

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

Beech Lodge DEAF-initely Independent

Beech Lodge, 26-28 Warwick New Road,
Leamington Spa, CV32 5JJ

Tel: 01926337743

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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

Safeguarding people who use services from abuse ✓ Met this standard

Staffing ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✗ Action needed

Details about this location

Registered Provider	DEAF-initely Independent
Registered Manager	Mr. Timothy Wood
Overview of the service	Beech Lodge and Chestnut Lodge are registered to provide care and accommodation to up to 19 deaf younger adults. The home is not registered to provide nursing care.
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
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Staffing	9
Assessing and monitoring the quality of service provision	10
Records	11
Information primarily for the provider:	
Action we have told the provider to take	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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, reviewed information sent to us by the provider, carried out a visit on 11 October 2012 and observed how people were being cared for. We talked with people who represent the interests of people who use services, talked with people who use the service and talked with staff.

What people told us and what we found

The home consists of two houses, Beech Lodge and Chestnut Lodge, which are situated next door to each other. We met and spoke with six people, from both houses, to ask for their views about living in the home. We used the services of an independent interpreter so that people could speak with us in their first language of British Sign Language. People told us they were well cared for and supported to maintain and develop their independence. We were told, "The staff are always there if I need help."

We asked to look at care plans and care records for four people, however the records were not available for us to see. We asked people to comment on the standard of care and support they received. We were told, "I don't want to live anywhere else" and "I am very happy with everything here."

The people we spoke with told us they led busy, active lives and had support from staff to go out and do things in their local community.

We looked at training records which showed that care and senior staff were provided with regular opportunities to update and develop their knowledge in order to meet people's needs. We were told, "The staff know to help me."

We saw that there were procedures in place to respond to suspected or disclosed abuse, so that people were not placed at risk of potential harm.

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

What we have told the provider to do

We have asked the provider to send us a report by 17 November 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is

taken.

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

More information about the provider

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

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

Our judgements for each standard inspected

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 privacy, dignity and independence were respected.

Reasons for our judgement

We met and spoke with people living in both Beech Lodge and Chestnut Lodge. People told us they were encouraged and supported to maintain their independence and had many opportunities to learn new skills. We were told, "I travel on my own and do my shopping and some cooking. Staff help me if I need help. I have a good life."

We saw that staff were respectful to people and offered them support to complete independent living tasks such as cooking lunch and doing laundry. People told us this was important. One person commented, "I need some help with cooking so the staff help me. It makes me feel good to do things myself."

We were invited to look at three people's bedrooms. We saw that each person had a doorbell which flashed a light inside the room to alert people of visitors. People told us, "The staff always ring the bell. They know this is my private place."

We spoke with five care staff to discuss how they promoted people's independence. We were told, "When I assist people to get up and shower I give them the choice of what they want to wear and what toiletries they want to use. I assist them with their hairstyling. I let them do as much as possible themselves."

The care staff we spoke with clearly knew people well and we saw that they demonstrated respect for people during our visit. For example, staff offered people privacy to take their medication and receive personal care.

People told us that all care and senior staff used British Sign Language to a level that met their needs. We were told, "The staff understand me and I understand them."

People told us they had regular residents' meetings. We saw records which described what people had talked about and what needed to be done in response to people's comments. For example, staff had arranged specific activities following people's suggestions. This meant people expressed their views and were involved in making decisions about their care and support.

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 asked to look at four people's care plans and care records to see how staff had assessed and planned the care and support people needed. The provider may find it useful to note that there were no care plans or risk assessments available for those four people during our visit. This made it difficult to determine that care and support was offered to people in accordance with their assessed needs.

The manager told us that risk assessments had been removed from people's care records to be reviewed. The risk assessments could not be found during our visit. The manager told us this would be investigated as a matter of urgency. We saw a senior member of staff writing risk assessments for the management of people's medication during our visit.

We spoke with people to find out whether the care they received met their needs. We were told, "The support is very good" and "The staff know how to help me."

The care and senior staff we spoke with told us that information about people's needs was discussed verbally, but was "not written down in one place so it can easily be found." Staff told us they had worked with people for many years and knew them well. We spoke with a member of the care staff team who had recently been appointed to work in the home to establish how they had received information about people's needs. We were told, "People can often tell you themselves. For other people, the staff told me what I needed to know."

We saw that people had regular access to health professionals, such as, doctors, dentists and psychologists. Staff used a handover sheet to inform other staff that health professionals had given new advice or made changes to people's medication. This meant that staff had accurate and up to date information about people's health care needs.

We saw that medicines were securely stored in a locked cabinet. The medication administration records we looked at had been signed by the member of staff who was responsible for giving it out. The provider may find it useful to note that one of the four medication administration records we looked at did not accurately reflect the number of tablets stored in the medication cabinet, which had not been identified by senior staff with responsibility for giving out medication.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We found that the provider had safeguarding policies and procedures in place which were shared with staff during their induction. Members of staff told us they had received training in safeguarding and whistleblowing. A member of the care staff team told us, "There has been a memo recently, which acted as a refresher."

Safeguarding and whistleblowing are terms used to describe the protection of vulnerable people and the process of raising concerns about practice that may place people at risk of harm.

We were told that some people living in the home demonstrated behaviour which could place themselves or others at risk of harm. The care staff we spoke with told us they had received training to enable them to offer support to people to reduce risks of harm. We were told, "I found the training very useful."

We observed care staff supporting people who required one to one attention in order for them to remain safe in their home. We saw that staff offered support in a calm and relaxed manner and were respectful of people's personal space.

People told us they felt safe and comfortable in their home. One person commented, "I like being here. Sometimes people argue but I go to my room where it's nice and peaceful. I am left in peace there." Another person told us, "If I wasn't happy I'd tell the staff and they would sort it out."

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 looked at the home's rota for October 2012, which had been planned to ensure there were sufficient numbers of staff on duty to meet people's needs. We saw that staff were allocated specific tasks so that people had the support they needed as part of their day to day routines. For example, the rota showed named staff to accompany people to appointments or to college courses.

A member of the care staff team told us, "We have a shift plan so that we know what we are doing."

We looked at daily records and found that people were supported to go out and do things they had planned. We were told, "There is always someone to take me to college."

People told us the staff team were, "A good laugh" and "Very good." We observed the interaction between people and the staff team on duty, which was respectful, friendly and relaxed. We saw staff responded promptly to people when they asked for assistance and saw staff giving people their individual attention when it was evident they wanted or needed it.

We were told there were no concerns about staffing levels and that no agency staff were used, so that people received consistent care and support from established members of staff. We saw there was a list of "bank" staff, employed by the provider, to cover any gaps in staffing.

We looked at the 2012 training record for the staff team as a whole and saw that a range of training had been provided, some of which was specific to people's needs, such as managing challenging behaviour. A member of the care staff team told us, "The training is useful as it helps us work together as a team."

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.

Reasons for our judgement

The manager showed us some of the systems in place to monitor the quality of the service provided in the home. We saw a range of quality audit records including environmental checks, audits of financial records and checks to ensure equipment was safe to use.

We saw that people attended residents' meetings at which issues such as activities, holidays and refurbishment of the home had been discussed. People told us they were listened to at residents' meetings. We were told, "I went on a fishing holiday, just as I asked for. It was really good."

We were told there was a committee which met at least six times a year. Committee members included some parents of people living in the home and others with an interest in the home. We were told that discussion at committee meetings focused on reviewing staffing levels, planning training and managing budgets. We saw that action had been taken to implement training in response to the outcome of meetings, such as the delivery of risk assessment and health and safety training.

People told us they were asked to comment on the quality of care and service they received. We were told, "I talk about how my life is with staff. If I'm not happy I tell the staff."

Three members of the care staff team told us they had regular discussions with people they were "key worker" to. A key worker is a named member of staff who takes responsibility for assisting a person with specific tasks, such as attending appointments and reviewing their care and support. We were told, "I am a key worker for one person, because they asked for me especially. We cook together and talk a lot. I found out the person is creative, so we make cards and do crafts."

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

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

Reasons for our judgement

We asked the manager to show us care plans and risk assessments for four people living in the home. The records were not available for us to look at.

Five care and senior staff told us that risk assessments had been removed from people's care records to be reviewed. The records could not be found within the home and we were told that they had been taken from the premises by a member of staff no longer employed to work there. The manager told us he would follow this up as a matter of urgency.

We looked at four sets of records entitled "Individual Plans." We saw there was no information in the care plan section of the records. A member of staff commented, "It is all word of mouth at the moment." This meant people's personal records were not accurate or fit for purpose.

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	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
	How the regulation was not being met: The registered provider did not have an accurate record in respect of each person using the service that included appropriate information and documents in relation to their care and treatment.

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 17 November 2012.

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 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.

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