

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

Lilibet Lodge

6 Rothsay Road, Bedford, MK40 3PW

Tel: 01727810806

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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
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mrs C Chesyre
Registered Manager	Ms. Beverley Willis
Overview of the service	Lilibet Lodge provides accommodation and personal care to older people. Many of the people living at the service have dementia.
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

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 31 October 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

During our visit on 31 October 2012 we looked at two out of 25 care plans. Along with written consent we saw that on a one to one basis consent was verbally sought by staff before doing any activity or care.

Many of the people living with dementia were unable to directly express their views so we observed the interactions between them and staff using our Short Observational Framework for inspection tool (SOFI). People were exercising, singing, laughing and chatting as an activity took place. They continued to do so even after the activity had ceased.

We observed that staff were respectful in their approach to people. One relative said "They are very good. The care they've given to her is excellent." Another relative said "They had everything ready for her when we came in. She looks clean and nicely dressed; she wasn't always so when she was at home."

The provider had put in place robust quality checks of the medication system, including regular visits by the pharmacist supplying the medication to the home and daily audits by the management team.

The rota was available and this showed that there sufficient staff on duty to meet the needs of the people living at the service.

The home had not received any complaints for investigation but there was a system in place that provided a process for managing any complaints made. We saw that people had made compliments about the service. One person had written "I was always happy to leave her in your care."

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 or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During our visit on 31 October 2012 we looked at two out of 25 care plans and spoke with four relatives who were visiting at the time. There was a system in place that considered peoples' ability to consent to their care. Plans of care had been developed and these had been signed off by the person's representative. Along with written consent we observed that on a one to one basis verbal consent was sought by staff before engaging in any activity or care. This meant that peoples' wishes and rights were respected.

The records of training showed that staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. We were told that none of the people living at the service currently required formal assessments of capacity. When issues had arisen the staff had sought advice from external professionals to ensure they acted appropriately. One person had been subject to a MCA and DoLS assessment but they were no longer at the service. This experience meant that there was an understanding of the rights of individuals and their ability to consent to their care. Any restrictions were considered appropriately within the legal framework in place to protect people.

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

During our visit on the 31 October 2012 we found that individual needs were assessed and evaluated on a regular basis. We looked in depth at two of the 25 care plans selected at random. We used a number of different methods including observation, talking with staff, relatives and people using the service, to help us understand the experiences of people who live there. The care was planned and delivered in line with individual care plans.

The people we spoke with told us they felt they, or their relative, were well cared for and that the care received was appropriate to meet their needs. We observed that staff were respectful in their approach to people, and adaptable in how they presented their responses. One relative said "They are very good. The care they've given to her is excellent." Another relative said "They had everything ready for her when we came in. She looks clean and nicely dressed; she wasn't always so when she was at home."

Care plans contained assessments made prior to and on admission to the service. Each person had evidence of appointments or meetings with other professionals such as the GP, occupational therapist and social worker. People received regular health reviews and appointments with health professionals as needed. The plans were person centred and peoples' needs, values and diversity were addressed.

Many of the people living with dementia were unable to directly express their views on the service so we observed the interactions between them and staff using our Short Observational Framework for inspection tool (SOFI). We saw that during a planned activity session people were engaged with each other, visitors and staff in positive ways. People were exercising, singing, laughing and chatting as the activity took place. Even after this had ended we observed that people continued to engage positively with each other and the staff. This meant that people had good experiences with the potential to positively impact on their physical and mental well being.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

During our visit on 31 October 2012 there was a robust system in place for the monitoring of medication. We looked at a random selection of the Medication Administration Records (MAR) for the people who lived at the service.

There were clear systems in place to record the medication that came into the home so it was easy to check the stock of medication held against the administration records. Staff were completing the MAR sheets correctly. This showed that medicines were given to people appropriately, in line with the medication policy and the prescription instructions.

The provider had put in place robust quality checks, including regular visits by the pharmacist supplying the medication to the home and daily audits by the management team.

Staffing

✓ Met this standard

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

During our visit on 31 October 2012 we reviewed the level of staffing for the 25 people living at the service. The rota was available and this showed that there were six care staff on each of the day shifts and one of these was a senior care worker. At night there was a senior care worker and two care workers working a waking shift. In addition to the care staff there was the registered manager, a deputy manager, kitchen and domestic staff. This meant that there were sufficient staff to deliver the care to people, including those with one to one needs.

We noted that staff members had regular team meetings and we were told by staff that they had received the necessary training for their safety and the safety of people living at the service. An example of these included moving and handling and fire safety courses. There had also been training in respect of the Mental Capacity Act and End of Life Care. All staff received dementia awareness training and two staff had completed a two day course on dementia care. This meant that people were cared for by staff that had the experience and knowledge about meeting their needs.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

During our visit on 31 October 2012 we spoke with relatives and people living at the service who said they had no complaints or concerns. They were aware that they could complain one saying "I would speak to the manager." The complaints procedure was on display in the reception area. The home had not received any complaints for investigation but there was a system in place that provided a process for managing any complaints made.

We saw that people had made compliments about the care given by the staff and one person had written "I was always happy to leave her in your care."

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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