

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

North View

Halifax Road, Todmorden, OL14 5QG

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Lifetime Opportunities Limited
Overview of the service	The provider for the service is Lifetime Opportunities Limited. The location North View is registered to provide accommodation for up to five people who require personal care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 22 August 2014, observed how people were being cared for and talked with people who use the service. We 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

We set out to answer our five questions:

Is the service caring?

Is the service responsive?

Is the service safe?

Is the service effective?

Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, discussions with people using the service, the staff supporting them and looking at records.

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

Is the service safe?

People told us they felt safe in the home. We found systems were in place to investigate people's concerns to ensure people were kept safe. Staff had received training in safeguarding and understood how to identify and raise concerns. Staffing levels were sufficient to ensure the safety of people who used the service. People's care plans identified risk with activities to reduce and remove risk where possible.

Is the service effective?

Care was effective as people had their current needs assessed. Care plans required updating to reflect people's current needs and were reviewed at least every three months. People told us they had choices with regards to their daily lives and praised the activities in the home. We observed the lunchtime meal which showed people were given appropriate support and choice.

Is the service caring?

People told us staff were kind and caring. For example one person told us, "Yeah, I really like the staff here," and another person nodded their head and said, "Yes" when asked if the staff are caring. We observed staff displayed warmth and compassion when caring for people and treated them with dignity and respect.

Is the service responsive?

The home reviewed care plans at least every three months or when someone's needs changed. On the day of inspection we saw one person completed a goal as part of their care plan. The staff said they would update the goal progress showing they responded to people's needs. There was evidence that people were referred to healthcare professionals such as dentists and doctors to ensure the service responded to any health concerns.

We saw a range of activities were available and staff told us they looked for signs of enjoyment and asked the resident if they would like to do it again or try something new.

Is the service well led?

The manager had identified problems with finance and training at the home through robust quality assurance systems. They had three different audits completed by three different people each month. There was a clear sense of direction and commitment from the management team to ensure these improvements were achieved.

Incidents and complaints were fully investigated and there was evidence that lessons were learnt to ensure continuous improvement.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During our visit we asked people if they felt respected and were they involved in the planning of their own lives. One person told us, "If I want to play football, I can play football." We spoke with the manager who told us people that used the service create goals and with staff support set steps to achieve the goals. We saw evidence of one goal being completed during our visit and staff acknowledged this and signed it off as completed.

In the kitchen we saw a Picture Exchange Communication System PECS which was used to communicate more effectively with people. On the PECS we saw it was clear to see which staff was working with which resident and the choice of meals for that day.

We asked the manager if we could look in someone's bedroom. The manager went to ask the residents if it was ok if we could view their rooms. One person gave their consent and came to show us their room. They told us they wanted a big picture on the wall and they brought their personal belongings. This showed us residents had their personal space and their belongings were respected.

We looked at two people's care plans in detail. Care plans included getting people's opinion and respecting their wishes. For example we saw in one person's care plan it said 'resident can stay in bed later on a weekend if they choose'. The manager told us people are involved in creating their own care plans

We observed people over lunch time. While preparing lunch, we saw staff ask residents what they would like to eat. Staff asked this question using a preferred communication method. One person refused to have chicken so other options were offered. After lunch was finished one staff member asked a resident what they would like to do over the bank holiday weekend and options were then offered.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked round the home supported by the manager. We looked in one person's bedroom and found it empty of pictures. The manager explained this was due to the previous behaviour when things had been damaged, they were working alongside other professionals to manage this.

We looked through two care plans. We saw before people came to the home they had an assessment to obtain if the service could provide their needs. People had risk assessments in place that covered areas such as medication, money, change in routine and swimming. People's risk assessments were individual to them. Care plans were written in a person-centred way and were reviewed every three months or if something changed. We saw evidence of people being supported by professionals when needed. For example we saw one person regularly saw their dentist, psychiatrist, GP and advocate.

We spent a significant amount of time observing practices within the home. We saw one person getting ready to go out and staff asking 'would you like your coat on as it may rain'. We saw staff offering positive feedback to people after they had eaten their food. This showed staff were aware of people's care plans and followed them.

We spoke with three staff and they told us care plans were easy to understand and updates or changes were brought to their attention. Staff said they received specialist training when working in the home to support people's needs more effectively. Some of the training included autism and how to deal with challenging behaviour. Staff said they were given sufficient time to read through people's care plans and felt they had positive relationships with the people they supported.

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.

Reasons for our judgement

We looked around the home. People's bedrooms and bathrooms were clean and tidy. Communal rooms and the laundry were tidy. There was soap, towels and signage in each bathroom and in the laundry and kitchen. Floor mops were labelled to make sure that they were used in only one area. However the provider may find it useful to note that there were two buckets with mops in filled with water and bleach. These were in the laundry room which was accessible by everyone. We mentioned this to the manager who told us all residents have one to one staff and the door is always closed so the risk was lower. The manager acknowledged that it should be moved.

We looked in the kitchen and found surfaces were clean and tidy. Floors looked clean and free from dirt. Cooking utensils were put away after being washed. Food inside the fridge that had been opened was covered with a label indicating the date it was opened. Fridge freezer temperatures were checked twice daily. We observed staff encourage residents to wash their hands before eating lunch.

The provider organisation had a policy and procedures for hygiene and control of infection. The policy was last reviewed in March 2014. These contained detailed directions to workers for a broad range of good hygiene practices.

We spoke with staff who told us they were aware of their roles and responsibilities with cleaning. They said night staff will do most of the cleaning and during the day they will clean areas after use. Staff confirmed they had attended infection control training and had read through the policy. Staff also said their induction covers infection control.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We asked the manager what the staffing arrangements were. They told us that there was one staff member for each resident rostered to work on the early shift and late shift. On a night time there is one waking night staff and one staff that sleeps at the home. The manager told us in case of emergencies, the sleeping member of staff is woken and there is an on call service that can attend if needed. We saw the on call rota which confirmed this.

We saw that there were four members of staff on duty at the time of our visit. They were supporting four people who were at home. The people who used the service that we spoke with confirmed that they had their own staff all the time. We looked at the rota over the past four weeks and saw that each day had at least four staff working to provide one to one support.

The service was not using any agency workers. One worker on the day of our visit was working a double shift. We asked if this was a regular occurrence and were told that it happened sometimes. Staff told us they only take extra shifts if they are spaced out.

We spent a significant time in the communal areas of the home. Staff attended to people's personal care needs, tidied and cleaned their bedrooms, dealt with their laundry and prepared food and drinks for them. People were not rushed or left waiting.

Care workers were completing training on a regular basis. There was a staff training matrix that showed a system for keeping track of the staff team's skills and knowledge and for updating compulsory health and safety training including food hygiene, infection control and moving and handling people. The staff we spoke with told us all staff have a Disclosure and Barring Service (DBS) check prior to starting work. New staff then spend a week reading through policies and procedures and residents care plans. This is followed by a week shadowing an experienced member of staff.

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 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 found information was available to people who used the service and their relatives about how to raise concerns or make a complaint. All residents were given a book about North View which included a section on 'how to complain'. We looked in the complaints and compliments book and found no complaints made in 2014. People that used the service told us they knew how to complain if they wished.

We spoke with staff that told us they have staff meetings once a month. Staff felt that if any issues were raised, they would have confidence they would be investigated and dealt with appropriately. Staff we spoke with said they clear of their roles and responsibilities in the home. We were told each member of staff was responsible for a different area of the home and how it was run. For example one person is responsible fire checks and another is responsible for hygiene.

The manager told us residents have a meeting once a month. We looked at the last residents meeting minutes and found one person said they wanted to try horse riding, swimming and going to a spa. Staff informed us these are now happening on a regular basis.

We looked at three different audits completed by the management team. The audits included care plans and records, administration of medicines and accidents. We saw in the managers weekly checks an error on the finance sheet was found. The manger explained a new process and sheet is currently being used to avoid further mistakes. We then looked at an external audit completed every two weeks. This audit identified some staff need 'team teach' training. Finally we saw the monthly audit completed by a senior manager. The manager told us any issues raised were immediately investigated and an outcome was always reached.

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.

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