

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

## Lomack House

29-33 Elstow Road, Kempston, Bedford, MK42  
8HD

Tel: 01234840671

Date of Inspection: 10 January 2013

Date of Publication: January  
2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Lomack Health Company Limited
Registered Managers	Ms. Debra Dalton Mr. Stewart Simpson
Overview of the service	Lomack Hous is a care home for up to nine adults. People living at the home have a range of needs including learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## 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
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Cleanliness and infection control	8
Management of medicines	9
Requirements relating to workers	10
Complaints	11
<b>About CQC Inspections</b>	12
<b>How we define our judgements</b>	13
<b>Glossary of terms we use in this report</b>	15
<b>Contact us</b>	17

## 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 reviewed all the information we have gathered about Lomack House, looked at the personal care or treatment records of people who use the service, carried out a visit on 10 January 2013 and observed how people were being cared for. We talked with people who use the service and talked with staff.

---

### What people told us and what we found

---

Care plans reflected people's wishes and preferences. Staff conveyed respect for people when speaking with us and in the language they used in records. The care plans outlined people's needs and how those were to be met. People told us they were happy with the meal preparation arrangements which were in place. They said they enjoyed their meals and had choices.

People told us they had agreed to undertake household chores to make sure the home was clean and tidy. Staff had access to training and policies on infection control practice. The premises were clean and odour free.

People said staff supported them with their medicines. We found medicines were handled safely and administered appropriately. Medication practices and records were in good order.

People told us they had a good relationship with the staff team. We found the service had an effective recruitment procedure in place to make sure staff were appropriately recruited and fit to carry out their role.

People told us they were aware of how to make a complaint. We found there was a system in place which enabled people to comment on the care they were receiving.

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](http://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

### 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.

People experienced care, treatment and support that met their needs and protected their rights.

---

#### Reasons for our judgement

We spoke with three people living at the home. They told us they had weekly meetings with staff to discuss and plan the food menu. People said they enjoyed the meals and were provided with plenty of food choices. One person said, "We take it in turns to prepare the evening meal with staff." A second person said, "I try to be good and eat healthy options." People told us they were involved in activities outside of the home. For example, some people were attending a resource centre, two or three times a week which enabled them to integrate into the local community. Other people were attending the local college several times a week or undertaking work placements.

One person said, "I am very happy here and staff were very kind and helpful." Another said "There is always someone around if you need them." We saw staff speaking to people in a polite manner. We observed staff assisting people in an unrushed manner. For example, when assisting people with an activity staff gained their permission and explained to them how the activity was to be undertaken.

The people we spoke with said that they had a care plan. They told us they had regular meetings with staff to discuss and review their care plan. People said they were also able to discuss what activities they wished to participate in. This was to ensure that they were provided with choices and their care needs were current and up to date.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. We looked at a sample of two people's care plans and associated documents. The plans provided a clear account of the person's needs and the support required to ensure those needs would be appropriately met. Information had been regularly reviewed and updated where changes were needed. We saw people's wishes and their preferences had been reflected in the care plan. Staff spoken with were aware of people's needs. For example, staff were able to describe how they were supporting people to maintain their independence and ensure their safety and wellbeing. We noted one of the files contained a communication passport. The document contained information relating to the person's preferences and abilities. Staff explained if the person had to be admitted to hospital it would be sent with them. This ensured other health professionals would be able

to communicate with the person.

In the two files we looked at we saw risk assessments had been developed. This was to enable staff to support people with activities inside the home and the local community. The assessments had been regularly reviewed to make sure information was current and reflected people's needs.

We saw the home had procedures in place to guide staff on emergencies such as, electricity failure, gas leak and missing persons. Senior managers were also available 24-7 to provide support and advice to staff. There were arrangements in place to deal with foreseeable emergencies.

**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 cared for in a clean, hygienic environment.

---

**Reasons for our judgement**

---

There were effective systems in place to reduce the risk and spread of infection. We observed the home had a comprehensive infection control policy. Staff told us they had been provided with training on infection control as part of their induction. Courses were then offered every couple of years to refresh skills.

We saw staff had access to disposable gloves and aprons. There were colour coded mops and buckets being used when cleaning were undertaken. Bathrooms and toilets were stocked with toilet rolls, antibacterial hand wash and paper towels. This was to minimise the risk of cross infection and contamination. There were appropriate arrangements for the disposal of clinical waste. We saw records of monthly audits relating to the cleanliness of the kitchen and how food was being cooked and stored were undertaken. Areas identified as requiring action had been addressed. We observed all areas of the home were clean and there was good odour control.

The three people whom we spoke with said, weekly meetings were held with staff. This was to discuss who would be responsible for undertaking specific household tasks to make sure the home was clean and tidy. One person said, "I am responsible for my own laundry and making sure my bedroom is kept clean and tidy. I also make sure the kitchen and bathroom is clean."



**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**

---

Appropriate arrangements were in place in relation to the recording of medicines and medicines were safely administered.

The home had a medication policy in place which provided guidance to staff on the safe handling of medicines. We looked at people's medication administration record (MAR) sheets and found they were completed appropriately. We saw people's medicines were dispensed in a monitored dose system. Medicines were stored in a locked cabinet. Regular medication audits were undertaken and a record was maintained of medicines entering and leaving the home. This ensured medicines were handled and recorded appropriately.

The staff we spoke with said that they had been provided with training in the safe handling of medicines at induction. The training records we looked at confirmed this. We noted some staff had undertaken an advanced training course in the safe handling of medicines. We were told two staff always administered people's medicines. We saw evidence which confirmed staff had been given permission by the GP to administer home medicines and PRN medicines (medicines to be given when necessary) to people. Those medicines were administered in accordance with the home's medication procedure and were reviewed annually. This ensured there was a system in place for medicines prescribed for people to be given appropriately.

## Requirements relating to workers

✓ Met this standard

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

### Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

### Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at two staff recruitment files. We found the service had obtained the required information such as references, criminal record bureau (CRB) certificates and proof of identity. This ensured people were looked after by staff who were of good character.

We saw records which indicated staff had been provided with induction training to ensure they had the skills and training to perform their responsibilities.

People described staff as "very caring, polite and kind." One person said, "The staff ensure my privacy is upheld. Another person said, "I get on very well with all staff, especially the matured ones."

**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**

---

People were made aware of the complaints system. This was provided in a format that met their needs. We saw that the service had a complaints procedure which was written in a format so people could understand. The procedure was clear and made people aware of whom to speak to if they wished to raise a complaint. We noted the complaints procedure stated if people complained and they were still unhappy people should contact the Care Quality Commission (CQC). The provider may wish to note that the commission does not investigate individual complaints. If people were not happy with the way their complaint was investigated it should be referred to the funding authority. If the person remained unhappy with the outcome, they have the right to refer their complaint to the Complaints Ombudsman. People could make the commission aware of their complaint at any stage of an investigation. This does necessarily mean the commission would investigate their complaint but would look at how the provider had responded to the complaint.

We looked at the home's complaints and compliments record there were no recent complaints recorded. We saw there were compliments received from a family member and the neighbours. For example, there was a letter from a family member. It thanked staff for the care given and said staff had been "Absolutely amazing." The second compliment stated people had been "Really good neighbours." The manager told us that complaints and comments were acted on to improve the care provided. This meant people had their comments and complaints listened to and acted on.

The three people we spoke with said they were aware of how to make a complaint. However, they had not had to make one but felt if they had to it would be acted on 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](mailto:enquiries@ccq.org.uk)

---

---

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

---

---

Website: [www.cqc.org.uk](http://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.

---