

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

Lyndon House

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Date of Inspections: 27 August 2013
22 August 2013

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September 2013

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
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	The Salvation Army Social Work Trust
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

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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

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 22 August 2013 and 27 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We carried out a responsive review of compliance over two days, following the receipt of some concerning information which was sent to The Care Quality Commission. However we found people to be well cared for and people looked happy and relaxed in their surroundings. People were dressed appropriately and we observed people had drinks and snacks provided in the lounges or in their bedrooms. We observed people participating in a number of activities throughout the home.

We observed good staff interaction and people spoke positively about their experiences at Lyndon house. We spoke to staff about safeguarding people from abuse and noted staff were aware of the process should they have any concerns.

We looked at staff supervision and appraisal records and noted that there were some gaps in the frequency of the supervision arrangements and appraisals had not been completed yet for any staff.

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 reviewed the care and support plans for three people who used the service. We found that the care plans contained person centred information and this was specific and detailed and provided enough information to inform care staff about the level and the type of support people required. Care plans were reviewed regularly and the ones we looked at had all been reviewed within the last three months.

We noted that risk assessments had been completed and these were reviewed anytime there was a change to peoples' condition or abilities. We noted that there were processes in place to assess people who had special dietary requirements or people who were at risk of developing pressure areas, and we saw that the peoples' conditions were monitored and the people cared for appropriately. This meant that people's individual care needs had been assessed and people were receiving care and support that was appropriate to their individual needs.

The care plans that we reviewed, all contained current copies of peoples' support plans, all had been reviewed recently and all had risk assessments and risk reductions plans in place. The system of reviewing care plans enabled any changes to be made to the relevant part of the care plan and for that part to be amended. Care plans, and reviews had been signed by people to confirm that they had been involved in agreeing and drawing up their support plans.

All aspects of peoples' lives had been assessed and provided for within the detailed support plan and this enabled people to be cared for in a holistic way, where social, spiritual, and cultural needs could all be met within the home. People received care and support that met their assessed needs and respected their rights.

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 looked at the safeguarding policy documents and the process for raising concerns if staff suspected any kind of abuse. We were shown training records and noted that all but two staff had attended safe guarding training in 2011 and the training matrix records indicated that further safeguarding training had been arranged for various dates in September 2013 and all staff were scheduled to attend one of the sessions.

Staff were able to describe their responsibilities for the safeguarding of vulnerable adults. Staff told us that the home provided good training that enabled them to do their job to a high standard. We noted that the manager and staff had access to a copy of the Hertfordshire safeguarding policy, and noted this was due to be reviewed in September 2013. This demonstrated that Lyndon house had a process in place to comply with local authority arrangements.

There were no current investigations under the Hertfordshire safeguarding policy since our last inspection in November 2012. People who used the service told us the staff were very caring and they felt 'safe' living at Lyndon house.

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

We looked at the staff training records which demonstrated that an in depth induction programme was completed by all staff. There was an on-going training programme that ensured that staff had regular updated training to retain and develop their knowledge. Two of the care staff told us that they "had good training" and it was very informative. This ensured people were been looked after by appropriately trained staff.

Staff told us they received regular supervision and were able to speak to the manager at any time, if they had any concerns. However the manager may wish to note that there were gaps in the frequency of supervision and the appraisal process had not been completed for any staff yet. Although we were shown the planned dates for the Appraisals to be completed.

This meant that although staff had received training appropriate to their role they did not always have the opportunity to discuss their own work related matters in an appropriate environment. We saw minutes of staff meetings where various topics were discussed and people were able to put their views across, and/or discuss any concerns they had. Improvement were required to maintain compliance with this standard.

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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