

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

## Lyndon House

2 High Street, Sandridge, St Albans, AL4 9DH

Tel: 01727851050

Date of Inspection: 22 May 2014

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✗	Action needed
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	The Salvation Army Social Work Trust
Overview of the service	The Salvation Army Social Work Trust is registered to provide accomodation and personal care for up to 32 people at Lyndon House.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 May 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.

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### What people told us and what we found

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We consider all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

This is a summary of what we found.

Is the service safe?

People's care plans reflected their individual needs. All care plans we looked at had risk assessments that included: Moving and handling, falls and safeguarding. The care plans were reviewed on a monthly basis. All staff received handovers at the start of their shift. This ensured staff were kept up to date with any changes to people's needs. We looked at medication and we saw that staff did not reconcile medication that was dispensed, for example: PRN medication is given when required and recorded on the individual MAR sheet. There is no reconciliation of what has been dispensed and what should be left. That meant medication could go missing and would not be noticed.

Is the service effective?

People told us that they were happy with the care that had been delivered and their needs had been met. It was clear from our observations and from speaking with staff that they had a good understanding of people's care and support needs.

People had signed consent forms in their care plans. Staff we spoke to understood the

importance of consent. One member of staff said, "They can choose what they want and when they want to do it." One person said, "Staff always knock on my door even when it is open. They always communicate what they are doing, and they support me to do what I can."

Staff supervision had been completed but appraisals had not been started. Training was now being sourced. Staff had recently received training for moving and handling and medication. There were planned dates for safeguarding of venerable adults and health and safety training.

Is the service caring?

People were supported by kind attentive staff. They spoke to people in a polite and respectful way. We observed good interaction between staff and people who used the service. One person said, "Staff are very caring." Another person said, "You are cared for and I am really happy here."

Is the service responsive?

All service users had pre-assessments to ensure the home could meet their needs. Their care plans were regularly reviewed and people's needs were assessed and documented. The care plans we saw were all person centred. There were lots of activities for people that included: Bingo, scrabble, flower arranging, table games and quizzes.

Is the service well led?

There was no registered manager at Lyndon house. The temporary manager at the date of our inspection was still the registered manager of another location in Richmond.

There had been no feedback surveys sent out to relatives, advocates, staff or healthcare professionals such as GPs and nurses since October 2011. This meant people's views had not been sought.

Monthly resident meetings and staff meetings had been started in April 2014. We spoke to some staff who said they did not feel supported by the manager and that communication was poor.

All care plans we looked at had relevant information and risk assessments, and these were reviewed monthly.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 03 July 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.

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## More information about the provider

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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

### 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

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### Our judgement

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The provider was meeting this standard.

Before people received any care they were asked for their consent and the provider acted in accordance of their wishes.

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### Reasons for our judgement

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People who used the service told us that staff would always ask them verbally for their consent before providing care. We saw that peoples' care plans had signatures for consent.

We spoke with six people who lived at the home about consent. One person said, "Staff were very caring and they always knock on my door even when the door is open. They always communicate what they are doing and they support me to do what I can, they always verbally get my permission."

People expressed their views and were involved in making decisions about their care. We spoke with six people and two of their relatives who confirmed they had been involved with the planning and delivery of their care. One person said, "I was involved in my care plan." People's care plans included mental capacity assessments. Where people lacked capacity to make decisions about their care there had been best interest meetings with family members, GPs and social workers. A member of staff said, "We always sit down with people when we initially plan their care. It is important people are involved with their care plan." That meant people's needs were being met.

People who use the service understood the care choices available to them. We saw evidence of one person who had a DNR (Do Not Resuscitate) in place. They changed their mind and the provider arranged for the GP to visit to discuss this. The DNR was cancelled. This showed that people were listened to and could change decisions they had made

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

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**Our judgement**

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The provider was meeting this standard.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People's needs were assessed before they entered the home to ensure their needs could be met and then reassessed when they arrived at the home. Their care plans were completed with people's input and that of their representative where appropriate. The care plans were personalised including sections about the person's history, where they had been born, family, their achievements and their careers.

The care records had a section entitled 'who am I' which provided information about people's hearing and sight and what they found relaxing or what worried them. This meant the care planning was structured around the person and their needs. We spoke to people who lived at the home. They were all positive about the care they had received and the staff members that provided the care. We observed staff members speaking with people in a polite respectful way and staff asked people if they required help.

The home had an activities co-ordinator who organised all activities and produced a monthly schedule of activities for people who lived at the home. These activities were varied. The activities co-ordinator sent questionnaires to people so they could select what they wanted to do. This meant that people's views were sought about how they wanted to spend their time. There were evaluations and risk assessments carried out for all activities at the home. There were planned days out and the activities provided within the home included cake making, bingo, quizzes, film, and pamper afternoons.

The care plans contained relevant information about people: Personal details, medical history, medicines and allergies. There were risk assessments for falls, moving and handling and safeguarding. Care plans and risks were reviewed monthly. Staff members had a hand over at the beginning of each shift which meant they would be aware of any changes to people's needs. This meant the care was planned and delivered in a way that was intended to ensure people's safety and welfare.

People had call bells to hand in their rooms and some residents had call bells they carried with them. One person said, when asked what they felt about living at the home, "I think it's lovely. You can do almost what you like but you are cared for and I am really happy here." We asked if they had any worries. They said, "No worries nothing to complain about. If I was at home I would be on my own, so I feel safe here. I have my own personal

call bell and when I have had to use it, the staff arrived quickly. I feel quite safe."

One staff member said, "I love the care home. I love the staff and the residents." Another staff member said, "I love the way staff interact with people and it feels homely. There is a lovely atmosphere here."

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**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider had inappropriate arrangements in place to manage medicines.

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.

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## **Reasons for our judgement**

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We looked at the procedures in place for obtaining, recording, handling, disposal and safe administration of medicines.

We found that stocks of people's medicines were ordered on a monthly basis and any changes were updated on the MAR sheets (Medication Administration Records) and put in the communications book. This meant that when people's medication had changed staff were made aware and records updated. We saw that refused medications were recorded on MAR sheets and medication was put into a clear plastic bag and written up in the returns book.

Medication that had not been used because for example it was no longer used or prescribed would also be recorded in the returns book. This was collected every month by the dispensing pharmacy which meant that unused medicines were disposed of safely.

We saw in records that all staff that dispensed medication had received appropriate levels of training. Blister packs were used to help people take their medicines safely and there were photos of people with their medication for added safety.

The medication trolleys were lockable and were stored in the medicine store room attached to the wall by a lockable chain.

Controlled drugs were kept in a locked cupboard. All controlled drugs were recorded in the: 'Controlled drug book.' This had been completed correctly. The book contained two signatures to confirm that the correct dosage of medicine had been dispensed and the stock levels were updated to reflect this. Controlled drugs were also dispensed by two people to ensure they were dispensed safely.

We looked at 15 MAR sheets; we found one person's had three missing signatures. There was no written explanation on the back of the mar sheet to account for this. We also found that the medication in question was recorded against the wrong time frame on the mar sheet.

We looked at the returns book to see if the medication had been recorded. This medication had not been recorded as returned. This meant there was no evidence this medication had been dispensed.

We also asked about the audit trail for PRN medication (PRN means given when needed) such as paracetamol. There is no apparent protocol in place for reconciliation of these medications. This meant staff did not have systems in place to monitor PRN stock.

Medication is recorded on people's individual MAR sheet when administered, but no one checks this against what should be left. That meant medicine could be lost and no one would be aware of any discrepancies.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care safely and to an appropriate standard.

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## **Reasons for our judgement**

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We previously inspected Lyndon House on the 21st October 2013 and found they were not meeting standards required for supporting staff. At that time we found that there had been no appraisals or supervisions to support the development of staff. We asked the provider for a plan of action and we revisited on the 22nd May 2014.

We saw records that showed that staff had received supervisions. However, a system of appraisals had not yet been implemented. There were plans in place to implement the appraisals system, to be completed by the 30th June 2014. We spoke with members of staff about appraisals. One staff member said "The communication is poor." Another member of staff said, "I don't feel supported by the manager, but staff here support each other."

We looked at training records which showed that staff had received appropriate training. However, this had not yet been completed by all staff members. One staff member was required to complete their manual handling training before they were allowed to start their next shift. We found that some staff training records were incomplete. However, the provider later provided us with evidence of National Vocation training provided to staff members, together with certificates obtained for dementia training.

The lead carer had arranged for staff members to update their mandatory training prior to our unannounced inspection. Staff members who had been required to update their moving and handling training had now completed this.

We noted that staff members had been booked on training courses commencing on the 2nd June 2014. These included training for safeguarding of vulnerable adults and health and safety. This meant that training was planned to ensure staff members were up to date.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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We saw that regular audits had been carried out by the provider and management team. These audits assessed performance and managed risk in areas such as incidents and accidents, care plans, complaints, infection control and medication. Care plans were reviewed monthly which included an audit of risk assessments relevant to people's needs.

People who used the service and staff were asked for their views about their care and treatment and they were acted on. We saw that monthly meetings with people who lived at the home and staff meetings had been introduced in April 2014. We looked at the minutes of the meeting held with people who lived at the home in May 2014. We saw that an action plan had been raised to address the issues that had been raised in the meeting in April. This showed that the provider listened to the people who lived at the home. .

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 for persons who require nursing or personal care	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Management of medicines</b>
	<b>How the regulation was not being met:</b> medication and MAR charts had not been recorded properly.

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 03 July 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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