

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

## North View

Halifax Road, Todmorden, OL14 5QG

Tel: 01706853487

Date of Inspection: 21 November 2012

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December 2012

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

|  |   |                   |
|--|---|-------------------|
| <b>Respecting and involving people who use services</b>          | ✓ | Met this standard |
| <b>Care and welfare of people who use services</b>               | ✓ | Met this standard |
| <b>Safeguarding people who use services from abuse</b>           | ✓ | Met this standard |
| <b>Supporting workers</b>  | ✓ | Met this standard |
| <b>Assessing and monitoring the quality of service provision</b> | ✓ | Met this standard |

## Details about this location

|                         |   |
|-------------------------|---|
| Registered Provider     | Lifetime Opportunities Limited  |
| Registered Manager      | Mrs. Julie Elizabeth Hodgkinson   |
| Overview of the service | The provider for the service is Lifetime Opportunities Limited. The location North View is registered to provide accommodation for up to 5 people who require nursing or personal care. |
| 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 21 November 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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The home provides accommodation for up to five people. At the time of our visit three people were living in the home. We were able to speak with one person who used the services and they told us staff looked after them well. They felt comfortable and safe living at the home. They told us that they are able to spend their time doing activities they enjoy with the support of staff.

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

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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

**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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People who used the service were given appropriate information and support regarding their care or treatment.

We spent time observing care and saw staff encouraging people who live at the home to live as independently as is possible by actively engaging and involving them in daily care routines. We spoke with one staff member on duty and it was clear from our discussions that they knew the people who used the service well.

We looked at the care records for three people who live at the home. We saw that they all contained information about each person's lives, families, friends, interests, hobbies and past medical histories. Information was person centred and included the involvement of the person and or their relative/carer.

If a person did not have the mental capacity to make a decision about their care then staff sought the views of people's relatives in order to gain an insight into what the person may have chosen. For example, in one person's records we saw evidence of best interest decisions agreed following a deprivation of liberty assessment, which included the involvement of their relatives.

Staff told us that wherever possible the same staff team supported people and each person has a key worker. The key worker system meant that all of the people who live at the home had a member of staff who took a specific interest in their care and support.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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

We looked at the care records for three people who live at the home. They detailed people's significant life events, life goals, likes and dislikes and daily routines. This provided valuable information to enable staff to get to know the person. Each care record included, a person centred plan, safety and welfare risk assessments. Care plans were reviewed and up to date. However, care plans did not include the signature of the individual to show that they had been included in the planning of their care. We spoke with the manager regarding this who assured us this will be changed.

We saw a range of risk assessments developed in relation to people's safety and welfare these included, moving and handling, communication, medication regimes, nutrition, using transport, accidents and incidents. Care plans provided the staff with clear guidance on how to meet people's safety and welfare needs. We saw evidence of formal reviews and evaluations of each of the support plans we looked and saw the involvement of the person concerned.

Details of the involvement of other healthcare professionals were documented within the records. For example, appointments with GP's, opticians, hospital and podiatrists. This showed that people who lived at the home had their healthcare needs met.

**People should be protected from abuse and staff should respect their human rights**

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**Our judgement**

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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.

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**Reasons for our judgement**

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The registered care provider has policies and procedures for the protection of vulnerable adults, which included guidance for staff on how to recognise the types of abuse and on what action to take in cases of suspected or actual abuse. We looked at the staff training records and we saw that the staff were up to date with their safeguarding training.

We spoke to one member of the care staff; they were aware of the different forms of abuse and on how to detect signs of abuse. They were also aware of their responsibilities on how to report alleged or suspected abuse in accordance with policies and procedures

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

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### **Our judgement**

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The provider was meeting this standard.

Staff received appropriate professional development.

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### **Reasons for our judgement**

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

The manager told us that the majority of staff were up to date with their mandatory training programmes. This training included basic health and safety, fire, infection control, cultural awareness, medication awareness, dignity and respect, mental capacity, moving and handling. A range of training methods were available to staff, these included E-learning, DVD programmes and attendance at study day events. We also saw evidence of staff's attendances at training events throughout 2012 for example autism awareness, communication, person centred planning and safeguarding.

We spoke with one member of staff who told us that ongoing training opportunities are provided and further professional development was encouraged and discussed at one to one supervision meetings with their manager. They also said that they felt positively supported by their managers and actively involved in the service provided at North View. We looked at one staff personnel file and saw evidence of regular one to one supervisions and staff qualifications retained on file.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

The manager told us that people who lived at the home and or their relatives/carers are continually involved and informed about the service. We spoke with one member of staff who told us that they liaised closely with people's relatives to ensure that they are satisfied with the care provided. We looked at the care records for three people who live at the home and saw that they all included the involvement of the person who lives at the home and or their relatives/carers. The manager told us that they operated an informal open door policy to seek the views of people and or their representatives on the provision of the services. The service had not received any complaints at the time of our inspection.

We saw evidence that the manager completed monthly health and safety audits which include cleaning schedules, accident and incident forms, outstanding training to be completed by staff and first aid boxes. We also saw that the manager audited any damage/repairs or faults with regard to the building and equipment on a monthly basis. The local authority environmental health officer inspected the kitchens in 2012 and awarded five stars the top award for food hygiene.

## 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.

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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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