Inspection Report

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

Lindhurst Lodge Residential Home

Lindhurst Road, Athersley North, Barnsley, S71 3DD

Tel: 01226282833

Date of Inspection: 26 November 2012

Date of Publication: December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✗ Action needed
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✗ Action needed
Complaints	✓ Met this standard

Details about this location

Registered Provider	A H Choudhry
Registered Manager	Mrs. Caroline Exley
Overview of the service	Lindhurst Lodge occupies a central position at Athersley North, approximately three miles from Barnsley town centre.There are shops, pubs, a post office and other amenities within the vicinity. 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. There is a small car park to the front, and large private gardens to the rear.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 November 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

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. Their comments included, "This is a nice place to be." "It's okay here." "I'm happy." And "The staff are very good and they spoil me."

During the inspection we spent time sitting with people in the communal areas of the home. This meant we were able to observe people's experiences of living in the home. We found that care and support was offered appropriately to people. We found that staff were skilled, in recognising the diversity, values and human rights of people who use the service.

Each person living at the home had a care plan. We found that the information in these was variable. Some care plans seen were not fully completed and up to date. This meant that the delivery of care to people may not be safe, effective and appropriate.

When we spoke with staff we found that they had not completed any updated or refresher training in safeguarding adults since 2010. This meant that they were unsure how to respond and raise concerns appropriately.

We found that the service had not carried out a needs analysis as the basis for deciding sufficient staffing levels. This meant that there were some days when staffing numbers were not sufficient to ensure consistency of care.

The home had an effective complaints system available. We found that comments and complaints people made were responded to appropriately.

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

What we have told the provider to do

We have asked the provider to send us a report by 31 December 2012, setting out the

action they will take to meet the standards. We will check to make sure that this action is taken.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

Reasons for our judgement

People that we spoke with said "It's alright as far as I'm concerned, I've nothing to grumble about. "They (staff) look after you, they've always been nice." And "I like it in this room. It's nice and quiet; I can watch TV in peace."

We spoke with two relatives. They told us "'Staff are friendly, they are lovely and look after my relative well, they even took my father out to the club for a pint which he liked." And "My family member doesn't like females bathing him so they always make sure he has a male. He's settled here, he isn't as emotional, and he'd tell us if he didn't like it."

During the visit, we spent a period of time sitting with people in lounge 2, the 'smoking' lounge, the dining room and individually with people in their bedrooms.
The atmosphere within the home was generally relaxed. The home was re-decorating lounge 1 during the visit therefore it was not accessible. Most people were sat in lounge 2. In the middle of the room, the activities co-ordinator was sat at a table facing people. He was reading quiz questions and encouraging people to call out the answers. The TV was on behind the activities co-ordinator although the volume was on low.

Lounge 1 and 2 were separated by an open archway which was blocked off by plastic sheeting. Most people engaged in the quiz were sat immediately in front of the sheeting in a semi-circle. Loud music could be heard playing in lounge 1. Some people complained that they were unable to hear the questions due to the music behind them. A member of staff then arranged for the music to be turned down. People seemed to enjoy participating in the quiz and the activities co-ordinator acknowledged responses from people using their names to address them.

Throughout the inspection, we saw staff treat people with respect, dignity and courtesy. We saw one occasion where staff interactions with a person could have been handled more appropriately. A person was sleeping in the lounge when a member of staff approached them. She attempted to wake the person by speaking to them and when the person failed to response, by stroking their cheek. This was effective and the person

began to stir. Another member of staff brought a sling to transfer the person into a wheelchair. The transfer was smooth and appropriate however, neither member of staff spoke with the person during the transfer or explained the rationale for the transfer to them

Generally, we saw peoples' needs were being met. Staff addressed people by their preferred names and people seemed comfortable in the presence of staff. Interactions between staff and people using the service were relaxed and unrushed.

Consent to care and treatment ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Where people did not have the capacity to consent, the provider had not acted in accordance with legal requirements.

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

Reasons for our judgement

We found that the home had policies and procedures relevant to this standard. These included the 'Consent to Care, Support and Treatment Procedures' along with the 'Mental Capacity Act' policy.

The service had a form available for staff to complete regarding a person's capacity to make decisions. This was named the 'Care Plan Consent.' The registered manager told us that people and/or their relative/advocate were consulted about such things as care and treatment, care plans and risk assessments, sharing information and photographs taken for identification or wound management purposes. The consent form was designed so that people were able to either consent or refuse staff involvement with these.

We looked at the care plans for four people living at the home. We found that all the records had a copy of a 'Consent and Capacity' form. Two of the forms were completed, one was blank and the other was partially completed. The two completed forms were completed by the registered manager who had documented that the person did not have capacity. The care plans for these people reflected that they did not have capacity to make decisions regarding their care or treatment. Whilst this may have been the case, there was no evidence to demonstrate that the process of determining that the care and treatment being delivered was in the 'best interests' of these people had been followed. This could result in people's rights not being protected appropriately and may suggest that staff have less understanding about these issues.

Training records showed members of the care staff had not received Mental Capacity Act (MCA) and Deprivation of Liberty Safeguard (DOL's) training during the current training year. Staff that we talked with confirmed they had not undertaken this training and had very little understanding of the MCA and DOL's. This meant that staff may not recognise when people using the service had the right to make their own decisions.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People that we spoke with said "I get a member of staff every morning to help get me dressed and get a bath," "It's not bad, they look after you OK," "I like being in here (smoking lounge) on my own, its quiet. They're playing dominoes, I used to play dominoes but I'd rather watch TV today."

Relatives told us "Staff look after my family member well, they're always on hand. We visit every day and we're happy that he's in this home."

Staff we spoke with had a good understanding of the health and personal care needs of the people they cared for.

At this visit, we looked at four people's care records. The care plans identified that a range of health care professionals assisted in maintaining people's health care needs. There was also evidence to show that information received from relatives' was included in some of the care plans. Care plans were up-dated and reviewed on a monthly basis.

In the care plans seen there were inconsistencies in the quality of information recorded on the pre-admission, history and biography sheets with some having complete and detailed information and others having incomplete data.

All care plans contained a generic comprehensive risk assessment which required each risk to be scored. We found in some of the records that risks were not scored despite a total score of the risks being recorded. This resulted in people's overall risk being scored lower than it actually was, which may have an impact on care delivery.

The provider may find it useful to note that people using the service could be at risk of receiving unsafe or inappropriate care and support because care plans were not fully completed.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

At the inspection in August 2011 we made an improvement action against this outcome. This outcome was not inspected at this inspection. This was because confirmation that action had been taken in response to the improvement action was received from the provider following the last inspection.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People told us: "I feel safe here, everyone is kind and thoughtful" and "I'm happy here and I'm sure no one would hurt me."

We saw that the service had copies of the South Yorkshire Joint Protocols for Safeguarding People. On the day of the inspection we were aware that the manager had started to investigate some concerns that had been raised and was meeting with Barnsley Local Authority Safeguarding Team to discuss this further. This showed us that the provider and manager responded appropriately when it was suspected that abuse had occurred or was at risk of occurring.

We spoke with three members of staff. Two staff told us they had received training in safeguarding adults in 2010 but had not received any further update or refresher training in this subject. One member of staff said they had received training in 2010 and since then had completed an e-learning module in safeguarding as part of their Health and Social Care Certificate. We looked at the staff training records and these confirmed this.

We spoke with staff about their understanding of adult safeguarding polices and procedures and what action they would take if they saw or suspected any abuse. Staff spoken with were not clear about what the process for escalating concerns was or what their own accountability and responsibility was in relation to this. All three staff members spoken with said they would inform the manager if they had any concerns. Staff were unclear about what they would do if the manager wasn't around, or what the manager would do in response to any concerns that they reported to her.

The provider may find it useful to note that some staff had not received updated and refresher training in Adult Safeguarding. Staff did not recognise their personal responsibility in safeguarding people who use the service.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

At the inspection in August 2011 we made an improvement action against this outcome. This outcome was not inspected at this inspection. This was because confirmation that action had been taken in response to the improvement action was received from the provider following the last inspection.

Staffing ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

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

Reasons for our judgement

People that we talked with praised the staff and used words like" good", "fine" and "great" to describe them.

On the day of the inspection there were 20 people living in the home. There were also seven people that had come to the home for day care. The registered manager, a senior care assistant and two care assistants were on duty throughout the morning of the inspection. An activities worker was employed to work on the days that people attended for day care. A cook, laundress and handyman were also on duty. The registered manager told us that there was no domestic assistant on duty, as the person was on holiday.

We saw that the majority of people were sitting in the lounge 2. Lounge 1 was being decorated, which meant that people living in the home and people attending day care were sitting together. Throughout the morning the activities worker and a volunteer stayed in the lounge and provided entertainment and drinks for people. The care assistants were busy providing personal care to both people living in the home and people attending day care. Our observations on the day of the inspection were that people received care and support in a timely manner.

Staff told us that staffing numbers were not always the same as they were on the day of the inspection. Staff told us of instances when there had only been two care assistants on duty and very few other ancillary staff. Staff said that when staffing numbers dropped down to two, they found it difficult to give people the required care and support they needed. Staff told us that there were people living in the home that required the assistance of two staff. They said that this meant when there were only two staff on duty and they were carrying out personal care, for people requiring two staff, other people living in the home were left unattended.

The service provided day care to people three days each week. The manager told us that the number of people that attended day care varied, but was usually between four and seven. The service also provided a bathing service for three people attending day care. This meant that usually one person, but up to two people were bathed by the staff on specific days. Staff told us that the 'workload' on days when there was a day centre was 'much higher', as day care people's baths had to be 'prioritised'. The staff that provided

the care for people living in the home were also providing care for people attending for day care, therefore this was impacting on their ability to provide care for people living at the home.

We checked the staffing rota for two weeks. The rota for the week prior to the inspection showed four days when care staff numbers had dropped to two. On one shift another member of staff 'had stepped in' and worked extra. On another shift the manager had stayed over and worked a 12 hour shift. On the remaining two shifts, two care assistants had worked without any additional staff cover.

We asked the registered manager and business support manager if they had carried out a needs analysis and risk assessment as the basis for deciding sufficient staffing levels. The business support manager told us that they did have one available to them but this had not been completed for this service.

We looked at the personnel files for three staff members. We found that staff had completed training in all mandatory subjects in 2010. This included moving and handling, fire and health and safety. Since 2010 the training provided to staff was sporadic. In the files seen, some staff had completed updated and refresher training in moving and handling, medication and food safety. The files showed that most staff had not received mandatory training updates.

Staff that we spoke with said they had received a lot of training in 2010 but since then they had only completed a "few courses." Staff told us they had recently completed an e-learning course in Dementia Awareness. This demonstrated that staff were not properly skilled and experienced in providing care and treatment to people who used the service.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

All the people that we spoke with told us they were happy at the home and had no reason to complain. When we asked people if they did want to raise a concern or were worried about anything what they would do, they all said they would go to any senior staff member and talk to them.

We saw on the notice board in the entrance to the home a large collection of 'Thank You' cards and letters from people using the service and their relatives and advocates.

People were given support by the staff to make a comment or complaint where they needed assistance. The provider had a complaints policy and procedure in place. We looked at the home's complaints log and found that complaints had been investigated by the registered manager. Each complainant had received feedback following the manager's investigation.

People were informed of the complaints process via 'easy read' notices located on the wall within the home and via the 'service user' guide. Regular 'residents meetings' were held which gave people using the service another way of raising any issues or concerns they may have. The registered manager explained people may sometimes raise a minor 'grumble' and these were addressed immediately by members of staff.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010** **Consent to care and treatment**
	How the regulation was not being met: The registered person did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people using the service in relation to the care and treatment provided for them. Regulation 18 (1) (a).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: The registered person had not taken appropriate steps, to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed in order to safeguard the health, safety and welfare of people using the service.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 31 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will

This section is primarily information for the provider

report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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