

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

## Lifestyles Care & Support Limited - 30 South View

Annfield Plain, Stanley, DH9 7UB

Tel: 01207233649

Date of Inspection: 05 December 2013

Date of Publication:  
December 2013

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✗	Action needed
<b>Safety, availability and suitability of equipment</b>	✗	Action needed
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Lifestyles Care & Support Limited
Registered Manager	Mrs. Tracey Dodds
Overview of the service	Lifestyles Care and Support is registered to provide accommodation for people who require nursing or personal care. Southview provides accommodation for 3 people with learning difficulties. All bedrooms are single occupancy.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 December 2013, 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.

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### What people told us and what we found

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We found that the provider had recently merged with another organisation on the 4th November 2013.

We spoke with all three people who use the service and one relative. Two people said they were satisfied with the service they received. One person told us that they were free to lead a full life and staff knew what they liked and did not like. Another person who had difficulty expressing themselves told us that they liked living at the home.

We saw staff talking compassionately with people and offering reassurance.

People received nutritious food in adequate quantities. People helped themselves to snacks and drinks throughout the day. One person told us, "We are well fed here."

We found that people were being cared for in a clean environment.

Fire equipment was not being checked and fire drills were not being carried out which meant that people were not protected from unsafe or unsuitable equipment.

The provider had recruitment and performance management procedures in place to ensure that people using the service were safe and their needs were met by suitable and qualified staff. One staff member told us, "You have induction records which are signed by your mentor and manager."

People and relatives told us that if they had any complaints they would speak to the manager or staff. One relative said "I would not hesitate to speak up if there was a problem."

At the inspection we found that care records were not always accurate and needed to be reviewed.

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

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 28 January 2014, 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.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We spoke with all three people living at the service and the ones that could express their views freely said that they were able to make their own decisions. One of them said "I am free to come and go as I please." We observed one person returning from a day out and another person had chosen to visit family. People we spoke to said that they were asked what they like and don't like to do and were always asked about decisions that needed to be made. We checked their care records and confirmed that staff had recorded people's likes and dislikes.

We did not see any evidence that people had signed to give consent to their care and treatment, but we saw a best interest meeting that had taken place for one person who lacked capacity to make some decisions. Staff confirmed this when asked. This ensured that actions were taken in the best interests of people when they were unable to consent themselves. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

We spoke to one relative and they told us that their brother/sister sees them regularly. The relative told us, "Staff have the people's best interest at heart.

We saw from training records that staff had completed Mental Capacity Act 2005 (MCA) training and we also saw copies of the consent to care policy with information about people's capacity. The Mental Capacity Act 2005 (MCA) is an act which applies to people who were unable to make all or some decisions for themselves. It promotes and safeguards decision making within a legal framework. The MCA states that every adult must be assumed to have capacity to make decisions unless proved otherwise.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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One out of the three people living at Southview told us that staff asked them about their choices of food on a daily basis and that they received the meals that they had chosen. We were also told that people sometimes go shopping with the staff to choose the food which would be cooked that day. We saw three weeks menus which provided a variety of nutritious food. We observed people helping themselves to drinks and snacks throughout our visit.

One person told us that they sometimes had their meals with the people living at Tynedale (which was a similar property run by the same provider and a few yards away). We observed this practice at the evening meal during our visit. People appeared happy and content in the company of people from the other property.

We observed people coming and going throughout the day and food was made available as required. This showed that meal times were flexible.

We spoke to one relative about the food provided at the home. The relative told us that they were not sure about the food being served but said, "If he/she was not happy, it would slip out and we would know they were not happy."

We could see from the providers care records that other professionals had been involved with people who were at risk of malnutrition and risk assessments and care plans were in place to support people. One person's records showed that nutritional assessments were completed yearly; the last one being February 2013.

The nutrition policy was available for staff to support people in their care and we saw that most staff had completed food hygiene training.

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

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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During the visit we inspected all of the bedrooms, the bathroom, kitchen and communal areas.

We saw weekly cleaning duty rota's for the home which staff had dated and signed. This showed cleaning had taken place in, for example; the lounge area including hoovering and cleaning windows.

People living in the home were supported to keep their own bedrooms clean and tidy. Out of the three bedrooms we visited, two were very clean and tidy and one of them was satisfactory.

The kitchen and communal areas were satisfactory.

Out of the staff files examined we found most of them to contain infection control and health and safety training certificates.

We examined the 'control of substances hazardous to health' (COSHH) file and found that the assessments were out of date. We showed staff this and just after the visit they confirmed that the assessments were now up to date. The provider may find it useful to ensure that COSHH files are reviewed regularly.

The provider had in place an infection control policy and staff had received training. We found that people were being cared for in a clean, hygienic environment and were protected from the risk of infection.

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

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## **Our judgement**

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The provider was not meeting this standard.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

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

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## **Reasons for our judgement**

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We looked at the fire log books and found that fire drills had not taken place since 20th January 2012. This meant that people's safety had been put at risk.

During the inspection we were told that the dining room door could not be closed. We tried to close the door and found that it was hanging off the frame, which meant that people were at risk of harm from the door falling onto them.

We found that the general decoration in the home was in need of some attention, with part finished paint work in places, for example; the communal bathroom.

We saw the provider had systems in place to assess and monitor the quality of the service being provided. These systems were not being followed monthly and the last one which included quality of maintenance was completed in June 2013.

We therefore found that the provider had not taken steps to provide care in an environment that was suitably designed and adequately maintained.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was not meeting this standard.

People were not protected from unsafe or unsuitable equipment.

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

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**Reasons for our judgement**

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Fire equipment and alarms were the main pieces of equipment in use at the time of our inspection. We saw that smoke alarms, fire blankets and extinguishers were situated throughout the building. We also saw information displayed detailing what action was to be taken in the event of a fire.

From records we saw that no fire drills had been recorded as taking place since 20th January 2012. We also saw that fire equipment, for example; fire blankets and extinguishers were last checked in December 2008. We informed the manager during the inspection and indicated that this should be resolved immediately.

The failure to ensure that the firefighting equipment was properly maintained and the lack of fire drills placed the people both using and working in the service at risk. People were not protected from the risk of harm from unsafe or unsuitable equipment.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We looked at the staff files for three people who worked in the home. Each person had completed an application form which included their previous work and educational history.

We saw that each person had provided two references to confirm they were suitable for the roles. Additionally each person had completed a criminal records bureau (CRB) check. These checks helped to ensure the person did not hold a criminal conviction which may have prevented them from working with vulnerable people.

There was also sickness and absence, job description and induction records held on each staff file. We saw that the induction records were signed by staff, a mentor and also by the manager.

When we spoke with the staff they told us the recruitment process they had followed in obtaining employment in the home. This included completing an application form, attending an interview and providing the necessary checks before they started working at the home. This showed that appropriate checks were undertaken before staff began work.

We saw evidence that senior staff had taken swift action when staff were not performing in their job role, for example; when medical records were not completed correctly, there was an investigation and appropriate actions followed.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We checked complaints records on the day of the inspection. This showed that procedures had been followed when complaints had been made.

The complaints policy was seen on file and the manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed.

We spoke to one person's relative and they told us, "I am very happy with the service provided and have nothing bad to say." They also said that staff were very approachable.

We spoke to all three people at the service and asked two of them if they had any complaints. They told us that they were happy and had nothing to complain about. When we asked them if they knew what to do if they did have a complaint they told us they would speak to the manager. One person said, "I am happy here, the staff are good."

We found that people were made aware of the complaints system. This was provided in a format that met their needs.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## Reasons for our judgement

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Three care records were examined during the inspection.

We spoke to four staff members on the day of our visit and found them to be very knowledgeable about the people in their care without the help of documented records.

We found that people's care records contained lots of relevant information on a variety of forms. This made it difficult to find particular information relating to an individual. The manager agreed that the care records were difficult to follow. The home had recently merged with another provider and staff were not sure if care records would change format because of this. The provider should note that records need to be updated and fully reviewed with relevant archiving taking place as soon as possible to ensure that staff can easily access, up to date information on people.

On the notice board at Southview was a risk assessment relating to one of the people now living at a nearby property run by the same provider. The risk assessment should have been on the person's care records and not on the notice board where staff and people living at the home had access to. Staff confirmed that it should not have been there and took it down from the notice board while we were there. Provider should note that any records relating to people, particularly those from other services; should be kept within that person's care file.

People and staff records were stored securely in locked filing cabinets and were easily accessible to staff.

We saw the provider had systems in place to assess and monitor the quality of the service being provided. These systems were not being followed monthly and the last one which included quality of care planning was completed on 4th March 2013.

From care records examined, people's personal records including medical records were not always accurate and fit for purpose.

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	<b>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safety and suitability of premises</b>
	<b>How the regulation was not being met:</b> Fire safety drills had not been carried out since January 2012. The registered person had not ensured that fire safety precautions were being carried out which meant that people were at risk of harm. The registered person had not ensured that adequate maintenance had been carried out at the property. Regulation 15 (1) c and ci
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safety, availability and suitability of equipment</b>
	<b>How the regulation was not being met:</b> The registered person had not ensured that firefighting equipment was properly maintained. This meant that people both using and working in the service were at risk from unsafe or unsuitable equipment. Regulation 16 (1) a

**This section is primarily information for the provider**

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 28 January 2014.

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 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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