

Review of compliance

Hamilton Care Limited The Lodge	
Region:	Yorkshire & Humberside
Location address:	Westbourne Road Scarborough North Yorkshire YO11 2SP
Type of service:	Care home service without nursing
Date of Publication:	December 2011
Overview of the service:	<p>The Lodge has been registered by Hamilton Care Limited to provide accommodation for persons who require nursing or personal care. They can accommodate a maximum of 38 people.</p> <p>The Lodge is a large detached property situated in a residential area of Scarborough, close to local shops with easy access to public transport.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Lodge was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, talked to staff and talked to people who use services.

What people told us

People who use the service told us that the staff were 'brilliant'. They said that staff take time with them and offered them choice about how they would like to spend their day. Staff ask them what they want to do and organise visits out for them. People using the service said it was a good place to live.

Staff said that they worked together as a team and found the management supportive and available. They said they have access to training which helps them provide better support to the people living in the home.

What we found about the standards we reviewed and how well The Lodge was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who lived at the home understood the care, treatment and support choices available to them and were encouraged to express their views.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Whilst people are receiving care and support further work is required to ensure that all aspects of people's care is recorded properly so that all their care needs are met fully and that choices and preferences are upheld.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use services are protected from abuse, or the risk of abuse and their human rights are respected and upheld.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People who use the service are safe, their health and welfare needs are met by staff who are suitably trained and competent in caring and supporting people.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Systems were in place to audit the quality of the service people receive at the home. These need to continue so that the provider can assure themselves and the people who use the service that they are meeting people's health and welfare needs and providing safe care.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us that they are able to make their own choices at The Lodge. They said that they decide what they do and when although they did accept the need for some structure especially for meals. They said that some mornings were quiet but there was always something to do if you wanted to. Another person said that they enjoyed the quizzes. One person said that staff always make time for them if they want to chat. One person said they had enjoyed Halloween and were now looking forward to Christmas as they had lots of young visitors. People told us that staff treated them with respect, they always used their chosen name and knocked on their door before entering.

Other evidence

Staff told us that there is a yearly meeting for people living in the home. This gives them an opportunity as a group to express their opinions on how the home is being run. People are also given the opportunity to talk with staff and the manager on a one to one basis.

We saw people being offered choice and staff told us there were no 'hard and fast rules' in the home to dictate how time should be spent. We saw staff interacting with people positively although we also observed several occasions where staff made assumptions

about what people wanted. For example, when the drinks trolley came round. People were asked if they wanted a hot or cold drink, however, they were not asked what type of hot drink they would like such as tea or coffee.

The manager told us that people are given information about the home as part of the assessment process. She also told us that any activities planned in the home had been done so after consultation with the people who live there. We saw evidence of people enjoying themed parties the last one being for Halloween. She also said that she regularly speaks to the people in the home to see if everything is alright.

Our judgement

People who lived at the home understood the care, treatment and support choices available to them and were encouraged to express their views.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us they had a care plan and they were encouraged to remain as independent as they were able. One person said 'They help us with anything we ask' another said 'The girls are very helpful and they spend time to talk with us.'

Other evidence

We saw several care records that covered all aspects of people's daily lives. This included personal relationships and social needs as well as the support required on a day to day basis. The care records were basic in detail but allowed staff to provide the support each person required. The manager told us that she is looking to update the care plans to make them more person centred. Staff told us they keep daily records, a weekly update and a monthly review of the care plan. This ensures the records remain relevant and up to date. The records also contained details of visits by other health and social care professionals. Some care records did not record peoples wishes for how they wanted to be cared for when they were dying. The manager needs to review this in order that people's choice and preferences are respected and upheld.

All the activities that people are involved in have been the subject of a risk assessment. This ensures people are supported in a safe way whilst retaining their independence.

Staff told us they are key workers for the people using the service. This means they liaise with families, ensure they have enough clothing and assist them to attend appointments.

Our judgement

Whilst people are receiving care and support further work is required to ensure that all aspects of people's care is recorded properly so that all their care needs are met fully and that choices and preferences are upheld.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who use the service told us that they would tell the manager if they were unhappy or if they felt threatened. They said that the manager and staff were always approachable and easy to talk to.

Other evidence

Staff told us if they had any concerns about possible abuse they would report it to the manager. They also told us that they have received training in recognising different types of abuse. Staff also said that they have had training in Deprivation of Liberty Safeguards. People who use the service have a deprivation of liberty assessment completed to ensure they have the capacity and understanding of the decisions they take.

We saw evidence that staff have had appropriate checks done to ensure they are suitable to work with people who may be vulnerable. There is also a whistle blowing policy in place.

Our judgement

People who use services are protected from abuse, or the risk of abuse and their human rights are respected and upheld.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We did not speak to people who use the service about this outcome. Instead we did speak with staff and the manager and looked at some records associated with staff training and supervision.

Other evidence

Staff told us they have informal supervision when they need it. They told us that the manager and senior staff were always approachable and supportive. The manager told us that the supervisions took place although she did not keep records. The staff we spoke with were happy with this arrangement.

The manager told us that staff have an induction and this is completed before they start working unsupervised. Staff told us that they regularly attend training. Evidence was seen in staff files that training is provided. Recent courses include; safeguarding of vulnerable adults, infection control, dementia and challenging behaviour. Staff are supported to do their National Vocational Qualification in Health and Social Care to at least level 2.

Our judgement

People who use the service are safe, their health and welfare needs are met by staff who are suitably trained and competent in caring and supporting people.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People who use the service told us that the staff spend time talking with them. They use this time to tell staff what they think of the service.

Other evidence

The manager told us that the management policies are reviewed annually as part of their quality assurance plan. They also do a quality audit once a year. They send out questionnaires to people using the service, health and social care professionals and relatives. Staff told us that there are house meetings at least twice a year and people living in the home discuss issues around the house such as food, cleaning, and other issues that may affect the quality of the service they are receiving

All of this information is used to plan how the service can improve over the coming year.

Our judgement

Systems were in place to audit the quality of the service people receive at the home. These need to continue so that the provider can assure themselves and the people who use the service that they are meeting people's health and welfare needs and providing safe care.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: The care plan should contain details on the persons end of life arrangements.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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