home. All the audits were dated and signed. This means that the management of medication was carried out safely.

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

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