

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: 14 June 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
Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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

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

What people told us and what we found

People who used the service had limited communication skills, however specialist equipment had been obtained that enabled them to express their wishes. Visitors told us that staff involved them in the care and support of their relatives. One said "They have looked after XXXX for 20 years and they always involved us in what is going on".

We saw that staff were knowledgeable about the people they supported and provided support in line with the person's care plan.

Stakesby Road was a domestic dwelling and all areas of the home we seen to be accessible to people who lived there. There were suitable adaptations in place that enabled care to be provided in a sensitive way. The home was clean and staff were seen to follow infection control instructions to minimise the possibility of cross infection.

The service had a comprehensive system in place to monitor the quality of the service provided.

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 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

People expressed their views and were involved in making decisions about their care and treatment. People were supported in promoting their independence and community involvement.

We observed interactions between people who used the service and staff. People who used the service had limited communication skills, however specialist equipment had been obtained that enabled them to express their wishes. Throughout the day staff offered people choice as to what they wanted to do. Staff told us they relied on the response given about an activity to determine whether that activity was repeated. People had lived in the home for many years and there was good historical information as to what they enjoyed doing. This enabled staff to select suitable activities each day. Personal files seen contained a 'Dignity Charter'. This was a document devised by staff about how everyone should value the individual and respect the person they are supporting. Throughout the visit staff were observed treating people as individuals and with respect.

One person was part of a service user group. This group was made up of people who used the service from different parts of the Wilf Ward Family Trust. We saw minutes from these meetings and people put ideas forward to move the organisation forward and it was also a forum where concerns could be raised and hopefully resolved. People from this group were involved in the recruitment of the new CEO of Wilf Ward Family Trust.

We saw evidence that surveys were sent out annually to people who used the service, their relatives and supporters. Information received through this process was used by staff to help develop the service they offered.

We spoke to several relatives. They told us that staff always kept them informed of what was going on in the home and involved them in the development of the service provided.

Information was available in both pictorial and written format on how to make a complaint. The service had not received any complaints.

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

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

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 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.

Staff were observed treating each person with respect and dignity. It was clear from the interactions that staff were knowledgeable about the people they were supporting. Interactions were relaxed and the support people received was individualised. One person was given a remote device to operate their CD player and they enjoyed selecting the different tracks they wanted to listen to. Staff recognised that one person was very tired and so they changed the chair they were sitting in to ensure they were properly supported whilst they relaxed.

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.

Reasons for our judgement

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

Stakesby Road was a domestic dwelling. We saw that staff had completed infection control training. They told us they used personal protective equipment (PPE) when providing personal care. We saw that PPE was available in all the bedrooms, the bathroom and the kitchen. We observed staff following hygienic procedures after all personal interactions with people.

We saw there were specific instructions on how to clean the whirlpool bath, after each use, weekly and a deeper clean each month. There were specific cleaning instructions for the slings used by individuals.

Staff told us that soiled laundry was transported through to the laundry area in a sealed container and washed separately from other laundry.

There was a clinical waste contract in place ensuring any clinical waste was dealt with appropriately.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

Stakesby Road was a detached bungalow. Accommodation comprised of entrance hall, through lounge dining room and a kitchen. There were three bedrooms, these room had been individualised by the occupant, and a specialist bathroom. The bedrooms, lounge and bathroom all had ceiling track hoist. This allowed people to be transferred safely and for their personal care to be carried out in a dignified manner.

Around the property there was an enclosed garden, this could be accessed through patio doors in the lounge.

Where people had not been able to tell staff how they wanted their bedroom decorated staff had discussed their likes and dislike with family members and included these in the decorations.

The staff entered any faults into a maintenance book and these tasks were completed when contractors could be engaged. The property was well lit and had gas central heating. There was adequate ventilation through the windows that opened. We saw evidence that arrangements were in place for the collection of clinical waste. As a safety measure doors to access the property were kept locked and people visiting the home had to sign a visitors book. We saw a fire emergency procedure file. This contained a fire risk plan and an evacuation plan for the people who lived in the home.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the provider ensured that it was properly maintained. There was enough equipment to promote the independence and comfort of people who used the service.

We saw records to show that the gas and electrical systems were maintained in accordance with guidance issued. Portable appliances were also tested every year to ensure they were safe to use. We saw records to show that the ceiling track hoists, the specialist bath and the individually designed wheelchairs were maintained at intervals specified by the manufacturer.

Staff told us they carry out a health and safety check every month and this highlights areas that needed attention to make them safe. We saw evidence that any issues raised were dealt with in a timely manner. Staff also carried out bedroom checks to make sure equipment used remained safe for people to use.

We saw a fire risk assessment. We also saw environmental risk assessments for each of the people who lived at Stakesby Road.

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.

Reasons for our judgement

People who used the service, their representative and staff were asked for their views about their care and treatment and they were acted on. Decisions about care and treatment were made by the appropriate staff at the appropriate level.

People who used the service, their representative and staff were asked for their views about their care and treatment and they were acted on. We spoke with two relatives who told us that the staff at the home regularly asked them if they were happy with the level of care and answered their questions. They told us that if they had any comments then the manager was approachable and did her best to put things right.

We saw that people who used the service were included in the development of the service when possible. Staff worked with them to ensure they had an opportunity to develop their own interests and lifestyle choices. This information was contained in their care plans. We observed staff treating people with respect and in a dignified manner and they enabled them to make their own choices on a daily basis. We saw that the home had a complaints policy and procedure and that people's complaints would be recorded with actions. We saw that compliments were also recorded.

The deputy manager told us about a range of health and safety audits which were carried out by the home. For example, we saw the home carried out regular maintenance checks, portable appliance tests, fire checks and hot water temperature checks. Equipment used within the service was also regularly serviced. This helped keep people safe.

The deputy manager told us that staff who administered the medication checked it daily to ensure staff were recording this correctly. We saw records completed by staff to show the checks had been done.

Care plans were regularly reviewed and updated to ensure that people's up to date care needs were taken into consideration.

Staff told us that they were informed of required improvements in monthly meetings. We saw minutes of these meetings. The meetings were also used to canvas staff opinion and

ask for suggestions about improvements. We saw that health care and other professionals were consulted for their advice and that this was incorporated into care plans. This ensured that people benefited from specialist support when this was needed.

We saw that monthly checks were carried out by a manager from another service. The most recent audit covered the area of staffing in depth. A list of action points was compiled following the audit. The manager also showed us the business plan for the year. This outlined the targets for the home and when the targets should be met.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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