

Review of compliance

The Salvation Army Social Work Trust Lyndon House

Region:	East
Location address:	2 High Street Sandridge St.Albans Hertfordshire AL4 9DH
Type of service:	Care home service without nursing
Publication date:	June 2011
Overview of the service:	Lyndon House is a service location of the Salvation Army Social Work Trust. It provides care and accommodation for up to 32 predominantly older people with varying levels of need, excluding nursing care.

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

What we found overall

We found that Lyndon House was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we suggested that some improvements were made.

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

Why we carried out this review

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

How we carried out this review

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

What people told us

The people who live in Lyndon House that we spoke to on the telephone on the 12 April 2011 told us that they feel their care workers respect their privacy and dignity, that they are listened to and that what they say is then taken notice of and acted upon. They confirmed that they were asked about how they would like their care provided and they said that they felt able to make decisions about their care; for example what time they would like to get up in the morning or go to bed at night and whether or not they wanted to take part in activities. They said that they felt very comfortable about discussing their care needs and how they are met with both the care staff and management of the home. Everyone that we spoke to said that the standard and responsiveness of the care they experienced was good.

When we asked some of the people we spoke to about how long they have lived in Lyndon House, how they came to be living there and the process they went through in making their decision, they told us that they had been able to visit beforehand if they wanted to and that they had been given all the information they needed. One of the people we spoke to said that the reality had 'exceeded' their expectations.

People who live in Lyndon House told us that they were encouraged to do as much for themselves as they felt able to, which maintained their skills and independence.

When we spoke to some of the people who live in Lyndon House they told us that the food was, as one person put it; "problematic". Recurrent themes were of lack of variety and what was said to be poor quality of the meat provided. On the other hand, other people we spoke to said the food was satisfactory or even good and one person commented on the introduction of curries and sweet and sour dishes onto the menu as being positive.

All of the people we spoke to, including relatives of people living in Lyndon House told us that the standard of cleanliness in the home was very high. "Spotless and never smells" was one comment.

When we spoke to people living in the home about the numbers of staff on duty they told us that they thought there were times when there were not enough. This was predominantly at week-ends or in the evening and resulted at times in longer than usual delays in call bells being answered.

People confirmed that there are residents' meetings held from time to time and that they feel able to speak to the manager at any time about any concerns they have or to make comments about the routine operation of the home.

What we found about the standards we reviewed and how well Lyndon House was meeting them

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

The provider is compliant with this outcome as people who live in Lyndon House are able to express their views about the way that their care and support is provided and are helped to understand the choices that are available to them.

- Overall, we found that Lyndon House was meeting this essential standard.

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

The provider is compliant with this outcome because people who live in Lyndon House are able to participate in decisions about how their care needs are to be met and they are provided with the information, advice and support they require to help them do this.

- Overall, we found that Lyndon House was meeting this essential standard.

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

The provider is compliant with this outcome because people who live in Lyndon House experience effective, personalised and appropriate care that meets their individually assessed needs.

- Overall, we found that Lyndon House was meeting this essential standard.

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

The provider is compliant with this outcome because people who live in Lyndon House are supported to have adequate food and drink and are offered choice that recognises their diverse needs and preferences, including what, when and where they eat. It is important however that staff training in food hygiene is maintained and that the quality and variety of food on offer is consistently satisfactory.

- Overall, we found that Lyndon House was meeting this essential standard.

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

The provider is compliant with this outcome because people who live in Lyndon House are, as far as it is possible to do so, protected from abuse.

- Overall, we found that Lyndon House was meeting this essential standard.

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

The provider is compliant with this outcome because people who live in Lyndon House are protected from infection and live in a clean and hygienic environment, cared for by staff that have been trained in infection control.

- Overall, we found that Lyndon House was meeting this essential standard.

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

Whilst the provider is compliant with this outcome, there have been times when staffing levels have put an additional burden on those staff working at evenings or

week-ends and this may have caused some delay in responding to people living in the home when they use their call bells to attract the attention of care staff.

- Overall, we found that Lyndon House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

The provider is compliant with this outcome because care staff are now supported to provide a high level of care to people who live in Lyndon House. However not all training for care staff has been kept up to date in the past and it is important that this is done in future in order to maintain and enhance the skills and knowledge of care staff.

- Overall, we found that Lyndon House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

The provider is compliant with this outcome because they monitor the quality of the care and support provided to people who live in Lyndon House in order to ensure it remains safe and satisfactory and to identify any areas where it could be improved.

- Overall, we found that Lyndon House was meeting this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report within 10 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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

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

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

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

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

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

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

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

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

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement
The provider is compliant

Our findings
<p>What people who use the service experienced and told us</p> <p>The people who live in Lyndon House that we spoke to on the telephone on 12 April 2011 told us that they feel their care workers respect their privacy and dignity, that they are listened to and that what they say is then taken notice of and acted upon.</p> <p>People we spoke to told us they were asked about how they would like their care provided and they said that they felt able to make decisions about their care; for example what time they would like to get up in the morning or go to bed at night and whether or not they wanted to take part in activities.</p> <p>When we asked some of the people we spoke to about how long they have lived in Lyndon House, how they came to be living there and the process they went through in making their decision, they told us that they had been able to visit beforehand if they wanted to and that they had been given all the information they needed. One of the people we spoke to said that the reality had 'exceeded' their expectations.</p>

Other evidence

When the provider declared themselves non-compliant with this outcome in their transition application, they provided an action plan that set out the steps they were taking to achieve compliance by the end of August 2010. The provider told us in May 2011 that they now have information readily available to people living in Lyndon House about advocacy services and how they can access them.

The provider also told us that there are regular residents' meetings, where people living in Lyndon House can comment on the way the home is run and have an input into decisions about the day to day routine of the home.

When we spoke to people who work at Lyndon House on the telephone in April 2011, they demonstrated a good understanding of the need to provide care in a way that reflects the individual preferences and wishes of the people receiving it.

Our judgement

The provider is compliant with this outcome as people who live in Lyndon House are able to express their views about the way that their care and support is provided and are helped to understand the choices that are available to them.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant

Our findings

What people who use the service experienced and told us

The people who live in Lyndon House that we spoke to on the telephone on 12 April 2011 told us that they felt very comfortable about discussing their care needs and how they are met with both the care staff and management of the home.

Everyone that we spoke to said that the standard and of responsiveness of the care they experienced was good.

Other evidence

When the provider declared themselves non-compliant with this outcome in their transition application, they provided an action plan that set out the steps they were taking to achieve compliance by the end of January 2011. The provider advised us in May 2011 that all care staff have now been given basic information on the core standards of the Mental Capacity Act and deprivation of liberty implications for

people living and working in care services. They also informed us that additional specific training was booked for the 25 May 2011.

The provider told us in April 2011 that people who live in Lyndon House are involved in any review or change to their care that may be necessary and they have access to any of their documentation whenever they wish.

Our judgement

The provider is compliant with this outcome because people who live in Lyndon House are able to participate in decisions about how their care needs are to be met and they are provided with the information, advice and support they require to help them do this.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant

Our findings

What people who use the service experienced and told us

The people who live in Lyndon House that we spoke to on the telephone on 12 April 2011 told us that they received a very high standard of care, they said that they felt they were treated as individuals and that their care reflected that.

People who live in Lyndon House told us that they were fully involved in their care, both in its planning and execution and that they were encouraged to do as much for themselves as they felt able to, which maintained their skills and independence.

Other evidence

When we spoke to people who work at Lyndon House on the telephone in April 2011, they said that they wanted to help the people they provide care for to be as involved in their care as possible, one person said that the “important thing is to listen to what they say”.

When the provider declared themselves non-compliant with this outcome in their transition application, they provided an action plan that set out the steps they were taking to achieve compliance by the end of January 2011.

The provider told us in May 2011 that training for care staff in end of life care and symptom control is set up for 28 September 2011. They also said that they have excellent links with the local nurse practitioner and district nursing team who work very closely with any people living in Lyndon House who require palliative care.

The provider told us in April 2011 that the structure of the care plans for people who live in Lyndon House is based on their assessed needs and the persons' choices. They told us that people who live in Lyndon House are able to select the GP Surgery of their choice and that GP's review their care regularly .

People who live in Lyndon House have a nominated keyworker who reviews the care plan monthly unless there is a need to do so sooner. People are part of any review or change to care that may be necessary. The plan is signed by the individual or their representative to indicate that they agree with its contents. They have access to any of their documentation whenever they wish and for those who are sight impaired, staff complete the plan along with them and share it as they write.

People also have a daily diary which is completed as required along with a daily record book which logs the general day to day issues and specific changes. These are completed by staff on each shift. Significant changes are updated in the care plan

Our judgement

The provider is compliant with this outcome because people who live in Lyndon House experience effective, personalised and appropriate care that meets their individually assessed needs.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant

Our findings

What people who use the service experienced and told us

Some of the people who live in Lyndon House that we spoke to on the telephone on 12 April 2011 told us that the food was, as one person put it; “problematic”. Recurrent themes were of lack of variety and what was said to be poor quality of the meat provided. Other people we spoke to said the food was satisfactory or even good and one person commented on the introduction of curries and sweet and sour dishes onto the menu as being positive.

Other evidence

When the provider declared themselves non-compliant with this outcome in their transition application, they provided an action plan that set out the steps they were taking to achieve compliance by the end of January 2011.

The provider told us in May 2011 that the manager of the home is trained in the use of a recognised nutritional assessment tool and that each persons individual nutritional requirements are detailed in their care plans, including where there are specific dietary requirements for example diabetic, vegetarian or gluten free or where the use of food supplements has been prescribed.

When we spoke to the manager of the home in April 2011 they told us that the

issues raised by people about the quality and variety of food would be discussed with them and would involve the catering company for the home, this should ensure that any concerns are identified and addressed.

When we spoke to people who work at Lyndon House in April 2011 they were not all up to date with their food hygiene training. When this was discussed with the manager of the home they informed us that all new staff received food hygiene training on the 20 April 2011 and that further training is planned for September 2011.

Our judgement

The provider is complaint with this outcome because people who live in Lyndon House are supported to have adequate food and drink and are offered choice that recognises their diverse needs and preferences, including what, when and where they eat. It is important however that staff training in food hygiene is maintained and that the quality and variety of food on offer is consistently satisfactory.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant

Our findings

What people who use the service experienced and told us

We did not specifically speak to people who live in Lyndon House, or to their advocates or relatives, about safeguarding people who use services from abuse. However, this was certainly not raised as a concern when we did speak to them on the phone on 12 April 2011, indeed they all told us that they felt very well cared for.

Other evidence

When the provider declared themselves non-compliant with this outcome in their transition application, they provided an action plan that set out the steps they were taking to achieve compliance by the end of January 2011.

The provider told us in April 2011 that the home manager is a qualified safeguarding trainer and that all staff have received training on types of abuse and how to recognise signs and symptoms. We were also informed that training for care staff is booked for August 2011 on dementia and the management of challenging behaviour.

They told us that the Salvation Army Handbook of Employment details the

"Whistleblowing Policy" so that staff can raise any concerns confidentially outside the home if they want to, they also have a copy of the summary of Hertfordshire Safeguarding Adults from Abuse Procedure and access to the full procedure.

We were advised that people who live in the home are made aware of who they can contact should they have any issues or concerns.

Our judgement

The provider is compliant with this outcome because people who live in Lyndon House are, as far as it is possible to do so, protected from abuse.

Outcome 8: Cleanliness and infection control

What the outcome says

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

What we found

Our judgement
The provider is compliant

Our findings
<p>What people who use the service experienced and told us</p> <p>The people who live in Lyndon House and their relatives that we spoke to on the telephone on the 12 April 2011 told us that the standard of cleanliness in the home was very high. “Spotless and never smells” was one comment.</p> <p>Other evidence</p> <p>When the provider declared themselves non-compliant with this outcome in their transition application, they provided an action plan that set out the steps they were taking to achieve compliance by the end of December 2010.</p> <p>In May the provider advised us that they have appointed one care manager as infection control lead in the home. They told us that there is a detailed infection control information folder maintained in the home that staff make use of and that all staff have received training in infection control. These actions should ensure that care staff are aware of infection control risks and the action to be taken to minimise them and protect people living in the home from acquiring infections where that can be avoided.</p> <p>Our judgement</p>

The provider is compliant with this outcome because people who live in Lyndon House are protected from infection and live in a clean and hygienic environment, cared for by staff that have been trained in infection control.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant

Our findings

What people who use the service experienced and told us

Some of the people who live in Lyndon House and their relatives that we spoke to on the telephone on the 12 April 2011 told us that they thought there were times when there were not enough staff on duty. This was predominantly at week-ends or in the evening and resulted at times in longer than usual delays in call bells being answered.

Other evidence

The provider declared themselves compliant with this outcome area in their transition application of August 2010 and advised us in April 2011 that they felt their staffing levels were adequate.

When we spoke to people who work in Lyndon House in April 2011 some of them said that staffing levels were 'OK', whilst others thought there were times when staffing levels were not sufficient. Staff stated that shortage of staff were mainly in the evenings.

We were told by the manager in May 2011 that six new care staff have been

recruited, some of whom have already had their initial training whilst the remainder are expected to start as soon as the necessary recruitment checks have been completed. The manager felt that this will ease any occasional pressure on staffing.

Our judgement

Whilst the provider is compliant with this outcome, there have been times when staffing levels have put an additional burden on those staff working at evenings or week-ends and this may have caused some delay in responding to people living in the home when they use their call bells to attract the attention of care staff.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement
The provider is compliant

Our findings
<p>What people who use the service experienced and told us</p> <p>Whilst the provider is compliant with this outcome, there have been times when staffing levels have put an additional burden on those staff working at evenings or week-ends and this may have caused some delay in responding to people living in the home when they use their call bells to attract the attention of care staff.</p> <p>Other evidence</p> <p>The provider declared themselves compliant with this outcome in their transition application of August 2010. This was in line with the information held at that time by the Care Quality Commission and no information of concern about this outcome has been received since.</p> <p>When we spoke to people who work in Lyndon House in April 2011 they all confirmed that they receive regular supervision support and they told us that they feel able to approach the manager or senior staff at any time they have concerns or queries. In April the provider stated that all shifts are led by a care manager who allocates tasks to ensure that the staff are utilised to their best.</p> <p>New staff receive weekly supervision, more established staff are supervised 4 to 6</p>

weekly unless it is felt that they need more. Staff know that they can ask for a supervision session at any time. All staff sign a supervision agreement which outlines the purpose, scope and structure of sessions with provision to discuss residents as they are seen from that particular carers perspective.

Care managers are supervised monthly and there is a management meeting weekly. Managers are supervised monthly and appraisals for all staff are held yearly. There are staff meetings every 2 to 3 months for all staff groups.

When we spoke to people who work in Lyndon House in April 2011 and when we spoke to the acting manager of the home in May 2011 we were told whilst some training had not in the past always been kept up to date, training needs for all staff had now been reviewed and that where new training or updates and refresher training were required, this had either been undertaken or was booked.

Our judgement

The provider is compliant with this outcome because care staff are now supported to provide a high level of care to people who live in Lyndon House. However not all training for care staff has been kept up to date in the past and it is important that this is done in future in order to maintain and enhance the skills and knowledge of care staff.

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

Our findings

What people who use the service experienced and told us

The people who live in Lyndon House that we spoke to on the telephone on the 12 April 2011 told us that there are residents' meetings held from time to time and that they feel able to speak to the manager at any time about any concerns they have or to make comments about the routine operation of the home.

Other evidence

The people who live in Lyndon House that we spoke to on the telephone on the 12 April 2011 told us that there are residents' meetings held from time to time and that they feel able to speak to the manager at any time about any concerns they have or to make comments about the routine operation of the home.

Our judgement

The provider is compliant with this outcome because they monitor the quality of the care and support provided to people who live in Lyndon House in order to ensure it

remains safe and satisfactory and to identify any areas where it could be improved.

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.	22	13
	Why we have concerns: Whilst the provider is compliant with this outcome, there have been times when staffing levels have put an additional burden on those staff working at evenings or week-ends and this may have caused some delay in responding to people living in the home when they use their call bells to attract the attention of care staff.	
Accommodation for persons who require nursing or personal care.	23	14
	Why we have concerns: The provider is compliant with this outcome because care staff are now supported to provide a high level of care to people who live in Lyndon House. However not all training for care staff has been kept up to date in the past and it is important that this is done in future in order to maintain and enhance the skills and knowledge of care staff.	

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 10 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

Document purpose	Review of compliance report
Author	Care Quality Commission
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