

Review of compliance

A H Choudhry
Lindhurst Lodge Residential Home

Region:	Yorkshire & Humberside
Location address:	Lindhurst Road Athersley North Barnsley South Yorkshire S71 3DD
Type of service:	Care home service without nursing
Date of Publication:	August 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. 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</p>

	<p>passenger lift. There is a small car park to the front, and large private gardens to the rear. All areas are easily accessible.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Lindhurst Lodge Residential Home 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 to check whether Lindhurst Lodge Residential Home had made improvements in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 04 - Care and welfare of people who use services
Outcome 05 - Meeting nutritional needs
Outcome 08 - Cleanliness and infection control
Outcome 09 - Management of medicines
Outcome 10 - Safety and suitability of premises
Outcome 14 - Supporting staff
Outcome 16 - Assessing and monitoring the quality of service provision
Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 25 July 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

A number of people who live at Lindhurst Lodge have conditions that mean they have difficulty talking with people and therefore have 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.

Throughout the observation we saw all staff treat people with respect and courtesy.

During our observation period there appeared to be sufficient numbers of staff to meet the needs of people who use the service.

We saw occasions where staff interactions with people could have been handled more appropriately.

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. People's comments included:

"I like it here".

"The staff look after me well".

"I can't grumble, I have everything I need".

What we found about the standards we reviewed and how well Lindhurst Lodge Residential Home 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's privacy and dignity is recognised and care, treatment and support is offered, however inconsistencies can occur.

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

People feel that the delivery of care is consistent and suitable and meets all of their needs. Further work is necessary to ensure that all care plans are updated to reflect adjustments to people's needs.

Outcome 05: Food and drink should meet people's individual dietary needs

People's nutritional needs are accounted for in their care plan, however the plans are not regularly reviewed and monitored to ensure that a healthy balanced diet is offered at all times.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

Training on infection control is available to staff. The physical environment is clean and fit for purpose. Further consideration should be given to providing more suitable processes for the cleaning of equipment.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

There are clear processes for the safe administration of people's medication.

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

The physical environment was generally safe and fit for purpose.

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

Staff are appropriately trained and supervised to meet the health and welfare needs of 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

There are processes in place to monitor the quality of the service and where necessary make improvements.

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

Processes are in place to store, share and destroy records properly and securely.

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. Any regulatory decision that CQC takes 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 said:

"I came to look round and liked it straightaway".

"Staff make sure I'm OK, no problems".

"People are kind and thoughtful".

Other evidence

Following our last review at the service on 15/02/2011, we had the following concerns:

Some practices which uphold people's privacy and dignity were not always followed and inconsistencies occurred. We saw that when staff were sat in lounges they did not fully interact positively with people.

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 (see outcome 4).

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

At this visit we spent a period of time sitting with a group of people in the main lounge areas. We were able to observe people's experiences of living in the home and their interactions with each other and the staff.

Throughout the observation we saw all staff treat people with respect and courtesy. We saw the provider's 'business development manager' enter the lounge and engage a number of people and on each occasion displayed a warm and friendly approach when talking to people.

The atmosphere in the home was generally relaxed, the TV was on in both lounges but the volume was at an acceptable level in the 'quieter' lounge 1. Some music was being played in lounge 2 at a louder level while the television was also on though the music did not appear to disturb anyone.

During our observation period there appeared to be sufficient numbers of staff to meet the needs of people who use the service. There was one or more carer's within the lounges for the majority of the morning. Much of the interaction we observed between staff and people was more 'practical' rather than warm and focused. There were four people in lounge 1 which was the quieter lounge. These people received less attention than the other room. Two people in this room slept between morning tea and lunch and appeared to have a general lack of engagement with staff members. One person occasionally opened their eyes and began talking to herself though this was not acknowledged by carers. We later talked to both these people and found they enjoyed chatting.

Few activities occurred during our period of observation although this was because the activities coordinator was commencing work later in the morning. A lady visited with a pet dog during the morning and this proved popular. In lounge 2 one of the carer's commenced a verbal game where people named different male names running through the alphabet. This proved popular in that lounge but did not include the people seated in lounge 1.

We saw occasions where staff interactions with people could have been handled more appropriately.

One resident became upset in lounge 2 and was asking to leave the home along with other comments. This started to annoy another person who then began shouting. A carer was in lounge 1 a few minutes before going to talk to the upset person in lounge 2 and during this time a carer walked into lounge 2 and out again without acknowledging the upset person. We later asked the manager about this person and they explained that they can get upset. The response of the carer's demonstrated that they had developed an accepting acknowledgement of this person and therefore failed to respond appropriately to meet their needs. Once staff talked to the lady she quickly calmed down.

Generally, we saw people's needs were being met; staff did not seem unkind and talked to people who use the service. However the interaction tended to focus on more vocal people which may suggest that staff do not always feel comfortable or have the

necessary skills to communicate with people who are either quiet or more withdrawn. The provider should consider some communication training to help in developing staff abilities to communicate verbally and non-verbally with all residents.

Our judgement

People's privacy and dignity is recognised and care, treatment and support is offered, however inconsistencies can occur.

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

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People said:

"Staff look after me very well".

"People are kind and thoughtful".

"Staff help me when I need it".

Other evidence

Following our last review at the service on 15/02/2011, we had concerns that:

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.

At this visit we looked at 3 people's care plans. We found that people recently admitted to the home had a pre-admission assessment completed. However there were some gaps in the information recorded. The home's manager and business development manager were auditing all care plans in the home and discussing ways to improve the admission forms and care plans. Further work needed to be completed to ensure that all the care plans were updated and reviewed.

The plans seen that had been updated contained good information about the person's

biography, personality and their medical and support needs. The care plans focused on the individual person. Risk assessments were included within the documentation and included moving and handling and other risk factors. The care plans identified that a range of health care professionals visited the home to assist in maintaining people's health care needs. There was evidence in the care plans that staff had monitored people's weight.

Staff we spoke to showed a good knowledge of the health and personal care needs of the people they cared for.

Our judgement

People feel that the delivery of care is consistent and suitable and meets all of their needs. Further work is necessary to ensure that all care plans are updated to reflect adjustments to people's needs.

Outcome 05: 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

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

People said:

"I like the food, I always enjoy my meals".

"The food is OK, if I don't like it I can just leave it, we're not offered anything else".

"The meals are lovely".

Staff said:

"There's a choice at breakfast and tea but not at lunchtime".

"It's very rare that someone doesn't like their lunch, but we don't normally give another option, people usually just have a pudding".

Other evidence

Following our last review at the service on 15/02/2011, we had concerns that people's nutritional needs were not always reviewed and accounted for.

During this visit we observed a period of lunchtime in the dining area. The tables appeared appropriately set out with cutlery and condiments. Staff were available to assist people where this was necessary and food was served relatively promptly from the kitchen.

We observed one lady who refused her main course while the carer was cutting up some of the food but despite the lady refusing the carer tried to offer a fork of food. We heard a brief discussion between staff about offering an alternative such as a sandwich or soup though this was not discussed with the person who asked for a jam tart. The staff gave the resident a 'sweet' without further discussion.

We talked to the manager's about the person and reviewed the person's care documentation. A nutritional screening assessment had been performed during 2010. Regular weight assessments had been performed but no re-screening of her nutritional score had been undertaken. The person was on a food consumption chart so we asked to see it. The chart had been completed prior to the meal being served and listed food that we had observed the person refusing. Generally the charts for all people did not accurately reflect food taken and had not lead to nutritional screening where a person had not eaten well over the course of a week.

Following the inspection the business development manager confirmed that she had taken appropriate action to ensure that the concerns identified above were resolved.

Our judgement

People's nutritional needs are accounted for in their care plan, however the plans are not regularly reviewed and monitored to ensure that a healthy balanced diet is offered at all times.

Outcome 08: 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 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We did not have specific evidence about what people told us in this outcome area.

Other evidence

Following our last review at the service on 15/02/2011, we had concerns that:

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 needed to be given to improving the malodorous environment and risk of cross infection in the sluice room.

At this visit we spoke to two staff who told us they had received training in infection control. The manager confirmed to us that all staff had now completed this training. Staff said they had access to all infection control policies and procedures and these were discussed in supervision.

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.

We found the environment at Lindhurst Lodge homely and pleasant. All areas of the home were odour free. Certain areas were in need of decorating and repair work. We were told by the business development manager that some refurbishment work had been completed. There were new carpets in some areas and other carpets were due to

be fitted. One corridor had been redecorated and looked clean and inviting.

We saw that the sluice room had been cleaned. The room was no longer in use as the equipment (commode sterilisers) were very old and not in working order. Discussions with the manager told us that staff were currently emptying commodes into the communal toilets and then taking the commodes back to people's rooms to be washed out and cleansed. We discussed with the manager and business development manager the risks of cross infection, associated with this practice. It was agreed that this practice would stop immediately. The business development manager said she would speak to the provider about new equipment for the sluice room for the safe disposal of waste. In the interim a short term resolution was agreed upon.

Our judgement

Training on infection control is available to staff. The physical environment is clean and fit for purpose. Further consideration should be given to providing more suitable processes for the cleaning of equipment.

Outcome 09: 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

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

People said:

"I only have to ask for my tablets and they bring them, day or night".

"The staff make sure I get my pills when I need them".

Other evidence

Following our last review at the service on 15/02/2011, we had concerns that:

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.

On 30/02/2011 the provider sent us an action plan telling us what action had been taken, the action plan stated:

"Further training (23/02/11) in relation to medication has now been delivered to night staff who did not have the qualification and also to additional members of staff to increase the numbers of staff who are trained to administer medication in the event of absences to prevent any further occurrences. When rotas are written, staff that are trained to administer medication now have 'm' at the side of their name and staff have

been informed that they must not alter any rotas, without authorisation from management otherwise appropriate action will be taken. It has been reiterated to staff that someone with medication training must be on the rota for each night shift to enable the administering of PRN medication.

Further competencies will also be undertaken and recorded in personal development plans to ensure staff gain further knowledge and understanding in relation to administering medication".

At this visit we checked the rota and found that for each shift, a person was identified to administer medications. The MAR sheets were checked and completed with the correct details. The business development manager was closely monitoring medication administration. This was working very well as this meant that any discrepancies were picked up and resolved very quickly.

Our judgement

There are clear processes for the safe administration of people's medication.

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

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We did not have specific evidence about what people told us in this outcome area.

Other evidence

Following our last review at the service on 15/02/2011, we had concerns that:

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

At this visit we saw that work had been completed to improve the appearance of the building. One side of the home had been re-decorated and looked clean and welcoming. The business development manager told us that further improvement work was planned for the other side of the home.

There remained some rooms that were in need of re-furbishment. We suggested that one bathroom was put 'out of use' until repair work was completed. This was possible because the home had many communal toilets and bathrooms available for people.

The business development manager told us that funds were available to improve the fabric of the home. This had to be a planned programme, in line with occupancy increasing, releasing further funds for making improvements.

Our judgement

The physical environment was generally safe and fit for purpose.

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 have specific evidence about what people told us in this outcome area.

Other evidence

Following our last review at the service on 15/02/2011, we had concerns that:

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.

On 30/02/2011 the provider sent us an action plan telling us what action had been taken, the action plan stated:

"All new staff are expected to complete mandatory training within 12 weeks of commencement of employment. This is monitored via the training matrix. All new staff now commence the skills for care induction procedure and commence NVQ Level 2 training upon completion of this".

At this visit we spoke to 3 members of staff. They told us they had regular training from the service and had completed all mandatory training including adult safeguarding, moving and handling and fire. Staff said they had also completed further training in specialised topics such as pressure care and diabetes. Senior staff that administered medications had completed competency training through Rotherham College.

Discussions with staff told us they had supervisions and these were recorded.

Our judgement

Staff are appropriately trained and supervised to meet the health and welfare needs of 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

We did not have specific evidence about what people told us in this outcome area.

Other evidence

Following our last review at the service on 15/02/2011, we had concerns that:

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

At this visit we saw that the business development manager had introduced new audits, so that many aspects of the service could be reviewed and monitored. The outcome of the audits was that action was then taken as necessary to make improvements to the service. The business development manager was regularly assessing the quality of many areas of the service, for example, medication, environment, care planning and nutrition.

The business support manager was also carrying out visits to the home. He talked to people, relatives and staff, made observations and completed a report about his findings.

The manager also had the responsibility of ensuring that a high standard of service was maintained on a day to day basis.

Our judgement

There are processes in place to monitor the quality of the service and where necessary make improvements.

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

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not have specific evidence about what people told us in this outcome area.

Other evidence

Following our last review at the service on 15/02/2011, we had concerns that:

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.

On 30/02/2011 the provider sent us an action plan telling us what action had been taken, the action plan stated:

"Training is to be arranged for all staff to communicate the importance of data protection and the care of service user's records. A filing cabinet is to be purchased so that records can be kept locked at all times but also ease of access for staff to write daily records. A procedure is to be written stating the importance of record keeping and training delivered to all staff. Ad hoc checks will be undertaken by management to ensure staff are adhering to the procedure and not to leave records unattended.

At this visit we saw that records were kept safely locked away when not in use.

Our judgement

Processes are in place to store, share and destroy records properly and securely.

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
	<p>Why we have concerns:</p> <p>People feel that the delivery of care is consistent and suitable and meets all of their needs. Further work is necessary to ensure that all care plans are updated to reflect adjustments to people's needs.</p>	
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	<p>Why we have concerns:</p> <p>People's nutritional needs are accounted for in their care plan, however the plans are not regularly reviewed and monitored to ensure that a healthy balanced diet is offered at all times.</p>	
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>Why we have concerns:</p> <p>Training on infection control is available to staff. The physical environment is clean and fit for purpose. Further consideration should be given to providing more suitable processes for the cleaning of equipment.</p>	

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 14 days of this report being received.

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

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