

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

Stakesby Road

89 Stakesby Road, Whitby, YO21 1JF

Tel: 01947602452

Date of Inspection: 20 December 2012

Date of Publication: January 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
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	The Wilf Ward Family Trust
Registered Manager	Mrs. Kathryn Mansfield
Overview of the service	<p>Stakesby Road is registered to provide long term accommodation to three adults who have a learning disability and/or a physical disability. The Wilf Ward Family Trust own the property.</p> <p>Stakesby Road is a bungalow in a residential area of Whitby. It is located near to local amenities and public transport links.</p>
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 carried out a visit on 20 December 2012, observed how people were being cared for, talked with carers and / or family members and talked with staff.

What people told us and what we found

The care plans contained an assessment of the individual's communication preferences and a mental capacity assessment. By identifying the preferred methods of communication the staff had enabled each person to make as many choices about their day to day activities as they were able. We observed staff interactions with people using the service and they used simple language, specialist communication equipment and pictorial prompts.

Relatives told us they had been fully involved in the initial assessment and subsequent care planning process. They told us this had happened over a long period of time allowing their relative the chance to get to know the staff and other people in the home. They also told us they were invited to regular reviews of the care plan to ensure it remained appropriate.

Staff told us they had a three week menu based on people's likes and dislikes. A choice was available at mealtimes and staff used pictures of different meals to determine what each person wanted.

People receive their medication appropriately.

We saw the staff rota's for the home. The staffing levels provided were seen to be appropriate for the level of individual needs. On the day of the inspection three members of staff were on duty for three people.

We saw a copy of the complaints policy. It provided clear guidance on what to do if someone had a complaint. There were also clear guidelines of how the organisation would respond to any complaints received.

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

Because of difficulties with verbal communication we were unable to speak to any of the people who used the service. We spoke with three staff and looked at records relating to the consent of care and treatment.

Where people did not have the capacity to consent the provider acted in accordance with legal requirements.

We checked the care planning documentation for three people who lived at the home. We saw that, when people were not able to use verbal communication to inform staff about their wishes, staff had asked family and friends to assist them in obtaining assessment information and developing a plan of care.

Staff had also used their observation skills and knowledge of people to develop care plans. Relatives told us that they had been fully involved in the development of the care plan. They also said that staff took their time with their relative to allow them the opportunity to make their own decisions.

There was evidence that the care plans were reviewed regularly and people important to the individual were involved. There was a record in care plans about the level of decision making a person was capable of. One care plan that we saw recorded "I can make day to day decisions but would need help with big decisions outside of the home". Staff told us that there had been instances when best interest meetings had been held. These are meetings that bring together health care professionals, care staff and relatives to make a decision on behalf of a person who lacks the capacity to make that decision themselves.

The care plans contained an assessment of the individual's communication preferences and a mental capacity assessment. By identifying the preferred methods of communication the staff had enabled each person to make as many choices about their day to day activities as they were able. We observed staff interactions with people using the service and they used simple language, specialist communication equipment and pictorial prompts. Staff waited for a response from the individual before beginning any activity with

them.

All of the staff had completed training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DOLs). Staff told us that they had this training each year and this ensured they remained up to date with any changes in the law or recognised practices.

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

Because of difficulties with verbal communication we were unable to speak to any of the people who used the service. We spoke with three staff and looked at records relating to the care and treatment of people who used the service.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at the care records for three people who lived at the home. We saw that care needs assessments had been completed at the time of their admission. This included a personal profile, their medical details and activities of daily living.

Each person had a nutritional assessment and details of on-going support from the Speech and Language Therapy team was recorded. The information gathered at the time of a person's initial assessment had been incorporated into an individual plan of care. Care plans included information about their life history, previous lifestyle and family involvement. They also recorded a person's likes and dislikes and their preferences for assistance with personal care. We saw that this provided staff with an insight into the person and how they could support them to live their chosen lifestyle.

When areas of concern had been identified, risk assessments had been produced. Risk assessments recorded information for staff on how to manage risks to achieve the best outcomes. We saw that these plans had been completed for a variety of areas depending on the individual risks of the person concerned, including moving and handling and pressure care. Each person had an environmental risk assessment in place. There was a record of any mobility equipment and pressure care equipment that had been provided to enable people's care needs to be met.

Care plans contained an individual daily diary that covered what activities the person had been involved in, who had visited them and what they had eaten during the day. Staff told us this information was used when reviewing the care plan and helped to provide a comprehensive overview of any changes in the person's needs.

Relatives told us they had been fully involved in the initial assessment and subsequent care planning process. They told us this had happened over a long period of time allowing

their relative the chance to get to know the staff and other people in the home. They also told us they were invited to regular reviews of the care plan to ensure it remained appropriate.

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

Because of difficulties with verbal communication we were unable to speak to any of the people who used the service. We spoke with three staff and looked at the menus.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff told us they had a three week menu based on people's likes and dislikes. A choice was available at mealtimes and staff used pictures of different meals to determine what each person wanted.

The care plans contained a detailed nutritional support plan for each individual. This identified likes and dislikes, known allergies and photographs showing how each place at the table should be set out and what the different cutlery was for. Each person had been assessed by the Speech and Language Therapist and different foods had been identified that assisted swallowing as well as foods that should be avoided because of swallowing difficulties.

Staff spoken with were knowledgeable about how each person needed assistance. They told us they had time to assist people with their meals and they were never rushed.

On the day of the inspection everyone went out for their lunch and a member of staff accompanied them to assist with their meals.

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

Because of difficulties with verbal communication we were unable to speak to any of the people who used the service. We spoke with three staff and looked at records relating to the management of medicines for people who used the service.

Medicines were handled appropriately.

Medication was provided in a monitored dosage system (MDS) every four weeks to the home. Staff told us they carried out a weekly audit of the medicines and records to ensure they remained up to date. They also told us where medication was not provided in the MDS then they made a record of what extra medicines they needed to order.

We observed medication being administered and it was done by two members of staff, one person administered the medicine the other checked that the dosage and time of administration were in line with the care plan. Staff told us that they were not allowed to handle medicines unless they had completed 'safe handling of medication' training.

The medication was stored in a lockable cupboard and controlled drugs were stored separately. We saw a record of regular temperature checks of the medication storage areas. No-one was able to manage their own medication, however lockable cupboards were provided in their rooms for the storage of topical creams and eye drops. This allowed staff to access these medicines whilst attending to someone's personal care.

A record of medication errors was kept and staff told us that this record was used as part of the training so that everyone could learn from any mistakes made. There was no record of any errors having occurred.

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

Because of difficulties with verbal communication we were unable to speak to any of the people who used the service. We spoke to three staff and looked at records relating to the staffing levels provided at the home.

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

We saw the staff rota's for the home. The staffing levels provided were seen to be appropriate for the level of individual needs. On the day of the inspection three members of staff were on duty for three people.

Staff told us that the staffing levels varied depending on the time of day and activities being undertaken by people who used the service.

We saw information in people's care plans that indicated what level of support they required at different times of the day. For example when people used the hoist there always had to be two people assisting them.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Because of difficulties with verbal communication we were unable to speak to any of the people who used the service. We spoke with three staff and looked at the complaints process.

People were made aware of the complaints system. This was provided in a format that met their needs.

We saw a copy of the complaints policy. It provided clear guidance on what to do if someone had a complaint. There were also clear guidelines of how the organisation would respond to any complaints received.

People who used the service had a copy of the complaints policy in picture format in their rooms. Leaflets titled 'How to complain' were on display in the entrance hall.

A record was kept of any complaints made along with any compliments received. There had been no complaints received in the last twelve months.

Relatives spoken with said they had not had to make a formal complaint. There had been times when they had raised concerns with the manager and staff and their concerns had been dealt with appropriately. They said the staff worked with them to ensure their relative was cared for appropriately.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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