

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

Beech Lodge DEAF-initely Independent

Beech Lodge, 26-28 Warwick New Road,
Leamington Spa, CV32 5JJ

Tel: 01926337743

Date of Inspection: 23 January 2014

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2014

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

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Management of medicines	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✓	Met this standard

Details about this location

Registered Provider	DEAF-initely Independent
Registered Manager	Mr. Timothy Wood
Overview of the service	Beech Lodge and Chestnut Lodge provide care and accommodation to up to 19 deaf younger adults. The home is not registered to provide nursing care.
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 23 January 2014, observed how people were being cared for and talked with carers and / or family members. We talked with staff, reviewed information given to us by the provider and talked with commissioners of services.

What people told us and what we found

We spoke with six people who used the service and asked them their views in relation to the care they received. All the people indicated that they were very satisfied with the quality of care and support given.

We spoke with the parent of one person who told us that, "The care received is excellent. All the staff are caring and compassionate."

We saw that people received their care in a positive and caring manner. We observed interactions between the people who used the service and staff during the day and found there was a relaxed and friendly atmosphere between them.

People were supported to take part in activities that were interesting and stimulating so that they had a meaningful lifestyle. People were able to choose what recreational activities to be involved in. This included gardening, college courses, eating out, going on holiday and swimming.

On the day of our inspection we found the home was clean. Housekeeping staff and support workers understood their responsibilities to prevent and control the spread of infection.

Medication systems were in place and monitored to ensure people received their medicines as prescribed.

Effective recruitment processes were followed when new staff were appointed and appropriate checks carried out before they commenced their new roles. All new staff completed a period of induction and training for their job role.

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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the care records for four people and saw how their care had been provided and managed. The care records we saw recorded people's likes and dislikes and how people wanted to be supported. We saw the care records were reviewed on a regular basis and where a risk or concern had been identified, the records confirmed this had been acted on in a timely manner. This showed that the care was responsive to change, ensuring people's safety and welfare.

The staff we spoke with could tell us about the support people needed in the home and the community, and how to manage complex situations. The staff told us they were confident they had the knowledge and skills to support people. They said they worked closely with other staff to provide consistent support. One member of staff told us, "We work well together to reduce any behaviour. We all know how people want to be supported and what we need to do."

People were encouraged to take part in a variety of hobbies and interests. Activities included a variety of college courses, games nights, outings to pubs and clubs and swimming for people who had those interests. A timetable showed a busy schedule of college activities. One person had supported employment. All people signed with showed satisfaction with their variety of activities and social life.

People had assessments of risk which recorded the number of staff needed to support each person in the community to keep them safe. Staff confirmed that people were able to choose their activities and staffing was arranged flexibly to accommodate people's choice and agreed safe support in the community.

We saw that staff had a kind and caring approach towards people they supported. People looked happy, comfortable and relaxed in their home. We saw information about the support people needed had been recorded in their care records. One person told us, "I like to keep busy and I like being out in the garden keeping it looking nice." This meant the

care records reflected the support people wanted and needed to keep safe.

All staff that work at the service were seen to be proficient in sign language. A staff member told us that 'touch signing' was required for one person. We saw support staff communicated clearly and sympathetically, to make themselves understood, and also to understand the person.

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

We were shown around Beech Lodge and Chestnut Lodge by a member of staff. We looked at kitchens, shared lounges, bathrooms, some people's bedrooms and the laundries. We found all areas were clean and well maintained.

There were effective systems in place to reduce the risk and spread of infection. Housekeeping staff told us that specific cleaning routines were in place to maintain hygiene standards. There was a daily cleaning schedule which was dated and signed by the weekend staff.

We saw food hygiene procedures were in place and food preparation guidelines were followed. Staff confirmed they had received food hygiene training. The home had recently been given a 5 star award by Warwickshire County Council for high standards of food safety management.

We saw that staff checked the temperature of the freezer and fridge every day. The guidance for staff explained the actions they should take if the temperatures were not at the prescribed temperatures. This meant that food was stored appropriately to minimise the risk of deterioration or contamination.

Protective equipment such as gloves and aprons were available for staff to help reduce the risk of infection. There were hand washing facilities available throughout the home. The toilets and bathrooms contained liquid hand wash and paper towels. The use of liquid hand wash and paper towels helps to reduce the risk of cross-contamination.

There were laundry facilities in both houses. We saw each laundry room was well equipped, clean and organised. Each person had an allocated day and times to do their individual laundry. This reduced the risk of cross contamination.

We saw there were different coloured mops, buckets and cloths for cleaning the kitchen and bathrooms. A support worker told us this was to make sure there was no cross contamination.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw medicines were kept safely in a locked cabinet in each house. There was a register of medicines delivered to the home, held in stock and disposed of. We checked four people's tablets and saw that all medicines were properly accounted for. This meant the service could be confident the amount of medication recorded was available in the home.

An audit system was completed daily to identify stock inconsistencies and any administration errors. This meant that people were safeguarded against the risk of not receiving their medicines as prescribed.

The medication administration records (MARs) were completed after each person had taken their medication as required. This meant the service reduced the possibility of mistakes as a record was kept only after medicines had been given. We checked the MAR charts for the four people and found they were all correct.

We saw that a number of people had chosen to look after their own medication. We looked at some of their support plans and found there were suitable checks and risk assessments in place to facilitate this.

The provider may find it useful to note that staff were unable to show us that clear protocols were in place with regards to how medicines, which were prescribed as 'PRN', should be handled and administered. The term PRN is given to a medication which is to be taken 'when required' and is usually prescribed to treat short term or intermittent medical conditions and not to be taken regularly. To ensure the medication is given as intended, a specific plan for administration of PRN medication should be recorded.

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

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The accommodation was provided over two houses, known as Beech Lodge and Chestnut Lodge with bedrooms on three floors. The ground floor accommodation in each house consisted of a number of lounges, kitchen and dining room and conservatory with access to a rear garden. All furniture was of domestic appearance. The kitchen was large and well laid out for safe and easy use by people who used the service as well as by staff.

We found the home had been maintained and decorated for the comfort of the people living there. Aids and adaptations were available around the home to meet the needs of people.

Two people showed us their bedrooms which had been furnished to reflect their personal preferences. The spacious bedrooms had personal possessions, photographs and electrical equipment. There were artwork and craft objects displayed around their bedrooms. One person told us, "I chose all the furniture and the colour for my room." Staff told us the bedrooms had been designed to ensure they were safe and everybody was able to choose how to decorate their bedroom. We saw the bedrooms had en-suite facilities, which promoted and maintained people's privacy and dignity.

One person told us they helped to maintain the gardens. They told us, "I do the gardening and tidying up." The person showed us their workshop where they kept gardening and woodwork tools. A staff member told us that the person had recently made a bird table for the shared garden. They told us people were consulted about how they wanted the garden to look and were encouraged to spend time outdoors.

The provider carried out health and safety checks to ensure equipment and property was adequately maintained and suitably used. On the day of our visit some repairs were being undertaken to the electrical system. We saw that all necessary checks were carried out to ensure people were safe.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The provider had a staff recruitment policy and procedure in place. We spoke with a recently recruited support worker about the recruitment and training completed for their job role. They told us that the recruitment process consisted of an interview and pre-employment checks on their suitability and qualifications for the role.

The staff member also told us they had received induction training which included shadowing experienced members of staff. They said that the induction included training for safeguarding people, moving and handling and health and safety policies. They said this meant that they had the necessary basic skills to start working in the home.

We reviewed the recruitment files for three staff and found all checks were in place before they started work. These included a minimum of two references, confirmation of qualifications and a check with the disclosures and barring service (DBS). This is a check to assess the suitability of the applicant to work with vulnerable people in receipt of care and treatment. This demonstrated the provider's recruitment process was followed.

During our inspection visit we saw people were confident to approach staff and felt safe in their presence. Staff showed genuine compassion and understood how best to support people. For example, we saw that staff spoke and signed clearly and allowed people to reply at their own pace.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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