

Warmest Welcome Limited

Cymar House

Inspection report

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Tel: 01977552018

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Cymar House is a care home which was providing personal care to 24 people aged 65 and over at the time of the inspection.

People's experience of using this service:

- Systems and processes were in place to keep people safe and staff understood procedures to follow to ensure people were safeguarded from abuse.
- Medicines were managed safely, although some guidance for staff was not clear, such as when people may be in need of pain relief or were feeling agitated.
- Staff recruitment procedures were in place and the numbers of staff on duty met people's needs.
- Staff training was completed in many areas, and the service had a designated trainer
- We received mixed feedback about the quality of the food. The service advertised 'home cooked food'. However, this was no longer prepared in the home, but brought in from an external source.
- There were kind and caring interactions between staff, people and families, and staff showed respect for people's privacy and dignity.
- Care records contained relevant information although some had incomplete and conflicting detail.
- Activities took place, although there was not much happening to keep people occupied during the inspection.
- The management team was visible in the service and staff understood their roles and responsibilities. There was effective teamwork and staff felt supported.
- Systems and processes were in place to monitor the quality of the service and the registered manager responded promptly to address areas identified through the inspection.

Rating at last inspection: Good (report published 19 August 2016)

Why we inspected: This was a planned inspection based on the previous rating

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Cymar House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of one adult social care inspector and an assistant inspector. The inspection was unannounced on 19 March 2019.

Cymar House is a care home which provides personal care and support to older people. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and care provided and both were looked at during the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We reviewed information we had received since the last inspection. We used information the provider had sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We checked information held by the local authority commissioning and safeguarding teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with six people who used the service and three relatives. We spoke with three staff and the registered manager. We spoke with two visiting professionals.

We looked at four care records for people who used the service, three staff files including recruitment, training and supervision records and records relating to the quality assurance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff clearly understood safeguarding and whistleblowing procedures to make sure people were protected from harm.
- The registered manager said they worked closely with the local authority safeguarding team and reported any concerns to them without delay. Notifications had been sent to CQC where safeguarding concerns had been reported.

Assessing risk, safety monitoring and management

- Risk assessments for each person were known by staff, who supported their needs safely. Where people needed staff to help with mobilising we saw staff were patient and enabled each person to move at their own pace. People had their mobility equipment within reach, such as walking frames.
- There was regular maintenance of the premises and equipment, although we brought some matters to the attention of the registered manager. For example, we asked them to review the integrity of the window restrictors to make sure they were still suitable. We found some water in the wash hand basin taps was either too hot or not warm enough. The maintenance staff attended to these matters promptly during the inspection.
- Staff knew what to do in the event of a fire and fire system checks were carried out. People had personal emergency evacuation plans in place. It was not clear which doors were fire doors and some fire exits had changed, but there was no documentation to show whether this was safely approved. We contacted the fire officer after the inspection to request they make a visit to the premises.
- The registered provider had a recently written contingency plan in place for emergencies.

Staffing and recruitment

- There were sufficient staff to care for people and meet their needs. Some people told us there were plenty of staff and their relatives said the same. Some people thought there should be more staff on duty especially at night. The registered manager told us they kept staffing levels under review and they were satisfied there were sufficient staff deployed.
- We noticed the member of staff responsible for giving medicines was distracted from this at times to assist with people's care, although they wore a tunic as a reminder they should not be disturbed.
- Staff were recruited safely. The registered manager told us they did not use agency staff because their own staff team knew people's needs well and covered for absence when needed.

Using medicines safely

- At the last inspection we found there were discrepancies in medicine stock counts and medicines audits had not been completed properly. At this inspection we saw this had improved and medicines were

continuously accounted for and checked.

- Medicines were managed safely overall and were recorded electronically. Staff told us they applied topical creams where people were prescribed them, but it was not always clear from the electronic record system who had applied them as directed.
- Staff were confident in their ability to support people with medicines and they were patient when giving medicines to each person.
- For people who needed medicine 'when required' such as for pain, agitation or constipation, the guidance for staff to follow was not always clear or in place. We discussed this with the registered manager who immediately began to put clear guidance in place for each person.

Preventing and controlling infection

- Staff understood how to prevent the spread of infection and used appropriate gloves and aprons when needed.
- The registered manager and provider included infection control checks as part of the regular auditing systems and there had been an infection control audit done by the infection prevention team. We noted occasional odours, such as in the wheelchair storage room. The registered manager told us there was an ongoing refurbishment plan and there were regular cleaning regimes in place.
- We noticed a small dog who had come to visit one person, was in the kitchen and unchecked by staff. Staff we spoke with said this did not usually happen.

Learning lessons when things go wrong

- The registered manager told us they shared information with staff where lessons could be learned from accidents and incidents. For example, there had been an incident in which a person had left the building unnoticed at night so all staff were made aware of ensuring doors were secured. The registered manager had made changes to the way staff were deployed in the event of emergency services being called at night to enable them to have prompt access.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff knew people's assessed needs and respectfully supported them to make their own choices and decisions wherever possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There was clear information to show the registered provider was working appropriately to meet people's needs.

Staff support: induction, training, skills and experience

- Staff were well supported through induction, supervision and regular training.
- There was a designated trainer who delivered training and monitored staff training needs within the service. The registered manager had identified staff would benefit from receiving training in supportive positive behaviour and was trying to source suitable training for this.
- There was a staff development plan, training matrix and a training programme in place which showed details of training undertaken and scheduled. The registered manager knew where there was training scheduled and who was to lead on this.
- Staff told us they had good induction and felt competent and confident to carry out their role. They said team meetings, supervisions and handovers helped them know what was expected of them.

Supporting people to eat and drink enough to maintain a balanced diet

- The cook was knowledgeable about people's individual dietary needs and worked closely with care staff to make sure people had the food and drink they needed. Meals had previously been cooked on site at the service and as such the home advertised 'home cooking', but this had changed to an alternative provider and was brought in pre-prepared and portioned. The cook told us people always had access to salad and fresh fruit if they wanted it and they baked cakes for special occasions, such as birthdays.

- We heard mixed opinions from people about the food; some people said it was tasty whilst others did not like it at all. The registered manager told us they were not aware of any concerns and there was no decrease in people's weight, but said they continued to monitor people's levels of satisfaction.
- People had visual choices of what to drink at lunchtime and there was a choice of soft drinks as well as alcohol if people wanted it, although some people said they did not have the choice of alcohol. Some people had to wait a long time before their meal was served to them and they were not happy about this. They told us this happened a lot. The registered manager told us they were not aware of any undue delays with the meal time service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where people needed attention to skin wounds or dressings changing, the staff linked well with the district nursing team. We spoke with a visiting social worker who said staff communicated well with them and there was effective partnership working to meet people's needs. A community nurse told us staff always called them for advice or support. They said staff were 'over cautious' when making referrals, which they encouraged.
- People had access to the chiropody service, although we saw one person's feet needed attention. The registered manager told us the person did not always wish to engage with the chiropodist.
- People's care records showed visits from other professionals, such as their GP. People and relatives told us staff supported them to receive any healthcare advice and support, whether routine or emergency.

Adapting service, design, decoration to meet people's needs

- There was a re-decoration programme and continuous refurbishment of the home to meet people's needs. One relative said the home had improved through the laying of new floor covering in some areas.
- The registered manager told us there were plans to bring in new home furnishings, such as cushions and wall clocks.
- We noted some communal bathroom areas were used to store equipment which meant these areas were not fully accessible, although there were other facilities available to people.
- People, relatives and staff described Cymar House as 'homely'.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had good relationships with people and engaged positively. Staff had a kind and friendly manner and were attentive to people's needs.
- Care records we reviewed included people's spiritual, religious and cultural needs and preferences as well as other individual requirements for staff to know.
- Staff said they enjoyed caring for the people. One member of staff said they treated people with the same regard as their own relatives.
- There was a friendly atmosphere in the home and staff engaged in appropriate banter with people. One person said, "You've got to have a laugh, it's what makes the place home."

Supporting people to express their views and be involved in making decisions about their care

- Staff listened to what people said and offered them choices. One person said, "I know my own mind, they [staff] know that."
- Staff spoke with people at their face level and enabled people to speak in their own time and pace.
- The cook told us people were asked their likes and dislikes in relation to food and this was all written down and taken into consideration.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a respectful and dignified manner.
- Staff gave examples of how they respected privacy and dignity. Staff said when helping people with personal care tasks they ensured their privacy was maintained. Staff knocked on people's doors before entering and spoke to people with their preferred names.
- People were encouraged to do as much for themselves as they were able and staff promoted their independence, allowing plenty of time for people to determine their own pace, such as when walking from place to place.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans contained up to date records, but these were not always clear or accurate. For example, one person's record stated there were no concerns with their feet, yet we saw the person had long overgrown toenails. Staff said the person declined intervention, but this was not reflected in their care records. Another person complained of pain, but this was not detailed on their care record.
- For another person, who was at high risk of choking, they required thickener in their drinks, but the detail or risk assessment was not clear on their care plan. One person's records stated they were to have their medicines covertly (hidden, such as in food or drink), yet there was conflicting information to say this was no longer needed.
- The registered manager began to take immediate steps to address and rectify the conflicting information in the care plans. They told us there were future plans to introduce electronic care records, which they said would help make sure information was accurate and timely.
- Key information was available in people's individual rooms, with an outline of their needs and who their key worker was.
- Activities took place, although there was limited meaningful activity taking place during the morning of our visit. There were televisions playing in all three lounge areas and there was competing sound coming from each, which may have been confusing for some people. Staff changed the television programme, but there was no consultation with the people in the room. During the afternoon some people engaged in making Easter bonnets and singing associated songs. Some people looked at a copy of the 'daily chat' newspaper whilst others sat passively.

Improving care quality in response to complaints or concerns

- Records of complaints and any responses to these were maintained appropriately.
- People and relatives told us they knew how to complain and said all staff were approachable if they needed to raise any issues.

End of life care and support

- One person was receiving end of life care during the inspection. Their relative told us they were happy the home had agreed their family member could be discharged from hospital to have end of life care at Cymar House. They said, "It would have been very distressing for [my family member] to go somewhere else."
- The registered manager said they spoke with people and their families about their end of life wishes to be able to offer the right support, and this was included in people's care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was visible in the service and was involved in people's care and support, working alongside staff at times to promote people's care.
- The registered manager monitored risks to individuals through a range of different audits, with clear oversight of the quality of the service, and with support from the provider. Audits were regularly completed in support of people's individual risks, such as pressure care, medicines, nutrition, and call bells. Care plan audits were carried out, although we found there were some inaccuracies in these which the registered manager attended to immediately.
- Health and safety maintenance checks were carried out, but these needed to be more rigorous to ensure safe standards, such as water temperatures. The registered manager agreed to make these checks more robust.
- The provider was very involved in the service and gave support to the registered manager and staff team through regular visits.
- There were clear lines of accountability and staff knew who to refer to for advice and support in their role.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an open and transparent culture in the service; people, staff, relatives and visitors said the registered manager was approachable and there was an open door policy.
- The registered manager trusted the staff to care for people and told us they had 'a fantastic bunch of staff who were 'very caring'.
- Staff told us they were motivated in their work and said morale was good. Teamwork was evident and staff were focused on meeting people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were various regular meetings which took place to involve people, relatives and staff.
- Surveys took place to enable people and staff to be engaged in the service. We saw 11 surveys were returned from people and showed matters raised had been dealt with. Employee satisfaction survey results showed 100% positive, however only one was received so this may not have been a full reflection of views.

Continuous learning and improving care

- The registered manager told us they were continuously seeking new ways to work and they were

considering plans to introduce electronic care records, having already done so for medication.

- The registered manager understood the legal requirements and what their role entailed to ensure regulations were met and maintained.

Working in partnership with others

- The registered manager worked closely with other registered managers to share practice ideas and links with local communities.
- The registered manager kept up to date with matters affecting the home and welcomed feedback.