

Review of compliance

A H Choudhry
Lindhurst Lodge

Region:	Yorkshire and Humberside
Location address:	Lindhurst Road Athersley North Barnsley S71 3DD
Type of service:	Care Home without Nursing
Date the review was completed:	15/02/2011
Overview of the service:	<p>Lindhurst Lodge occupies a central position at Athersley North. There are shops, pubs, a post office and other amenities within the vicinity.</p> <p>The home is approximately three miles from Barnsley town centre.</p> <p>The home is a purpose built, ex local authority, care home providing personal care and accommodation for 37 older people. It is a two-storey building with a passenger lift and has 33 single bedrooms and two double bedrooms. There is a small car park to the front, and large,</p>

	private gardens to the rear. All areas of the home are accessible to people in wheelchairs.
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Lindhurst Lodge was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out the 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, carried out a visit on 15/02/2011, observed how people were being cared for, talked to people who used services, talked to staff, relatives and health professionals, checked the provider's records, and looked at records of people who used services.

The manager and area manager were at the service during our visit. Verbal feedback was given to them during and at the end of our visit.

What people told us

A number of people who lived at Lindhurst Lodge had conditions that meant they had difficulty talking with people and therefore had varied methods of communication. Some people were able to express their views clearly, others were not able to verbally communicate with us. Due to people's communication needs, during the site visit we sat with people in communal areas and observed them closely. This meant we were able to ascertain whether their needs were met.

People that were able told us that overall they were happy living at the home and satisfied with the care and support they were receiving.

Relatives said that they were satisfied with the support provided to their loved ones and were always made to feel welcome at the home when they visited.

Health and social care professionals told us that they were satisfied with the level of care, staff provided to people. They said that the new manager was doing a fantastic job and this was helping to improve the standard of care and support provided to people.

We observed that staff treated people with dignity and respect. However improvements were necessary during meal times, so that people's dining experience was enhanced. People were not always given choices and meal times was treated by staff as a task rather than an activity that would compliment people's daily life.

We were concerned that there was not always a trained member of staff on duty, during the night, to administer medication. This was addressed by the manager on the day of the site visit. She confirmed that immediate action would be taken to resolve this.

Over the last 12 month's there had been five incidents that had been investigated under safeguarding procedures. This was to make sure people living at the service were safe. All these issues were now resolved. Following safeguarding meetings, actions were given to the provider to address the concerns. The safeguarding team told us they were satisfied that the provider had taken the necessary action and that people living in the home were safe.

Work was underway to improve the information in people's care plans. However further work was needed to ensure that care plans reflected people's current health and welfare needs. We saw that some care plans were not fully completed and some information was out of date.

Health care professionals, relatives and people all told us that they felt the environment at Lindhurst Lodge needed upgrading. Some decorating and repair work had already commenced, however the home needed a significant upgrade so that the environment was appealing and fresh.

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

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.

Practices by some staff meant that some people's privacy and dignity was not always upheld. People were not always assessed by the home which could result in them not experiencing effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

Activities were not planned that took people's views, preferences and abilities into consideration.

- Overall, we found that improvements are needed for this essential standard to be met.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it.

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that Lindhurst Lodge was meeting this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights.

Changes to people's needs were not communicated between the staff and fed back into the care plan which could result in the delivery of care not always being consistent and suitable.

- Overall, we found that improvements are needed for this essential standard to be met.

Outcome 5: Food and drink should meet people's individual dietary needs.

People's nutritional needs were not always reviewed and accounted for.

- Overall, we found that improvements are needed for this essential standard to be met.

Outcome 6: People should get safe and coordinated care when they move between different services.

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that Lindhurst Lodge was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights.

People were adequately protected from abuse and safeguarding procedures were followed. Learning from safeguarding incidents was effective in influencing change within the service.

- Overall, we found that Lindhurst Lodge was meeting this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection.

There were sufficient resources available to prevent and control infection, but there was a need for clarity around the roles and responsibilities of some staff. Training in infection control was available to staff, however not all staff had completed this. The physical environment was generally clean, however further consideration should be given to improving the malodorous environment and risk of cross infection in the sluice room.

- Overall, we found that improvements are needed for this essential standard to be met.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way.

There were risks to people's health and well being. This was because there was not enough staff trained to administer medication, on duty, during the night, MAR sheets were not always signed by staff and contained some conflicting information about dosage.

- Overall, we found that improvements are needed for this essential standard to be met.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare.

The physical environment was generally safe. However repairs tended to be carried out reactively rather than proactively.

- Overall, we found that improvements are needed for this essential standard to be met.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment.

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that Lindhurst Lodge was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job.

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that Lindhurst Lodge was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs.

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that Lindhurst Lodge was meeting this essential standard.

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

Most staff had completed induction and mandatory training as required, however this was inconsistent, which means that this quality and safety regulation was not being met.

- Overall, we found that improvements are needed for this essential standard to be met.

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

People who use services were at risk of unsafe and inappropriate care because of limited quality assurance processes.

- Overall, we found that improvements are needed for this essential standard to be met.

Outcome 17: People should have their complaints listened to and acted on properly.

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that Lindhurst Lodge was meeting this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential.

A personalised record was kept for everyone who used the service, but some records were not completed and accurate. Records were not kept in a way that protected people's confidentiality.

- Overall, we found that improvements are needed for this essential standard to be met.

Action we have asked the service to take

We have asked the provider to send us a report within 28 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.

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 1: 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

There are moderate concerns with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People said:

"They're looking after me very well".

"There isn't a lot of choice of what to do".

"There's not many activities, just bingo, games and a bit of exercise".

"We used to have a lot of activities and go to the seaside but not now".

"I'm highly satisfied, they all do a great job".

Relatives said:

"Mum's health has deteriorated whilst she's been living here, but the staff have managed her very well. They're all very caring".

"I'm thrilled to bits with the care (mum) gets".

We observed that in the main people were shown respect and their privacy and dignity was maintained. Staff spoke to people in a kind and friendly manner and carried out personal care tasks in a discreet way.

However, some practices which uphold people's privacy and dignity were not always followed and inconsistencies occurred. One member of staff shouted across the lounge to tell us that the person we were speaking to was "deaf".

We also saw people's personal care records left in an unlocked cupboard.

We saw that when staff were sat in lounges they did not fully interact positively with people. Staff said they made sure that someone was in the main lounge at all times. However we saw that when staff were with people they stood behind chairs and observed people rather than make conversation and involve people.

There was an activities worker employed at the home. On the day of the site visit we saw people listening to music and playing a word game. A small poster in the entrance hall showed what activities were on offer. From speaking to people and our observations we believe the activities programme should be improved and enhanced so that more meaningful and appropriate activities are offered.

Other evidence

The provider declared compliance with this standard in their transitional application for registration in this outcome area.

The provider submitted a Provider Compliance Assessment (PCA) prior to our site visit. The PCA allows the provider to perform a self assessment and explain how they are currently meeting each part of the outcome area. The provider stated that at the time of assessment they mostly met this outcome. In the area where the provider had said they needed to make improvements to this outcome, they did not describe how they would make improvements.

The provider stated they have a staff member who is their dignity champion. When we spoke to staff, they were aware that there was a dignity champion, but said they were not clear about what their role was and how, in practice this would improve dignity for people living in the home.

Prior to the site visit we contacted other health care professionals that had an interest in the home. One told us:

"There is little evidence to suggest that dignity is being promoted, there are no dignity champions".

We checked four care plans in detail during the site visit. We found care plans were detailed in relation to people's preferences and choices. Some people and /or their representatives said they were aware of care plans and that they were involved in discussions and reviews about their care.

We looked at the care plan for one person who had been admitted to the home on a

temporary basis. The manager told us that the person had been admitted from the hospital and the home had not carried out a pre-admission assessment of the person. The manager had relied upon the information given to them by the hospital. This is not acceptable as the home would not be assured that they were able to meet the person's needs and the person themselves had not been given an opportunity to meet people from the home, ask questions and be involved in the decisions made about them.

Our judgement

Practices by some staff meant that some people's privacy and dignity was not always upheld. People were not always assessed by the home which could result in them not experiencing effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

Activities were not planned that took people's views, preferences and abilities into consideration.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with outcome 2: Consent to care and treatment.

Our findings

What people who use the service experienced and told us
During our visit we saw that people were able to get up and go to bed when they chose. They generally made their own decisions about how they spent their day and evenings. We found that care plans were detailed in relation to people’s preferences and choices.

Other evidence
This outcome did not constitute part of the site visit.
The provider submitted a Provider Compliance Assessment to the Care Quality Commission which describes in detail how this service is compliant with this outcome and all of the elements that form the outcome.

Our judgement
The evidence suggests there is no area of non-compliance with this outcome.

Outcome 4: 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

There are minor concerns with outcome 4: Care and welfare of people who use services.

Our findings

What people who use the service experienced and told us
People said:

"I once felt rough and they called the doctor and got me some medication".

"There are three ladies that are very poorly and staff look after them really well, they even help them to feed".

"I've been here 10 years so you can tell I think it's very good".

At lunchtime we saw one person being administered their morning medication. When we asked about this we were told that the person had stayed in bed late and had therefore not had their breakfast or medication. We had seen this person in the lounge at 10am. We spoke to the staff member who had helped to get this person up. They said the person was up and out of bed early. The person had diabetes that was controlled by insulin. We were concerned that the information given to us by staff differed. This could result in people not receiving consistent care that takes into consideration their health and personal welfare.

Other evidence
As part of this assessment the provider submitted a Provider Compliance

Assessment (PCA) .The provider stated that at the time of assessment they either met or mostly met this outcome and that the impact on people who use the service services was low.The provider also attached an action plan describing how they had already met or would meet any areas for improvement.

During the site visit we checked four people's care plans. The manager told us that they were in the process of changing the format of the care plans. The new format contained good information about the care and support each individual required. Risk assessments were included within the documentation and included moving and handling, skin integrity, nutrition and other risk factors.

In one person's care plan, which was in the new style, we found that the person had been assessed as 'at high risk of falls'. The care plan stated that this must be reviewed each month, which it hadn't. The person had been discharged from hospital to the home and their discharge information stated that they needed a soft diet. The eating and drinking section of the person's care plan had not been completed and there was no reference elsewhere that the person needed a soft diet. At lunchtime we saw that the person was not given a soft diet and when we asked the cook about this she said she was not aware that they needed this. The manager said that the person's health was much improved and they were managing a normal diet, however this wasn't reflected in the care plan.

Our judgement

Changes to people's needs were not communicated between the staff and fed back into the care plan which could result in the delivery of care not always being consistent and suitable.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

There are minor concerns with outcome 5: Meeting nutritional needs.

Our findings

What people who use the service experienced and told us
People said:

"The food is fit for a king".

"Some meals are good, some bad, not always cooked as I like them".

"Food is sometimes good but sometimes not so good".

We asked staff if people were given choices at mealtimes. They said people were informed during the morning what was for lunch, if they didn't like this they were then offered other choices. On the day of the site visit people weren't told what was for lunch until they were in the dining room ready to eat. We saw one person say they didn't like the meal on offer. Staff hesitantly offered the person soup. Another person refused the dessert, staff took this away but didn't offer the person any alternative.

The meal provided on the day of the visit was nutritious and generally appetising. One person was provided with a liquidised diet. The vegetables and meat had been liquidised separately, however the member of staff assisting the person to feed used a fork to mix everything together. The person was not made aware what they were having for their meal. Our observations of lunch were that staff saw this as a task. There was little attention to detail. It wasn't treated as a social occasion to be enjoyed. Choice, preferences, likes and dislikes weren't thought out and considered.

Other evidence

As part of this assessment the provider submitted a Provider Compliance Assessment (PCA) .The provider stated that at the time of assessment they either met or mostly met this outcome and that the impact on people who use the service services was low.The provider also attached an action plan describing how they had already met or would meet any areas for improvement.

Our judgement

People's nutritional needs were not always reviewed and accounted for.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us
We did not have specific evidence about what people experienced or told us in this outcome area.

Other evidence
This outcome did not constitute part of the site visit.
The provider submitted a provider compliance assessment document to the Care Quality Commission which described in detail how this service is compliant with this outcome and all of the elements that form the outcome.

Our judgement
The evidence suggests there is no area of non-compliance with this outcome.

Outcome 7: 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 7: Safeguarding people who use services from abuse.

Our findings

What people who use the service experienced and told us

People said:

"I feel very safe living here".

Other evidence

The Provider Compliance Assessment submitted by the provider confirmed there were policies/procedures/codes of practice in place to protect people from abuse. They confirmed they used South Yorkshire Procedures for Safeguarding Adults and that staff had undertaken training on the safeguarding of adults.

The area manager told us she was aware of the Deprivation of Liberty Safeguards to safeguard people in their best interests. She said all staff, in due course, are undertaking training about this.

We spoke with four staff. They were aware of protection policies and procedures and what action they would take if they saw any abuse. We saw a training matrix that told us that staff had received adult safeguarding training.

There had been five safeguarding referrals following information given to us and Barnsley Local Authority Contract and Commissioning. These had all been investigated by the safeguarding team. Evidence from other agencies confirmed that

the management and staff of the service had co-operated with any investigations carried out.

The provider stated that “the learning outcomes” from safeguarding conferences were adhered to.

We saw evidence of this in relation to recent safeguard recommendations surrounding the abrupt attitude of one staff member. Additional training, supervision and support had been provided for the staff member and the member of staff had been temporary moved into another job where they had no responsibilities in carrying out personal care to people.

Our judgement

People were adequately protected from abuse and safeguarding procedures were followed. Learning from safeguarding incidents was effective in influencing change within the service.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

There are minor concerns with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People said:

“They keep the place clean”.

“I can’t grumble about the cleanliness of the place”.

Staff said they worked hard to prevent unpleasant odours and had recently been praised by visiting health care professionals who said there had been a great improvement in relation to odours in the home.

The area manager said they had recently changed the cleaning products used and she was confident that the new products were supporting them to prevent any outbreak of infectious disease and unpleasant odours.

When we went into the sluice room the malodour was very unpleasant. This area was used to keep used incontinence products, until they were picked up by the disposal company. Also in this room were new, unused continence products. This meant that there was a risk of cross contamination and infection. The room was also very untidy and dirty and the floor was badly stained. We asked the manager to deal with these issues immediately.

Other evidence

The provider declared compliance with this standard in their transitional application for registration in this outcome area.

We spoke to four staff who told us they had received training in infection control. We looked at the staff training matrix and saw that some staff had not completed this training. The matrix highlighted that further training had been arranged so that everyone would eventually have completed this training.

One member of staff had been identified as the infection control champion, however when we spoke to them they were unclear what this role involved and what their responsibilities were.

The area manager said that infection control audits had not been carried out although she was aware that these needed completing and was putting together a file with the relevant information so that audits could be commenced.

Signs showing people hand hygiene were displayed around the home and we saw that staff wore protective gloves and aprons when carrying out personal care tasks and serving meals.

Our judgement

There were sufficient resources available to prevent and control infection, but there was a need for clarity around the roles and responsibilities of some staff. Training in infection control was available to staff, however not all staff had completed this. The physical environment was generally clean, however further consideration should be given to improving the malodorous environment and risk of cross infection in the sluice room.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are moderate concerns with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
People said:
“I get my tablets at mealtimes, they don't forget and I'm never kept waiting”.

Other evidence
As part of this assessment the provider submitted a Provider Compliance Assessment (PCA) .The provider stated that at the time of assessment they either met or mostly met this outcome and that the impact on people who use the service services was low.The provider also attached an action plan describing how they had already met or would meet any areas for improvement.
The PCA stated: Residents who self administer are monitored and daily checks are undertaken to ensure that they have self administered at appropriate times. There is a procedure in place for self administration of medicines. We saw evidence of this.
We asked the manager about staff training in medication administration. She told us there was a number of staff trained to give medication. She said when she did the staff rota she made sure that on each shift there was a trained staff member. When we looked at the rota we saw that on some night shifts there was no one trained to give medication. This meant that people were unable to be given medication that

was prescribed to them on a PRN (when required) basis. The manager gave assurances that she would make changes to the rota immediately to ensure that there was, at all times, staff on duty that could administer medication.

We saw evidence that staff, who administer medication, had completed handling and administration of medicines training and had been assessed as being competent. We saw that medication was securely stored in locked trolleys and placed in a locked cupboard when not in use. We checked Medicine Administration Record (MAR) sheets. We found that some sheets had not been signed by staff. For one person we found unclear and conflicting information about the dosage the person should have been taking.

Our judgement

There were risks to people's health and well being. This was because there was not enough staff trained to administer medication, on duty, during the night, MAR sheets were not always signed by staff and contained some conflicting information about dosage.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are minor concerns with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
Health Professionals said:

“The fabric of the building is poor. When we came in last week the roof was leaking and rain pouring in. There were buckets everywhere”.

On the day of the site visit we saw that there was a significant amount of repair and refurbishment work necessary to enhance the environment. There were ‘workers’ in the home carrying out repair and improvement work. The roof was still leaking and furniture in certain areas of the home had been removed due to the leak. Buckets were still in place to ‘catch’ leaking rain water.

We also found areas of concern surrounding the environment that did not require major refurbishment work but were examples of just poor housekeeping. These were some of the areas of concern we observed:

Many rooms were untidy and cluttered.
Bins were overflowing with rubbish.
Headboards were missing from beds.
One bathroom had a small leak and the door had been left open.

There were however some positive aspects of the environment within Lindhurst Lodge. Some rooms felt really cosy and homely. They had been nicely decorated and people’s rooms had been personalised to their tastes.

Other evidence

As part of this assessment the provider submitted a Provider Compliance Assessment (PCA) .The provider stated that at the time of assessment they either met or mostly met this outcome and that the impact on people who use the service services was low.The provider also attached an action plan describing how they had already met or would meet any areas for improvement.

Our judgement

The physical environment was generally safe. However repairs tended to be carried out reactively rather than proactively.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us
We did not have direct evidence about what people experienced or told us in this outcome area.

Other evidence
This outcome did not constitute part of the site visit.
The provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service is compliant with this outcome and all of the elements that form the outcome.

Our judgement
The evidence suggests there is no area of non-compliance with this outcome.

Outcome 12: Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
We did not have direct evidence about what people experienced or told us in this outcome area.

Other evidence
This outcome did not constitute part of the site visit.
As part of this assessment the provider submitted a Provider Compliance Assessment (PCA) .The provider stated that at the time of assessment they either met or mostly met this outcome and that the impact on people who use the service services was low.The provider also attached an action plan describing how they had already met or would meet any areas for improvement.
The provider stated that:
Robust recruitment and selection procedures are in place. A full monitoring system is in place to ensure all new employees have an ISA (Independent Safeguarding Authority) and/or enhanced CRB (Criminal Records Bureau) check prior to commencing employment, along with two references whereby their character can be checked in relation to honesty, reliability and trustworthiness and their ability to treat residents with respect.
Procedures are in place to ensure all applicants are treated equally and fairly and not discriminated against during the recruitment process. No one is allowed to commence employment until all of the above have been received and checked

thoroughly.

Checks are made to ensure all applicants are able to work within the United Kingdom, via national insurance numbers or other relevant documents.

All applicants are checked during the interview process of their knowledge and understanding of the needs of residents and what skills and abilities they can bring to the home that will meet the needs of individual residents. Their ability to communicate appropriately with residents is assessed during the interview process and clarity of their understanding of safeguarding is sought.

Applicants are requested to complete a medical questionnaire to ensure they are able to carry out the duties of the post.

All new employees are issued with a job description that outlines the roles and responsibilities of the job so that they have a clear understanding of their role and that of other staff members.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

Outcome 13: Staffing

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 sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
People said:

“There are always carers around”.

“The staff are so good to me”.

“The ladies treat me like my own children do”.

“You couldn’t get better staff, they’d do anything for you”.

“Staff are kind and respectful”.

“I’ve got no problem with any of the staff”.

During our visit we saw that staff were available to attend to people's needs when needed.

Other evidence
As part of this assessment the provider submitted a Provider Compliance Assessment (PCA) .The provider stated that at the time of assessment they met this

outcome. The provider also stated that:

Weekly rota's are in situ whereby sufficient staffing levels can be identified and the correct mix of skills and experience is taken into consideration by the homes manager when undertaking this task. Recruitment of bank staff has been undertaken to enable consistency of care for residents to ensure availability of regular staff within the home who have knowledge and understanding of individual needs of residents.

Agency staff are only requested if all other staff are unavailable to provide assistance. Staff are also encouraged to provide as much notice as possible of any absence.

A dependency assessment is undertaken in assessing staffing and relevant guidelines published by the CQC's shedule of applicable publications are used for guidance and support.

There is a management structure in place to ensure relevant personnel are avialable at all times for advice, support and guidance. There are clear systems in place for the monitoring of staffing absences, commitment and performance of individuals to enable the allocation of staffing levels in meeting the correct skills mix at all times.

An on call rota is established to ensure staff know who to contact in an emergency and contact numbers are available for staff who are willing to undertake duties at short notice in the event of emergencies, staff sickness, vacancies and annual leave. All staff are aware of these procedures.

Arrangements are made to ensure appropriate staffing is maintained during planned changes, developments and training sessions and any changes with relevant legislation or the changing needs of residents individual needs.

Staff we spoke to said staffing levels were adequate.

We checked the staffing rota over the last two weeks. The rotas we saw indicated that staffing numbers were at an acceptable level to ensure that people's care and support needs were met.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

Outcome 14: Supporting workers

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

There are minor concerns with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us:
Health Professionals said:
“We’ve provided the staff with training in diabetes and insulin administration, which helped them to observe one person who administers their own insulin”.
“We get very few referrals from here for skin tears and pressure sores”.

Other evidence
As part of this assessment the provider submitted a Provider Compliance Assessment (PCA) .The provider stated that at the time of assessment they either met or mostly met this outcome and that the impact on people who use the service services was low.The provider also attached an action plan describing how they had already met or would meet any areas for improvement.The provider said:
All new staff receive an appropriate induction relevant to their workplace and role.
All new staff are supervised until the completion of their induction. There is an induction programme which covers the aims, objectives and purpose of the service, along with safeguarding adults,policies and procedures, health and safety, reporting of incidents or areas of concern, details of the purpose of supervision and commitment to personal development.
All mandatory training is discussed prior to commencing employment and the commitment from the employee is clarified to check they understand the need to

complete mandatory training and any other relevant training identified that is relevant for the role.

The whistleblowing procedure is explained and examples communicated to ensure accuracy of understanding.

Through supervision and personal development reviews, opportunities for training and development are discussed and progress is monitored. A training matrix is in place to enable the manager to monitor staff training needs and to be able to prioritise training to set achievable objectives for individual staff members.

Staff are supported at all times and encouraged to undertake relevant training to improve their knowledge and understanding of their role in order to meet individual needs at all times.

The home works with the local authority and ensure that training supplied is utilised at all times where identified. Regular communications with training providers is maintained to ensure that quality training is being delivered.

Competency of staff is monitored during supervision sessions and observation by the homes manager. Learning opportunities are always being sought to enable staff to develop further their knowledge and skills.

All relevant guidance from CQC's publications is also taken into account when assessing training and development needs.

Additional training is also sought via other professionals to enable staff to have regular updates in relation to changes in legislation or new equipment policies and procedures.

The homes works closely with other health care professionals in seeking guidance and support that will assist staff in delivering higher standards of care to all residents.

We spoke to one member of staff who had been working at the home for 7 weeks. They told us that when they started work they 'shadowed' an experienced member of staff for two days. They said they had completed training in moving and handling. Other training had not been completed. When we asked to see the person's induction training file, it was not completed. The area manager assured us that the person had completed an induction period. She said basic training in adult safeguarding and other mandatory training had been included. She was aware that the person needed to attend fuller training in mandatory subjects.

We saw from the staff training matrix that staff had attended training in various topics. Some staff were also booked onto specialist training and refresher courses.

Our judgement

Most staff had completed induction and mandatory training as required, however this was inconsistent, which meant that this quality and safety regulation was not being met.

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

There are minor concerns with outcome 16: Assessing and monitoring the quality of service provision.

Our findings

What people who use the service experienced and told us:

Health Professionals said:

“Caroline (the manager) is doing a fantastic job; she’s turned the place around”.

Other evidence

As part of this assessment the provider submitted a Provider Compliance Assessment (PCA) .The provider stated that at the time of assessment they either met or mostly met this outcome and that the impact on people who use the service services was low.The provider identified that they regularly consult with people, relatives and staff at Lindhurst Lodge.

Staff said regular staff meetings take place and minutes are taken. Meetings are held with senior carers, carers and the ancillary staff.

The home has a manager who is not yet registered with CQC. The home was being overseen by the area manager and business support manager, who are on site several times each week. A condition was applied to the service’s transitional registration under the Health and Social Care Act 2008 (HCSA) that the service has a manager registered with the CQC before April 2011.

We saw that the service did not have any clear quality monitoring systems in place.

However they did use a limited range of internal and external information sources, for example, safeguarding recommendations, feedback from contract and commissioning and staff meetings.

There was also evidence of internal auditing of the homes environment and some issues had been acted upon.

Our judgement

People who used services were at risk of unsafe and inappropriate care because of limited quality assurance processes.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

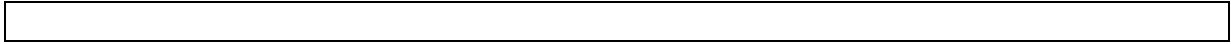
The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us
People said:
“I can’t find fault with anything”.
“If I had a complaint I’d go straight to the top, but I’ve no complaints”.
Relatives said:
“I’ve never needed to complain, when there’s been small issues I’ve talked to them and it’s been sorted”.

Other evidence
This outcome did not constitute part of the site visit.
The provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service is compliant with this outcome and all of the elements that form the outcome.

Our judgement
The evidence suggests there is no area of non-compliance with this outcome.



Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are minor concerns with outcome 21: Records

Our findings

What people who use the service experienced and told us
We did not have direct evidence about what people experienced or told us in this outcome area.

Other evidence
This outcome did not constitute part of the site visit, however during our visit we looked at a selection of records. We found not everyone could be confident their personal records for their care, treatment and support were properly managed because their records were not always an accurate reflection of the care provided (see outcome area 4).
We also saw that personal records were left unattended an unlocked cupboard (see outcome1) which compromised people’s privacy and confidentiality.

Our judgement
A personalised record was kept for everyone who used the service, but some records were not complete and accurate. Records were not kept in a way that protects people’s confidentiality.

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 17	Outcome 1- Respecting and involving people who use the service
	Why we have concerns: Activities were not planned that took people's views, preferences and abilities into consideration.	
Accommodation for persons who require nursing or personal care.	Regulation 15	Outcome 10- Safety and suitability of premises
	Why we have concerns: The physical environment was generally safe. However repairs tended to be carried out reactively rather than proactively.	

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 within 28 days of this report being received.

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

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care.	Regulation 17	Outcome 1- Respecting and involving people who use services
	<p>How the regulation is not being met: Practices by some staff meant that some people's privacy and dignity was not always upheld. People were not always assessed by the home which could result in them not experiencing effective, safe and appropriate care, treatment and support that met their needs and protected their rights.</p>	
Accommodation for persons who require nursing or personal care.	Regulation 9	Outcome 4- Care and welfare of people who use services
	<p>How the regulation is not being met: Changes to people's needs were not communicated between the staff and fed back into the care plan which could result in the delivery of care not always being consistent and suitable.</p>	
Accommodation for persons who require nursing or personal care.	Regulation 14	Outcome 5- Meeting nutritional needs
	<p>How the regulation is not being met: People's nutritional needs were not always reviewed and accounted for.</p>	
Accommodation for persons who require nursing or personal care.	Regulation 12	Outcome 8- Cleanliness and infection control
	<p>How the regulation is not being met: There was a need for clarity around the roles and responsibilities of some staff. Not all staff had completed training in infection control. There was a malodorous environment and risk of cross infection in the sluice room.</p>	

Accommodation for persons who require nursing or personal care.	Regulation 13	Outcome 9- Management of medicines
	How the regulation is not being met: There were risks to people's health and well being. This was because there was not enough staff trained to administer medication, on duty, during the night, MAR sheets were not always signed by staff and contained some conflicting information about dosage.	
Accommodation for persons who require nursing or personal care.	Regulation 23	Outcome 14- Supporting workers
	How the regulation is not being met: Most staff had completed induction and mandatory training as required, however this was inconsistent, which meant that this quality and safety regulation was not being met.	
Accommodation for persons who require nursing or personal care.	Regulation 10	Outcome 16- Assessing and monitoring the quality of service provision.
	How the regulation is not being met: People who used services were at risk of unsafe and inappropriate care because of limited quality assurance processes.	
Accommodation for persons who require nursing or personal care.	Regulation 20	Outcome 21- Records
	How the regulation is not being met: Records were not kept in a way that protected people's confidentiality.	

The provider must send CQC a report that says what action they are going to take to achieve 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 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance 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 Adult 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

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