Inspection Report

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

Lyndon House

2 High Street, Sandridge, St Albans, AL4 9DH

Tel: 01727851050

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
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
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	The Salvation Army Social Work Trust
Registered Manager	Mrs. Sabbishi Concagh
Overview of the service	The Salvation Army Social Work Trust is registered to provide accomodation and personal care for up to 32 people at Lyndon House.
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 checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

During our visit, on 26 November 2012, we spoke with nine people who lived at Lyndon House, visitors and staff.

The people we spoke with were all positive about the service and the staff who supported them. People told us that the staff were kind and caring. One person told us that the staff "do things for you" and gave an example of the extra lengths a member of staff had gone to. They said they liked "the freedom" the service provided, enabling them to do what they wanted. Another person, who liked to spend time in their room, told us it was "wonderful" and like ' living in my own flat'. We noted that there was a varied activity programme and people felt free to choose what to take part in. For some people the spiritual aspects of this service and the availability of a chaplain was very important to them. One person told us the best thing about the service was the "good atmosphere".

People confirmed that staff treated them with respect and dignity. Individuals' commented on their appreciation of the cleanliness and decoration of the service and their ability to add their own possessions and furnishings to their rooms. People commented on the freshly ironed bed linen and ironed clothing, which all added to their feelings of dignity.

We confirmed that people had good access to community health services.

The provider needed to take action to review some of the health and safety checks being carried out to ensure people's safety.

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 25 January 2013, 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.

Reasons for our judgement

We identified that people were able to express their views and be involved in making decisions about their care and treatment. One person confirmed that they had been visited in hospital by staff, from the service, to assess their needs before coming to stay at Lyndon House. They had been involved in the decision to move in and their care plan provided evidence that their personal, emotional and social needs had been included in their plan of care. The plan of care reflected their own personal story, feelings and aspirations. They had signed their care records as confirmation of the discussions that had taken place with staff. One person we spoke with told us it was like living in their own flat and they were very pleased with the service and approach of staff.

We observed that people were supported in exercising their independence and community involvement. During our visit we noted that people had an activity plan for the month and were choosing which sessions to attend. Lyndon House had an active friends group who come in from the community to support activities and involvement with the people who live there. On the day we visited there had been a morning service, which people were free to attend, a 'knitting and natter' group and a music session. In the afternoon a group of people were going out to see the Christmas lights at a nearby garden centre. One person commented on the number of lounges available and that there was a library shelf in each one of them. We noted that people were able to make requests and choose their own books when the mobile library visited. Information about advocacy services was also available should people need additional support.

The people we spoke with told us that they were treated with dignity and their individuality was respected. They told us that staff understood their needs and respected them as individuals. People felt free to do what they wished and had been able to add their own person possessions and furnishings to their bedrooms to make it their own.

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

We noted from our review of care records and discussions with the people living at Lyndon House that their needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Risk assessments had been recorded where concerns had been identified, in relation to preventing falls and pressure damage to the skin. We noted that pressure reliving equipment had been provided by the community nursing staff where people had been assessed as being at risk. There were systems in place to check the safety of equipment used for mobility and moving and handling. People's moving and handling needs had been assessed so staff had clear guidance to follow. This meant that action had been taken to ensure people's safety and welfare and reflected relevant research and guidance.

Where people were not able to make decisions for themselves we noted the manager had a good understanding of the procedures to follow to ensure people rights were being protected under the Mental Capacity Act and Deprivation of Liberty Safeguards. Details of the discussions and arrangements in place to support people wishes at the end of their lives were available and had been considered with other professionals, such as the person's general practitioner, as part of their care needs review.

We noted that there was a detailed plan in place to enable staff to manage foreseeable emergencies. The information included individual evacuation plans, up to date information for each person, including relative contact details and details for the emergency services.

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

People were provided with a choice of suitable and nutritious food and drink and supported to be able to eat and drink sufficient amounts to meet their needs. The majority of people we spoke with were very happy with the choice and quality of the meals made available to them. There had been a change in the way meals were prepared for people and we noted that the people who lived at Lyndon House and their relatives had been consulted about the new arrangements and invited to taste the options available. We had received a comment prior to our visit that there were concerns regarding the meal system used and the management's response to concerns raised about the introduction of a pre-cooked frozen meal system. It was reported that the nationally operating meals system had been nutritionally assessed. People's individual diets were being catered for as there were diabetic, soft and pureed options available. We noted that staff had recorded the cooking temperatures of the pre-frozen meals, being prepared, to ensure they reached the required safety temperatures and that this had been inspected by an Environmental Health Officer on 05 May 2012. However the provider may wish to note we identified gaps in the records of the food choices served each day, which means there would not be an accurate record of the food served should problems occur that needed to be investigated.

We observed that people had access to drinks and hot drinks were offered throughout the day. Where people had been identified as being at risk of a poor food or fluid intake we noted that staff had been monitoring this and having discussions with community nurses and general practitioners. Staff had used a recognised screening tool to identify people at risk of weight loss and people were being weighed according to the level of risk identified. This meant some people had been weighed weekly. We noted that staff had been able to request and take advice from a dietician.

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

We identified that staff had received training on recognising and responding to concerns regarding people's safety and well being. Staff had information available to enable them to refer any concerns to the appropriate authorities under the Hertfordshire safeguarding vulnerable adults procedure. People told us that they felt safe and were confident in the staff who supported them. The manager advised us that she was a moving and handling and adult protection trainer, which meant she could provide staff with regular updates to ensure they worked safely and understood their responsibilities to protect people. Where people had been identified as needing equipment such as bed rails, to prevent them falling, this had been assessed and the equipment provided by the community nurses to ensure it was appropriate and used safely. We have not been notified about any safeguarding concerns in the last year. This meant the people who used 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.

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

The people we spoke with who lived at Lyndon House did not raise any concerns regarding staffing levels. They told us that the staff knew them as individuals; were friendly, approachable and answered their call bells promptly. One person told us that the night staff were very good. We noted that where possible, regular agency staff were being used to cover gaps in the rota. The people we asked confirmed that the staff, including the agency staff, knew how to support their needs. The manager told us that the agency staff would work alongside a permanent member of staff so people were being supported by someone they knew. We were advised that there had been a recent recruitment drive and new staff were due to start once their references and criminal record checks were received.

In addition to the care staff and management team the service has a chaplain who is able to support people and attend to their pastoral needs and activity staff and housekeeping staff. The manager confirmed they were able to adjust staffing levels according to the dependency and needs of the people who lived at Lyndon House. On the day or our visit there was a relaxed unhurried atmosphere. People had received timely attention to their personal care needs which enabled them to follow their own interests or attend the activities being provided.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The staff we spoke with confirmed that they had supervision sessions with senior staff to discuss their practice and training needs. The provider had an appraisal system in place which was in the process of being cascaded down to staff now that the manager had received their own appraisal. The staff we spoke with confirmed that they were able to bring things to the attention of their managers and were listened to and that staff meetings provided further opportunities to discuss how the service was running.

Details of staff training were available. However the provider may wish to note that the organisation's training matrix that enabled managers to plan and monitor training needs, was not currently in use within this service. We were told that the majority of staff had achieved additional national vocational qualifications (NVQ) in care practices. New staff completed an induction and the agency staff we spoke with confirmed they had been orientated to the practices of the service. The agency staff, present on the day of our visit, told us that their agency had provided the manager with details of their recruitment checks, training and experiencing before they came to work at Lyndon House.

Assessing and monitoring the quality of service provision ✖ Action needed

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 not meeting this standard.

The provider had a system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others but this had not picked up gaps in the health and safety checks carried out. This meant the provider was not compliant with Regulation 10 (1)(b).

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 identified that there were various ways for people to give their views and these included surveys for people who used the service, their relatives and professionals such as the community nurses and \general practitioners who provided a service at Lyndon House. The current surveys were being collected and the manager reported a summary of the outcomes and any further action taken to address issues would be made available to people. In addition to this we noted that regular resident meetings were taking place and the manager had started to have meetings with relatives. The minutes we saw were detailed and provided feedback on the action taken. In addition to this the chaplain meets with people individually and provided pastoral support to people who wanted it. This meant that people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We noted that there were clear lines of accountability within the service and at provider level, which meant decisions about care and treatment were made by the appropriate staff at the appropriate level, with the involvement of other health and social care professionals.

Detailed records of accidents and incident had been maintained. We were told that the organisation had a central system for recording accidents and incidents, which enabled reports to be issued identifying any trends, such as accidents occurring at specific times or in similar areas of the service. The manager told us about a post accident review that had led to improvements in the recording of observations following falls. This meant there was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Following our review of accident records we were able to confirm that staff had responded appropriately and we did not identify any incidents the provider would be required to inform us about. Therefore we had no concerns regarding the range or number of incidents recorded on our records.

Information on how to raise concerns or make a complaint was made available to people if needed. We were told that no formal complaints had been received by the service in the

last year. The people we spoke with who lived at Lyndon House did not raise any concerns on the day of our visit. We could see that issues related to people's experience of living at Lyndon House had been discussed at resident meetings so improvements could be made where needed. A member of the friends group told us that they would discuss any issues arising out of the discussion and activity groups, with the manager if needed.

On the day we visited the Salvation Army Assistant Director of Older People's Services was spending time at Lyndon House, supporting staff to introduce a new care plan format and monitor the quality of the service. We were also provided with details of the monthly visits, conducted by senior representatives of the organisation, to meet with the people who lived at Lyndon House; monitor the quality of the service and ensure the required health and safety checks were being carried out. Following these visits the manager had been provided with actions plans that enabled the organisation to monitor that the required changes had been made. However we noted that the checks on the hot water systems did not cover all area of the service, including high risk areas such as the bath water temperatures. We were told that the care staff monitored bath water temperatures each time the bath was used and we saw that there were thermometers available in the bathrooms. However we noted that the staff were not keeping a record of their checks. This meant people could be at risk of accidental scalding if they used the bath independently and the thermostatic mixer valves failed. We observed that the windows above ground floor level were restricted to prevent accidents but noted that regular checks to ensure the mechanisms remained effective were not being recorded. We noted that there was an audit in place to ensure the safe management of medicines. We asked to see the infection control audit and were told it had been completed but a copy was not available within the service. We have requested a copy but it had not been made available at the time of writing this report. The organisation also commissioned an annual independent report on the service as part of their quality monitoring processes.

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 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: The provider was not meeting Regulation 10 (1)(b) because staff were not keeping records of regular checks on the hot water temperatures in hight risk areas, such as baths and not recording checks on the maintenance of window restrictors above ground floor level. We judged this to have a minor impact on people who used the service as the manager agreed to take remedial action following our visit.

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 25 January 2013.

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 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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