Inspection Report

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

Spencers Lodge

Toynton All Saints, Near Spilsby, PE23 5AE

Tel: 01790752499

Date of Inspection: 08 January 2014

Date of Publication: January 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
Management of medicines	✓ Met this standard
Requirements relating to workers	✗ Action needed
Complaints	✓ Met this standard

Details about this location

Registered Provider	Linkage Community Trust
Registered Manager	Mrs. Helen Whittleton
Overview of the service	Spencers Lodge is registered to provide accommodation and personal care for up to 10 young people who have a learning disability. It is located on a campus site where a special college is based. All of the young people living in the service attend the college.
Type of service	Specialist college service
Regulated activity	Accommodation and nursing or personal care in the further education sector

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Management of medicines	10
Requirements relating to workers	12
Complaints	13
Information primarily for the provider:	
Action we have told the provider to take	14
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

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 8 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

On the day of our inspection visit there were five students living in the service. We spoke with all of them. In addition, we spoke with two parents. Everyone we spoke with gave us positive feedback about the service. A student said, "The staff here are good and do right things such as helping me with things." A parent said, "I have seen my son improve so much since he's been there it's not true. I'm very grateful to the staff."

Staff had consulted with students and parents about the support each person needed and wanted to have.

Students said that they received all of the health and personal care they needed. Records confirmed that assistance had been provided in a safe, reliable and responsive way.

There were safe and reliable systems for managing students' medication.

Some of the necessary security checks on staff had not been completed. This reduced the confidence people could have that only suitable and trustworthy staff were employed.

There was an effective system for dealing with complaints so that issues could be resolved quickly and fairly.

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

What we have told the provider to do

We have asked the provider to send us a report by 08 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 students received any support they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before students received any support they were asked for their consent and the provider acted in accordance with their wishes. Prospective students and their parents had been invited to visit the service so that they could look around, meet the other students and speak with staff.

We saw that after people moved in staff had continued to consult with them about the support they received. Each student had a key worker. This was a member of staff who was responsible for coordinating the support the person received. Records showed that at least once a month each student had met with their key worker to review how well they were being assisted to develop their social and independent living skills.

This meant that they knew about any proposed alterations that were necessary to respond to their changing needs. These measures had enabled students and parents to give their informed consent to the support that was provided. A student said, "I talk to the staff a lot and they ask me things like what I want and am I okay with things." A parent said, "The staff know my son so well and they're always consulting with me and checking out that I'm fully involved in making decisions about what's best for him. They want only what's best for him."

Students had someone who was not connected with the service with whom they could speak about their support. These were people such as parents and care managers (social workers). Documents showed that people had access to other independent advocates if they wanted additional support.

Where people did not have capacity to consent the provider acted in accordance with legal requirements. Records showed that staff had assessed students' capacity to understand the risks and benefits related to their support. In addition, they had consulted with relevant health and social care professionals. This had been done so that the support provided was in the best interests of the students and respected their right to make decisions for

themselves whenever possible.

Giving students information about the service before they moved in, consulting with them about the continuing support they received and taking into account their ability to give consent enabled students to be meaningfully involved in decisions that affected them.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Students experienced support that met their needs and protected their rights.

Reasons for our judgement

Students' needs were assessed and support was planned and delivered in line with their individual support plan. We looked in detail at key parts of the support three students had received. We found that each of them had an individual written plan of support. These plans contained information about subjects such as helping students do everyday tasks, managing medical conditions, attending college and accessing the community. Staff said that these plans helped them to reliably provide assistance for students in ways that were right for them.

We saw that students were reliably receiving the support they needed and wanted. This included assistance with every-day domestic tasks such as maintaining personal hygiene, managing their laundry, helping with household tasks and taking medication. Students had also been consistently supported to attend their college classes and to go out into the local community to do shopping and to enjoy social events.

We observed that staff were unhurried when they were helping students. In addition, we noted how they took the time to communicate with each student in ways that took into account their special needs. This involved using speech, signs and body language. A student said, "Good" and gave a thumbs-up sign when asked about how well staff helped him. A parent said, "The care my son has received is absolutely excellent. I have no reservations whatsoever about it. The staff are settled and they know exactly what they're doing and how to meet his complex needs. He's made more progress than I thought was possible."

We saw that each student had been assisted to maintain good health. Records showed that staff had quickly arranged for students to received medical attention when they had not been well. In addition, staff had helped students to follow a healthy lifestyle by eating a balanced diet and taking as much exercise as possible.

Students' support was planned and delivered in a way that was intended to ensure their safety and welfare. We saw that potential risks to students' health and safety had been assessed so they could stay safe from unnecessary hazards. This included accompanying students when they were out in the local community so that they did not become lost or at risk from road traffic.

Students' support was planned and delivered in a way that protected them from unlawful discrimination. We saw that the provider had a written policy that committed it to support students in ways that respected their diversity. We saw this in operation in that students with different preferences and abilities were supported in accordance with their wishes. For example, arrangements had been made that supported individual students to follow specific routines that they found to be reassuring.

There were arrangements in place to deal with foreseeable emergencies. We noted that there were written plans to respond to adverse things such as interruptions in the supply of electricity, water and gas. This meant that students could be confident that their accommodation and support needs would be reliably met.

The way in which staff consulted with students, provided them with prompt support, accessed healthcare services on their behalf and helped them to stay safe all contributed to students receiving the right support.

Management of medicines ✓ Met this standard

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.

Students were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Students said that they reliably received the medicines that had been prescribed for them. A student said, "The staff help me with my tablets so I get them right. I'd get them muddled on my own." A parent said, "The staff handle all my son's medication and they order it for him and make sure he takes it. More than that, they observe how he's doing on his medication so that they can tell the doctor if it seems to be helping him or not."

Appropriate arrangements were in place in relation to obtaining medication. Records showed that there was a stock check system that identified when medicines needed to be reordered. They also showed that orders were promptly made and that when received medicines were checked in. We checked the supply of three medicines and found that there was an adequate stock and that all of the medicines were within their 'use by' date.

Medicines were kept safely. We saw that the medicines were securely stored in a locked metal filing cabinet. Four student's medicines had been placed in sealed plastic containers to keep each person's medicines separate. However, there was insufficient room to store one student's medication in this way and so it was being kept alongside other larger medicine bottles that would not fit into the sealed containers. In addition, the paint finish on the inside of the drawers was cracked in places and so could not easily be cleaned to a good standard. The provider may find it useful to note that these shortfalls reduced its ability to store medicines correctly.

We saw that additional arrangements had been made to store and record the use of some medicines that needed special security.

Medicines were prescribed and given to people appropriately. Records showed that a doctor had prescribed each person's medication. The provider had a written policy and procedure for staff to follow when dispensing medication. This included double checking that the right medicines were being given to each person and making sure that they were being taken in the correct way. The staff who dispensed medicines had received training and they knew how to manage medication in a safe and reliable way.

Medicines were disposed of appropriately. We saw that medicines and related medical

equipment that was no longer required was stored securely until it could be disposed of in a safe way.

Requirements relating to workers ✖ Action needed

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

The recruitment and selection procedure was not robust. This increased the risk that students would be supported by staff who were not as qualified, skilled or experienced as they needed to be.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Students and parents said they were confident staff were suitable and trustworthy to provide support. A student said, "The staff are fine and help me so I've nothing to complain about." A parent said, "The staff are excellent and are why my son's needs are so well met. They're genuinely caring and honest people. I trust them absolutely to support my son because I've never had any reason to doubt them."

We noted that the provider had a robust system for responding to concerns about staff. There was a procedure to refer a member of staff who was no longer fit to work in health and social care to the national vetting and barring service. This meant that other employers would be alerted to historical problems to be considered before someone was allowed to work again with vulnerable people.

We examined the personnel files of three staff. We saw that some checks had been completed before they began work. These included checks from the Disclosure and Barring Service to show that the staff did not have relevant criminal convictions and had not been guilty of professional misconduct.

However, other parts of the recruitment and selection procedure were not robust. We saw that in each case the members of staff had completed an application form. However, it had not been confirmed that applicants had submitted a fully detailed account of their employment history. This meant that the provider had not been in a position to decide what assurances needed to be obtained about their previous conduct.

The use of incomplete employment histories reduced the provider's ability to obtain assurances about applicants' previous good employment conduct and limited its capacity to keep students safe.

Complaints ✓ Met this standard

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 made by students and other stakeholders were responded to effectively.

Reasons for our judgement

Students and parents said they were confident that their comments and complaints had been listened to and acted on effectively. A student said, "I don't have any complaints. If I did, I could speak to staff and they would help me." Another student said, "When I have something on my mind I talk to (the manager) and she sorts it out for me."

People had been made aware of the complaints system. We saw that the complaints procedure was presented in an easy to use way so that the information would be accessible to the students.

People had their comments and complaints listened to and acted upon without fear that they would be discriminated against for making a complaint. We saw that the complaints procedure reassured people that they were free to make a complaint. In addition, it explained how and within what timescale the provider planned to investigate and resolve complaints.

People had been given support by the provider to make a comment or complaint where they needed assistance. This included being given information about agencies they could contact that were independent of the service including the local authority and the Care Quality Commission.

Records showed that the provider had received a limited number of minor complaints from a student since our last inspection. We saw that they had been investigated and promptly resolved to the satisfaction of the student concerned. A parent said, "I have never had any concerns but if there was something I would only have to pick up the phone and talk to the staff. It's not at all 'us and them'. The staff want the best for my son as much as me."

Reassuring people that they were free to complain, explaining to people how complaints would be managed and having effective systems to resolve issues meant that people could have their concerns addressed.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector	**Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010** **Requirements relating to workers**
	How the regulation was not being met: The recruitment and selection procedure was not robust. This increased the risk that students would be supported by staff who were not as qualified, skilled or experienced as they needed to be. Regulation 21 (a) (i) (b) Schedule 3 (4) (5).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 08 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.