

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

Cymar House

113 Pontefract Road, Glass Houghton, Castleford,
WF10 4BW

Tel: 01977552018

Date of Inspection: 09 April 2014

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2014

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
Cleanliness and infection control	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Warmest Welcome Limited
Registered Manager	Mrs Beverley Jane Gill
Overview of the service	Cymar House accommodates up to 25 older people, the majority having either dementia or mental health problems. The service does not accommodate people who have nursing needs. The service is owned by Warmest Welcome Ltd and is located in Glasshoughton in Castleford.
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 9 April 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with commissioners of services.

What people told us and what we found

The inspection helped answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

The provider acted in accordance with legal requirements where people did not have the capacity to consent. Staff had an awareness of the Mental Capacity Act and deprivation of liberty safeguards. Staff understood their obligations with respect to people's rights and choices when they appeared to lack mental capacity to make informed and appropriate decisions. The manager told us most of the staff had received training around the Mental Capacity Act in 2013.

Each person's care file had risk assessments which covered areas of potential risk such as pressure ulcers, falls and nutrition. When people were identified as being at risk, their plans showed the actions required to manage these risks. These included the provision of specialist equipment such as pressure relieving mattresses, hoists and walking aids.

Staff demonstrated good knowledge and awareness of their responsibilities for infection prevention and control and there was evidence staff had received relevant training. Two members of staff we spoke with during the inspection confirmed they had completed infection control training.

Staffing levels were assessed depending on people's need and occupancy levels. The staffing levels were then adjusted accordingly. They said where there was a shortfall, for

example when staff were off sick or on leave, existing staff worked additional hours to make sure there was continuity in service

We spoke with four visitors and they told us they were pleased with the care, treatment and support their relative's received at Cymar House. They said the staff were quick to inform them of any significant changes in their relative's general health and they were always made to feel very welcome when they visited. One person said, "I cannot fault the service provided; people are well looked after."

Is the service effective?

The home had a good working relationship with other healthcare professionals and always followed their guidance and advice. The input of other healthcare professionals involved in people's care and treatment was clearly recorded in their care plan.

People's files contained pre-admission assessments, which showed that people's health, personal and social care needs were assessed before they moved into the home.

Is the service caring?

Visitors we spoke with told us they were very happy with the care provided and in their opinion people were well looked after. They described staff as friendly, patient and caring.

People who used the service told us they were happy with the staff at Cymar House and with the care they provided. One person said, "The staff are very good, lovely people." Another person told us, "Excellent people."

We found the care staff we spoke with demonstrated a good knowledge of people's needs and were able to explain how individuals preferred their care and support to be delivered. We found the atmosphere within the home was warm and friendly and we saw staff approached individual people in a way which showed they knew the person well and knew how best to assist them.

The provider's quality assurance feedback from people who used the service, relatives and visitors, showed there was a high level of satisfaction. All felt the quality of care was excellent or good. The registered provider had analysed the results and identified what they could improve and develop.

Is the service responsive?

People and their families were involved in discussions about their care and the risk factors associated with this. Individual choices and decisions were documented in the care plans and reviewed on a regular basis.

We saw the complaints log and saw any complaints made had been acted upon appropriately and any actions taken had been fed back to the person making the complaint.

Is the service well-led?

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service had a quality assurance system, records seen by us showed that identified shortfalls were addressed promptly. As a result the quality of the service was continually improving.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and quality assurance processes were in place. This helped to ensure people received a good quality service at all times.

You can see our judgements on the front page of this report.

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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 most of the staff had completed a training course on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and were familiar with the impact the legislation had on people's care and treatment. They told us DoLS would only be used when it was considered they were in the person's best interest. This legislation is used to protect people who might not be able to make informed decisions on their own.

The staff we spoke with confirmed they had attended training on the MCA and understood the principles of acting in people's best interest. They told us when people were not able to give verbal consent they would talk to the person's relatives or friends to get information about their preferences.

We saw people's ability to make decisions about the care, support and treatment they needed was recorded in all the care files we looked at. We asked the care staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. Staff told us they always asked people's consent before they provided any care or treatment.

There was evidence showing some people signed to say they gave informed consent to share information with people and other service.

Staff told us when people were not able to give verbal consent they would observe their body language whilst providing care. They said if people showed any signs of distress they would stop and try again later.

We spoke with four people who used the service about giving consent and they told us staff were friendly and helpful. They told us the home took their views and opinions seriously. One person spoken with said, "They are life savers I don't know what I would do without them." Another said, "I'm very happy living here."

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 used a number of different methods to help us understand the experiences of people who used the service. This was because some of the people living with dementia had complex needs which meant they were unable to tell us their experiences. For example, we spent time observing how staff interacted with people and how they respected people's privacy and dignity.

People who used the service told us they were happy with the service and the staff were kind and looked after them well. Family members of people who used the service also told us they were satisfied with the care their relative received at Cymar House. One relative of a person who used the service said, "The carer's are very good with my mum."

We saw care plans in place for all people who used the service and they were generated from the initial needs assessment. Some people told us they had signed their care plans. We looked at five care plans and found they were person centred and provided staff with information they needed to carry out their roles effectively.

We saw care plans were reviewed at least monthly or sooner if there were significant changes in people's needs. Risk assessments were also in place where areas of potential risks to people's general health and welfare had been identified. These included medication, moving and handling and the environment. However, the provider need to note documentation that are no longer in use should be removed from people's file.

The staff we spoke with told us they had input into the care planning process through the key worker system and used the care plans as working documents. The key worker system meant all people living at the home had a named member of care staff who took a specific interest in their care and support. The staff we spoke with also demonstrated a good knowledge of people's needs and how individuals preferred their care and support to be delivered.

We spoke with four visitors and they told us they were pleased with the care, treatment and support their relative's received at Cymar House. They said the staff were quick to inform them of any significant changes in their relative's general health and they were

always made to feel very welcome when they visited. One person said, "I cannot fault the service provided; people are well looked after."

The GP visiting at the time told us they had a good working relationship with the home and the home always followed their guidance and advice. The input of other healthcare professionals involved in people's care and treatment was clearly recorded in their care plan. However, the provider may find it useful to note there were no information available to staff about people's after care. This was discussed with the manager who confirmed this matter would be addressed.

We observed during lunch and saw staff were knowledgeable about people's needs and preferences and supported them in making choices which promoted their independence. During our observations we noted positive interaction between the staff and people who used the service. We observed when people needed support, staff provided this in a sensitive and friendly way.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

Evidence was provided that an infection control audit has been completed and was reviewed annually to ensure appropriate procedures for good infection control practice were being followed.

A member of staff we spoke with said staff always had access to the equipment they needed to ensure good hygiene standards can be maintained in the home. They said there are always supplies of disposable gloves and aprons available to prevent the risk of cross infection in the home. We saw hand gel was available and in use throughout the home. During lunch staff were wearing tabards and gloves whilst serving lunch.

We looked at bathrooms and toilets in the home which were clean and odour free. Other areas of the home were clean and odour free, we looked at several bedrooms and again found them to be clean. We looked at several mattresses and found them all to be clean and intact.

We spoke with a member of staff who told us about their cleaning schedule and tasks to be completed.

One person who used the service said, "They are always cleaning, I am very happy with the cleanliness of the home." A visitor to the home said, "The home is always very clean."

There were up to date infection control policies and procedures in place. These included hand hygiene, spillage of bodily fluids, isolation policy and wearing and provision of personal protective equipment. An infection control manual was also available for staff to use.

We observed staff wearing appropriate protective clothing when supporting people with personal care. Their practices showed that there was attention to minimise the risk of cross infection and good standard of hygiene.

We saw that when the kitchen was last inspected by the local environmental health department it was awarded a 5* rating (the highest) for their standards of food safety and

hygiene.

There were effective systems in place to reduce the risk and spread of infection.

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

People did not raise any concerns regarding staffing levels. They told us the staff were friendly and approachable, and if they could not respond straightaway, they would always let them know they would be back in a few minutes.

On the day of our visit, there appeared to be adequate staff on duty. There were enough qualified, skilled and experienced staff to meet people's needs.

We looked at the rotas for a month, and noted when permanent staff were on leave or sick they were covered by staff doing extra duties. On the day of our visit, we observed there was a relaxed, unhurried atmosphere. People received timely attention to their personal care needs, which enabled them to follow their own interests, or attend the activities being provided.

The manager told us that staffing levels were assessed depending on people's need and occupancy levels. The staffing levels were then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours to make sure there was continuity in service.

The relatives we spoke with told us there were always appeared to be enough staff on duty and staff appeared competent and well trained. One person said, "I am very pleased with the care my relative receives." Another person told us "I have always found the staffing levels to be adequate and staff appeared competent and well trained."

A staff member we spoke with said, "We are a really good team, we are like a family." A person who lived at the home said, "There are plenty of staff but we could do with a few more."

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 received. They also had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

Reasons for our judgement

People who used the service, their representatives and staff had been asked for their views on the care and treatment provided and their responses had been acted on. The home had conducted surveys of the people who used the service, their relatives, and the professionals, such as the district nurses and general practitioners, who provide a service to people who lived at Cymar House. We saw results from the yearly survey which showed people's rate standard of care 78% thought it was excellent and 22% stated good.

We saw the complaints log and saw any complaints made had been acted upon appropriately and any actions taken had been fed back to the person making the complaint.

The home had an audit plan which included, falls analysis, cleaning audit which we saw had identified areas needing action. We also saw the Residential Care Home Unit Review which was carried out by the Director Service Manager, this included for example an overview of care practice, events/accidents/incidents/safeguarding, care plans and the home environment.

We noted there were clear lines of accountability within the service and at provider level, which meant decisions about care and treatment had been made by the appropriate staff at the appropriate level, with the involvement of other health and social care professionals.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

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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