

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

The Yachtsman Rest Home

41-42 Laidleys Walk, Fleetwood, FY7 7JL

Tel: 01253873472

Date of Inspection: 19 February 2014

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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, availability and suitability of equipment | ✓ Met this standard |
| Supporting workers | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✓ Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Graham Philip Saunders & Robert Mark Saunders |
| Registered Manager | Mrs. Marie Louise Parkinson |
| Overview of the service | <p>The Yachtsman Rest Home is registered to provide personal care for up to 32 people. They support mainly older people or people with dementia. Accommodation is on three floors with a passenger lift for access between the floors. There are two lounges and dining rooms and a smaller quiet lounge plus a large garden for people to enjoy. The home is situated close to shops, buses, the beach and the local facilities of Fleetwood.</p> |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

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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

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 19 February 2014, 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, talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services. We talked with commissioners of services.

What people told us and what we found

During our inspection we looked at staff training records, staff supervision arrangements, observed for meal times and quality monitoring procedures. We did this because we wanted to identify appropriate arrangements were in place to support staff members. We also wanted to ensure people were having their nutritional needs met.

We spoke with people living at the home, their relatives and staff throughout the inspection. We observed the quality of care and support provided by staff during the inspection.

We found care plan records were up to date and people were happy with the service they were receiving. We found people were supported by staff who had been trained and appropriate support arrangements were in place for them. Good care practices were observed and people told us they were happy with their relatives care. One person said, "My husband has been in the home six years and I am very happy with his care. He is visited every day by a family member and we always find him clean and well presented. When we take him out he always wants to return to the home". Another person visiting said, "My relative has not been in the home long but seems to be settling well. I have found the staff all very pleasant and friendly".

During our inspection we contacted the Lancashire contracts monitoring team. They told us they had no concerns about the service.

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.

People using the service experienced safe, appropriate care and support to meet their identified needs.

Reasons for our judgement

We looked at care records of three people. We found care plan records were up to date and being kept under review. We noted these described the daily support people were receiving and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their daily routines. Personal care support tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly.

We saw visits from General Practitioners and other healthcare professionals had been recorded. This confirmed good communication protocols were in place for people to receive continuity with their care.

During our inspection we observed staff interactions with people in their care. This helped us assess and understand whether people using the service were receiving care that was meeting their individual needs. We saw staff being responsive and attentive. This confirmed people who required support with their personal care were being treated with respect and dignity.

The people we spoke with said their relatives were receiving safe and appropriate care which was meeting their needs. One person said, "I find the staff are lovely caring people. Nothing seems to be too much trouble for them. They are so patient, kind and understanding".

During our inspection we contacted the Lancashire contracts monitoring team. They told us they had no concerns about the service.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People who used the service were provided with appropriate food and drink to meet their nutritional needs.

Reasons for our judgement

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. They told us they were informed daily about the meals for the day and choices available to them. One person said, "I really enjoy the meals. We have a cooked breakfast every day and three course lunch. They are always coming around with drinks and snacks in between meals". A visiting relative said, "My husband really enjoys his meals. He often asks for something different from the menu and they always accommodate him".

The main meal was provided at lunchtime and on the day of our inspection consisted of soup, meat and potato pie or baked fish, creamed potatoes and seasonal vegetables. All meals were plated up to look attractive and different portion sizes were accommodated. The care staff were observed being attentive. They did not rush people and offered encouragement and where needed helped to feed or prompt sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate.

The care plans we looked at had people's nutritional and hydration needs recorded. This included information about people's likes and dislikes. There was a monthly review of care plans plus additional information if changes were required. People were being weighed monthly unless there was a need for this to be more frequent.

We saw throughout the inspection that snacks and drinks were offered between meals. Fresh fruit was available for healthy eating.

We spoke with the staff member responsible for the preparation of meals. She confirmed she had information about people with special diets and personal preferences. She told us this information was updated if people's dietary needs changed.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected because equipment was well maintained and staff had the skills and knowledge to use equipment safely.

Reasons for our judgement

During the inspection we spent time in lounge and dining areas. This helped us to observe the daily routines and have an insight into how people's care and support was being managed. We observed that where wheelchairs were in use, footrests were in place. This confirmed they were being used correctly and safely.

We found the home had an ongoing maintenance and servicing programme to ensure equipment, furnishings and fittings were serviced and maintained. We looked at service contracts to confirm equipment was regularly serviced. This meant people who use this service were not put at risk of harm from unsafe or unsuitable equipment.

Care plans seen had individual risk assessment information for people who required support when mobilising. These had been carried out to identify the potential risk of accidents and harm to the home's staff and the people they supported.

We saw staff assisting people with mobility problems. The staff were patient and took care to ensure the people being supported were assisted safely. The staff members we spoke with confirmed they had received mandatory moving and handling training.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were supported by a trained and competent staff team.

Reasons for our judgement

We looked at staff training records and spoke with some staff members on duty. We found all members of staff had achieved or were working towards relevant care qualifications. We also saw they had access to personal development training. This confirmed the people in their care were being supported by a trained and competent staff team.

The staff told us they had access to a structured training and development programme. This included mandatory training consisting of moving and handling, food hygiene, dementia care, safeguarding people and fire safety. They told us they were happy with the training provided and this helped with their personal development.

The staff members we spoke with told us they were well supported by management. They told us they were happy with the support structure in place. This included performance appraisals with their manager as well as team meetings.

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.

Systems were in place for monitoring the quality of the service people receive.

Reasons for our judgement

The provider had procedures in place to monitor the quality of the service being provided. Regular audits were being completed by the manager. These included monitoring the environment, infection control, reviewing care plan records, medication procedures and staff training.

Service contracts were in place confirming the building was maintained and a safe place for people to stay.

The provider told us the views of people they support were sought by a variety of methods. These included meetings to discuss the service being provided and reviews of care. We saw documented evidence these had been held and the people being supported had attended.

The people we spoke with confirmed they were happy with the service being 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.

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