CareQuality Commission

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: 02 April 2013

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

Standard	Outcome
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by other authorities.

What people told us and what we found

People that we were able to communicate with told us that overall they were happy living at the home and satisfied with the care and support they were receiving. Their comments included, "I'm very happy here," "I have everything I need," and "the staff are very good."

Records checked showed that before people received any care or treatment they were asked for their consent and the staff acted in accordance with their wishes.

During the inspection we spent time sitting with people in the communal areas of the home. We found that care and support was offered appropriately to people.

Each person living at the home had a care plan. We found that the information in these was detailed and complete.

We spoke with two relatives who were visiting the home and they confirmed that they were satisfied with the care provided.

We found that the home was clean and tidy and that there were sufficient resources available to prevent and control infections.

Our conversations with people, relatives and staff, together with observations on the day of our inspection evidenced that there were sufficient staff available to meet people's needs.

The provider had an appropriate system in place for gathering, recording and evaluating information about the quality and safety of care the service provided. People who used the service and their representatives were asked for their views about their care and treatment.

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

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We issued a compliance action following our last inspection in November 2012. This was because we found no evidence to demonstrate that the process of determining that the care and treatment being delivered to people was in their 'best interest'.

Lindhurst Lodge submitted an action plan following our inspection. This detailed the actions they intended to take in order to achieve compliance with this outcome area. In order to check compliance we spoke with people living at the home, visiting relatives, the home manager, the business support manager and four members of staff. We also reviewed care plans and other documentation relating to consent and care to treatment.

At this inspection we found that the home had in place policies and procedures relevant to this standard. These included the Mental Capacity Act Policy and Code of Practice along with the Consent to Care, Support and Treatment Procedures.

Various forms and checklists were available for staff to complete regarding a person's capacity to make decisions. For example, we saw on each person's care file a form that showed that people and/or their relative/advocate had been consulted about such things as care and treatment, care plans and risk assessments, sharing information and photographs taken for identification purposes. People were able to either consent or refuse staff involvement with this. Staff told us that people were able to change at any time any decision that had been previously agreed.

The care plans that we looked at all had consent and decision making documents, which had been signed and dated by the person using the service, where appropriate their relative or advocate and the registered manager.

People told us that they were able to make choices in the way they were cared for. One person told us that they went to bed when they wanted to and got up when they wanted to. People told us that they were able to choose what clothes they wore and what activities

they would like to participate in.

We saw evidence that a person using the service, their relative and the staff had been involved in a 'best interest' meeting. This was to establish whether the person was being deprived of their liberty and if this was a necessary and proportionate response to the likelihood of the person suffering harm.

All the care files we examined focussed on meeting people's needs whilst actively encouraging them to make choices where practicably possible in terms of their day to day needs. Peoples' preferences, likes and dislikes were documented clearly in the care files. We observed staff providing people with choices during the visit as per their individual care plans.

Training records showed a number of care staff (nine) had received combined Mental Capacity Act (MCA) and Deprivation of Liberty Safeguard (DoLS) training. The training matrix also showed that remaining care staff were booked onto this training within the next few months.

Staff that we talked to had a good understanding of their responsibilities in making sure people were cared for in accordance with their preferences and wishes. Staff told us they had been given a copy of an 'easy read' document that had helped them to gain a better understanding of the MCA and DoLS.

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

During this visit, we spoke with people individually in their bedrooms and in the communal areas. We also spoke with two relatives. People told us that they were happy with the way staff cared for them and felt their needs were being met by staff. One person said, "It's good here, I can't fault it, all the staff are nice." Another person told us, "I have a nice bedroom, there's enough staff and I'm very happy here."

One relative told us that staff noticed when their relative was becoming unwell and would arrange for the doctor to visit when needed. The relative said that their family member "looked great and said they felt much better since they started living at the home".

We saw that staff had positive interactions with people. They spoke patiently and kindly whilst offering choices and involving people. People also had positive interactions and communication with each other. Whilst people occasionally remained silent and withdrawn, they were not ignored by staff and appeared to enjoy watching interactions between other people and listening to music that was playing as background noise in the lounge.

During our visit, we found that people were provided with the support they needed when they needed it. We found that staff treated people with respect and in a kind manner. It was clear that staff knew people well and were aware of their individual preferences. People seemed to be relaxed in the company of staff and made positive comments to us about individual staff they could see. We saw people approach staff and engage in conversation, or ask for something and staff responded promptly to requests made by people. Staff also proactively engaged with people in communal area's and with people who chose to remain in their rooms to ensure their care needs' were being met.

We examined three people's care files. All the care files contained good information about the person's biography, physical, medical and personal support needs. They also included people's likes, dislikes and preferences.
All the care files had a range of individual risk assessments. There were clear links between the risk assessments and the care plans. All the care plans were up-dated regularly.

There was evidence in the care files that a range of health care professionals were involved in supporting staff to meet the needs of people as required. The files recorded

information provided by relatives which was reflected in the care plans as appropriate.

People living at the home and staff spoken with said that there was a selection of activities provided to people. A new activities worker had recently been employed who was in the process of finding out what things people wanted to do. Examples of activities on offer were crafts and games, bingo and exercise sessions. Parties for occasions like Christmas and Easter were organised and performers were brought in to entertain people. There were also opportunities for people to go on outings to shopping malls and garden centres.

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

Due to concerns that had been raised by the Local Authority about the standard of cleanliness in the home we carried out a full tour of the home.

We found all areas of the home clean, tidy and hygienic. The business development manager told us that due to the concerns raised by the Local Authority, a full 'infection prevention and control inspection' had been carried out by the Community Matron. All actions that were required following the audit had been completed.

The home had in place comprehensive cleaning schedules that were fully completed and up to date. Staff spoken to were aware of their own responsibilities in making sure the environment was kept clean and hygienic.

We found the home was free from unpleasant odours and furnishings and fittings were dust free.

Hand washing facilities were accessible in most areas of the home and supplies of soap, paper towels and hand gel were readily available. Personal Protective Equipment (PPE) such as disposable aprons and gloves were placed throughout the home.

We saw the laundry had an entrance for dirty washing and an exit for clean washing which helped to prevent and control infections.

Staff training and supervision on infection control was available to staff, however some staff required this to be updated. The business development manager told us that a number of staff had commenced infection control training that involved them working through a booklet, followed by their knowledge being assessed by a tutor. The first group of staff were due to complete this by the end of May 2013.

The staff rota confirmed that there was one cleaner working each day for five hours. There was also a laundry person and a kitchen assistant.

The provider may find it useful to note that due to the size and layout of the building, maintaining a high standard of cleanliness in all areas of the home may be difficult on the present staffing hours.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We issued a compliance action following our last inspection in November 2012. This was because we found that on some days staffing numbers had dropped to two. Staff told us that when there were only two carers on duty they found it difficult to give people the required care and support they needed.

Lindhurst Lodge submitted an action plan following our inspection. This detailed the actions they intended to take in order to achieve compliance with this outcome area. In order to check compliance we undertook informal observations in order to determine if there were sufficient staff to meet the needs of people living at the home. We also spoke with people living at the home, visiting relatives and with the home manager and four members of staff. We also reviewed the staff rota and other documentation relating to staffing levels within the home.

At the time of our inspection there were 18 people living at the home. The home manager together with a senior carer, two carers and a trainee carer were on duty at the time of our inspection. Ancillary staff were also on duty. Our inspection took place during the day and the staffing in place matched that documented within the staffing rota and dependency assessment completed by the home. We saw that staff were visible throughout the home and noted that they spent some one-to-one time with people. We also observed positive communication and interaction between people living at Lindhurst Lodge and the staff working on the day of our inspection. Our observations and conversations with people, visiting relatives and staff confirmed that the staffing numbers in place enabled people's day time needs to be met in a timely way.

People and relatives we spoke with on the day of our inspection were positive about the staff at Lindhurst Lodge. One person stated that the staff were, "very good." One relative said, "staff are lovely, can't fault them at all."

We spoke with four members of staff during our inspection. They reported that the staffing difficulties present at the time of our last inspection had improved and that there were now sufficient staff to meet people's needs.

We spoke with the business development manager about how they assessed and determined that there were sufficient numbers of staff on duty to meet the needs of people living at the home. The business support manager informed us that the number of staff in

place was based upon the needs and number of people resident within the home. They said that dependency assessments were undertaken on a monthly basis for both day and night shifts and talked through and provided documents to illustrate how this was calculated.

Assessing and monitoring the quality of service provision ✔ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We spoke with people using the service but their feedback did not relate to this standard.

On the day of the inspection the manager had only been in post for three weeks and was therefore not yet registered with us. The business development manager was available throughout the inspection and assisted us with the inspection process.

We saw evidence that there were some established and other new systems in place to ensure that the internal auditing of the service covered all areas. The manager and business support manager audited areas of the service, which included medication, complaints, accidents, staff training, care files, health and safety and premises. From the audits improvement actions were identified by the manager and an action plan was put in place to achieve compliance.

We looked at a sample of the services policies and procedures. We found the policies and procedures to be detailed, clearly written and easy to understand. The business support manager had a checklist which showed when each policy was due to be reviewed and updated.

A complaints procedure was in place so that people could voice any concerns. People using the service and relatives spoken with said that they had no worries or concerns, but if they did they would be able to talk to staff or the manager. Everyone spoken with said that staff would listen to them.

We saw that the service had recently sent out a 'Quality Assurance Questionnaire'. Questionnaires had been sent out to people using the service, relatives and advocates, professionals and staff. People had been asked their opinions on such things as care and management. When the forms were returned the information provided had been collated and a report completed that showed the action the provider would take in response to what people said.

We looked at a selection of the forms and found that a high majority of people had commented positively in relation to the care, support, treatment and environment at Lindhurst Lodge. One key issue raised from people's comments was in relation to the

general need for the refurbishment of the building. We saw evidence that the provider had a plan in place for the upgrading of the premises.

Resident/Relative meetings had not been held at the home recently. The newly appointed manager said she would be arranging for these to be held regularly. People using the service and relatives that we spoke with told us they were able to talk to the manager and the staff about their views and suggestions at any time.

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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