

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

The Lodge

Westbourne Road, Scarborough, YO11 2SP

Tel: 01723374800

Date of Inspection: 16 September 2014

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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
Cooperating with other providers	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Hamilton Care Limited
Registered Manager	Mrs Julia Anderson
Overview of the service	The Lodge provided accommodation and personal care for 38 people. It is located on the south bay area of Scarborough.
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'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 September 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 and talked with staff.

What people told us and what we found

At the time of the inspection there were thirty-four people living at the home. We talked with fourteen people and observed their experiences to support our inspection. We spoke with the registered manager, the deputy manager, seven care staff, two relatives and one district nurse.

During the inspection five key questions were answered; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what we observed, the records we looked at and what people who used the service, their relatives and the staff told us.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

Some people told us they felt safe. Safeguarding procedures were robust and staff understood how to safeguard the people they supported. One person told us, "I feel quite safe here. I have not encountered abuse." Another person told us, "I would speak with the staff about anything I was concerned about."

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. The registered manager understood the home's responsibilities in respect of Deprivation of Liberty Safeguards (DoLS). They told us there had been no applications in the last twelve months. Following a recent court ruling regarding DoLS in care settings, the provider may wish to review people's living arrangements to check whether their circumstances may amount to a deprivation of liberty according to the revised definition.

We saw the service was safe, clean and hygienic. The home had an effective infection control system. All the staff told us how they worked to prevent infection and how they would manage an outbreak at the home so the risk of infection spreading could be reduced.

Is the service effective?

One relative told us, "My mother has been so well cared for here. The staff have helped her during the recent changes to her health. The staff have been absolutely wonderful."

Other people we spoke with told us if they were ill or needed to see a doctor the staff had called one. People told us they regularly saw and had been visited by a range of professionals such as the district nurse and optician.

People explained how their care and welfare needs were met. All people told us they had support with health appointments and felt the service was flexible. One person told us, "I have a care plan and if I need anything different I just talk to the staff." Another told us, "I have lived here a while. The staff always asks me if I want anything."

Is the service caring?

We saw how staff communicated well with people and were able to explain things in a way which was easily understood. We saw they did not rush people in the home and how the interactions were caring. All the relatives we spoke with said they felt the care was very good. One relative told us, "I can't fault the staff, they have been very caring." Another told us, "All the staff are wonderful. They keep me informed and I visit regularly and see that my mother is very well cared for."

We saw people were treated with respect and dignity by the staff. We saw people were given choice in their care and all the relatives we spoke to told us they were very happy with the care. All the people we spoke with also told us they were happy with the care and support they received.

Is the service responsive?

All the people told us they were very happy with the service. One told us, "I have medication that I need to take every now and then. When I need it the staff always help. I just need to ask."

We saw how staff responded to people's requests for help in a timely way. One person told us, "I have a buzzer and when I need to I can use it to call for staff and they will help me."

All the people we spoke with told us they were involved in decisions about their care.

People's care needs had been reviewed at least every month. We saw that when people's requirements had changed the provider had responded and reviewed their care needs so that they could meet their changed support requirements.

People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

Is the service well-led?

We spoke with the registered manager and deputy manager. They showed us there was an effective system to regularly assess the quality of service people received. We found the views and opinions of people using the service and their carers, family and relatives were also regularly recorded.

We saw the home had systems in place to make sure managers and staff learnt from any accidents, complaints, whistleblowing or investigations. This reduces the risks to people and helped the service to continually improve.

Staff also told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the service and quality assurance processes were in place. This helped to ensure people received a good quality care service at all times.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

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

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with the five care staff about how they supported people to make their own decisions. Staff told us how they assisted people to make decisions about everyday practicalities and gave us some examples about how they did this. For instance, they gave people choices about what time they would like to get up, where they would like breakfast, and what clothes would they like to wear. We saw staff asked people what they would like at each meal time. One person told us, "The staff are very nice. I have a choice with my food". During our visit we observed how staff helped people choose their food at mealtimes.

We observed throughout the day how staff responded promptly to calls for assistance from people. We saw how one person had requested a meeting with their solicitor and the staff had organised this.

People told us they had received information about the home before moving there. All the people we spoke with felt they were well supported and had been consulted about their care and support needs. One person told us, "My family got information about the home. I also visited before I came here."

Relatives told us they felt involved with people's care and the staff always kept them informed. This meant before people received any care or support they were asked for their consent and the provider acted in accordance with their wishes.

The staff told us some people in the service had difficulty understanding the consequences of making a decision. They said some people lacked the capacity to understand the risks they were taking. They told us they worked closely with people's families and relatives and various professionals involved in order to support people's best interests. The registered

manager and staff clearly understood when people lacked capacity to make an informal decision about their care and welfare a 'best interest' meeting would be held and we saw these had been recorded. This is where all the people involved in their care would meet and make decisions together. They told us where people had representatives to act on their behalf this was recorded in their records. We saw this was the case when we looked at the care records.

We viewed the home's care and support policy which stated they would ensure all people are given the opportunity to express their personal choices and to be directly involved in decisions relating to their care.

We looked at the care records for five people. We found throughout these records there was evidently a clear expectation staff would support people to make their own decisions, wherever possible. For instance, everyone had a personal plan which indicated their communication needs. Staff told us they followed these personal plans and they contained helpful information which helped them meet people's support and care needs. The staff told us they had either received or had been booked to attend new training on working with people with dementia, which they told us supported them in their care work.

We found care records were in place which showed people needed support to make decisions. The care records showed people had been consulted about their lifestyle preferences, likes and dislikes. For instance, one person's care plan contained details about supporting the person to retain as much independence as possible.

We found the staff worked within the legal framework of the Mental Capacity Act (2005). The registered manager told us people within a care home could have their lifestyle restricted to such an extent they needed to be subject to a deprivation of liberty safeguards (DoLS) authorisation. These safeguards make sure a care home or hospital only restrict someone's liberty safely and correctly, and this is only done when there is no other way to take care of the person safely. The registered manager told us all staff had been booked on training on the Mental Capacity Act and DoLS. We saw some staff had completed this training. This helped to ensure that the manager and staff were aware of their responsibilities.

We found people in the service and their relatives had regular meetings where they had been consulted and involved in decisions made at the home. We saw from these meetings people who used the service had been asked for their views and preferences. We saw how a range of social activities had been planned as a result of these meetings. We spoke with the cook who showed us the varied menus at the home. They told us they consulted people on their preferences and always accommodated any special dietary requests.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

On the day of our inspection we looked at the care records of five people. The registered manager showed us they had been moving to a new filing system and staff had received training on the new system. These included detailed assessments of the person's needs, addressing risk, nutrition, mental capacity, medication, continence, night care, moving and handling, and personal care. We found the staff had monitored these assessments and completed a daily record which ensured people's care needs were being met. We found care records had been written using a person-centred approach and described the person's abilities and how they preferred their care needs to be met. This helped to ensure the person's wishes were understood and met. One person told us, "I have a keyworker, if I am not well, or I need anything, I usually ask them." Another told us, "I like it here. You are not pushed or rushed anywhere. It is very relaxing and you can do as you please."

We observed the morning handover meeting where the night staff provided information about people to the new day staff. We saw information was communicated about people's changing health needs and there was an action plan for the day of tasks that needed to be completed. For instance, one person required a visit from a general practitioner as they had been ill during the night. We saw staff arranged this after the handover meeting.

All the people we spoke with told us they were happy with the care provided at the home. People's needs were assessed and care and treatment was planned and delivered in line with their individual care record. For instance, we observed some people required staff to support and encourage them with their mobility or with their meals which encouraged people to be independent and their care and support needs were met.

During the inspection we spoke with the district nurse. They told us they felt the care and support at the home was of a good standard. They told us, "The staff are so helpful."

We saw care records had been regularly updated and reviewed as people's care needs changed, and where appropriate new and amended care records had been implemented. Daily record notes also contained any updated information about their care needs and medication. We saw there was specific detail about people's communication needs and personal care preferences. This gave staff useful information about how best to deliver

care to the person who used the service. The care records also described what people could do independently.

We saw staff communicated well with people and were able to explain things in a way which could be easily understood. The home had a relaxed atmosphere and we observed that staff treated people with dignity and respect. One person told us, "the staff are always respectful and they treat me well." We observed the staff spoke appropriately to people and when they attended to personal care they did so sensitively.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

The staff all said how they worked with other agencies to ensure they were meeting people's needs. We also saw examples where the service was working with specialist services which ensured they could continue to meet a person's needs safely. For instance, the home worked closely with physiotherapists to support people with their mobility. We also saw how a dietician had supported people who had difficulty eating.

We found personal health plans and hospital letters were kept within the individual's care records.

We viewed the home's discharge policy which stated the information which should be provided when people are moved to different services. Staff told us they always provided a summary of a person's care plan, their current medication and treatment, risk assessments and their likes and dislikes and communication needs. They told us they always accompanied people to any hospital or health appointments. This meant people had their health, welfare and safety protected where the responsibility for care and treatment was transferred to another provider.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

The senior housekeeper showed us the cleaning schedule for the building and we saw this was adhered to during our inspection visit. All communal areas had been maintained to appropriate standards of cleanliness and hygiene. Equipment used throughout the home was well-maintained and clean. The registered manager told us they had ordered new sluices as the ones in the home were out of order. We observed how due to the sluice being out of order a bath had been used to soak the trays from the commodes. When we raised this with the registered manager she told us she would respond to it immediately.

We saw that the cleaning storage cupboards were securely locked but the key was placed on a hook outside the door within easy reach. When we raised this with the registered manager they addressed it immediately and told us they would speak with all domestic staff and told us the key would now be stored in the key safe.

The systems and processes used by the home reduced the risk and spread of infection which meant people's health was protected by the clean and hygienic service. The staff told us they followed the policy and procedure for infection control and good hygiene practice. They all told us they had received infection control training which was confirmed when we looked at the staff training records.

We saw the provider had a copy of the North Yorkshire Community Infection Control Policy and Procedures. The registered manager told us this was the policy the home followed. It contained information which covered areas such as personal hygiene, spillages and how staff should respond in the event of an outbreak of infection. We viewed all the policies for decontamination of equipment. We saw how all staff on duty had received training in infection control. We saw the training had been discussed at the senior staff meeting and all staff had been reminded of good hygiene procedures to follow.

We saw staff had access to dedicated hand washing facilities. Hand hygiene facilities comprised of a hand wash basin, with hot and cold water and liquid soap. We saw there were good-practice guidelines on hand washing in all toilets and bathrooms. We viewed

the policy and procedures for the management of infection control. We looked around the home and found it was clean and hygienic. The home was clean and free from smells throughout. All the people we spoke with told us the home was very clean and always free from odour. One person told us, "It's very clean here. My room is always nice, there are never any smells." We noticed during our inspection there had been a spillage and we saw staff had responded to this immediately.

The staff said they were clear about what was expected of them with regards to keeping the home clean. This meant people benefitted from living in a clean home which promoted their health and wellbeing.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw the provider had a quality assurance system in place. The registered manager showed us this included regular audits which included medication and health and safety. The registered manager also showed us following the health and safety audit staff training in first aid had been identified. The registered manager confirmed staff had received this training and we saw copies of the staff training. This demonstrated that the provider had developed staff's learning and development.

We saw minutes of relatives meetings. We saw how their suggestions were responded to, for instance, more activities had been organised as requested and food menus had been changed. We saw the minutes from the senior staff meetings which were held every month and saw staff's suggestions and comments had been responded to.

Relatives we spoke to said they always had opportunities to comment on the service. The registered manager showed us some of the completed questionnaires that relatives had completed. We looked at nine and all the responses had been positive.

We looked at the home's complaints procedure which clearly informed people how to make a complaint and who to. The people we spoke to all told us they were aware of how to make a complaint we saw there had been no complaints in the last twelve months.

During our inspection people told us they felt able to talk to the staff about any concerns they may have. One person told us, "I think overall it is very good here. But I would not hesitate to say anything to the staff if I was not happy. We do have residents meetings and you can say things there."

We saw people had been asked for their views on the service by way of a satisfaction survey on a regular basis about meals and activities. The deputy manager also showed us how at each person's review they had been provided with a comments sheet to raise any

issues or suggestions. The deputy manager told us that they had an open door policy and had encouraged people to approach her with any concerns. This meant the provider responded to their concerns.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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