Inspection Report

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: 11 October 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✗ Action needed
Complaints	✓ Met this standard
Records	✓ 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 five 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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our inspection of the home we were able to speak with one person who lived there and they told us they liked living at North View and they liked the staff. We contacted the relatives of two other people who lived at the home following our inspection to get their views. One person's relative told us 'It's a good place. It's very clean and safe, we know our relative is well looked after. We've never had to complain as we've been able to have a friendly word which had led to things getting sorted. When our relative has spent time with us you can tell they're happy to return. We'd know if things weren't right'. Another person's relative told us they were happy with the care their relative received most of the time. However, they felt the staff who worked at the home needed to be more aware of changes in physical health needs of the people who lived at the home.

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

What we have told the provider to do

We have asked the provider to send us a report by 04 December 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were not asked for their consent and the provider did not act in accordance with their wishes.

Reasons for our judgement

We looked at the care records of two people who lived at the home and saw there were documents in place for the purpose of assessing the person's mental capacity. However, the provider may find it useful to note that for both people these had not been completed. This meant it was not clear if people living at the home were able to consent to the care they received. We spoke with the manager who told us the service had not assessed the mental capacity of any of the four people who lived at the home.

In one of the care records we looked at we saw a document in place within the person's 'Personal health record' which stated they were able to consent to treatment of their oral health, vision, hearing, mobility, emotional well-being, continence and medication. However, the individual concerned had not signed the document.

We asked the manager about Deprivation of Liberty Safeguards (DoLS). This is done if the home needs to make a decision on someone's behalf. They told us the home had made a formal application to the relevant bodies for two people who lived at the home when they had needed to apply for a deprivation of liberty safeguard (DoLS). We were told that 'Best interest' decisions were made for the individuals concerned on both occasions. This showed that the home had suitable arrangements in place to ensure that decisions made for people were made within legal requirements.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

We looked in the care records of two people who lived at the home. We found they contained assessments of people's needs. Following on from this care plans were in place which 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 care plans we looked at.

We saw the care records contained detailed life histories for each client and there was evidence of family involvement at the person's 'person centred planning reviews'. This helped staff to deliver more personalised care to the clients living at the home.

Both people's care records we looked at contained detailed risk assessments. This meant that any risks relating to the environment in which the care was to be supplied or any equipment needed had been assessed and actions put in place to reduce any perceived risks to either the person who lived at the home or the care worker.

We found the records also contained details of the involvement of other healthcare professionals. For example, appointments with GP's, opticians and visits to the hospital. This showed that people who lived at the home had their healthcare needs met.

Management of medicines ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

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

Reasons for our judgement

Appropriate arrangements were not in place in relation to the recording of medicine.

We saw that the service had a medication policy and procedure in place for staff to follow. During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw that each person's medication was stored in a drawer of a locked filing cabinet which was secured to the wall.

We looked at the medication administration records for two people who lived at the home and saw these were printed by the pharmacy who supplied medication to the home. They contained details of any allergies the person had, their GP details and the start date of when their medication was first prescribed.

We also found a file was in place for both people which identified the level of support the person required with their medication. The file contained a medication administration protocol for staff to follow when they administered the person's medication. Both of the files contained each person's medication administration records.

We saw there were gaps on both people's medication administration records where staff were required to sign to say they had given people their medicines. This meant it was not clear if people had received the medication they were prescribed. We brought the errors to the attention of the manager who told us they were unaware there had been omissions in recording medication administration.

We looked at the policy in place regarding errors in the administration of medication. It listed six points of action to be taken by staff on discovering an error had been made. The manager confirmed the policy had not been followed in relation to any of the errors we had seen.

We found evidence of weekly medication stock checks which were to be completed by the manager however; these had not been completed on a weekly basis as required. Dates for

completion were 8 April 2013, 22 May 2013, 16 June 2013 and 25 September 2013. We discussed this with the manager who confirmed the checks had not been completed. The manager provided evidence to show that checks of people's medication had been completed twice per day by staff on duty.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

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

We saw the home had an up to date complaints policy and procedure in place. This was displayed in the kitchen area of the home as well as in each person's bedroom. This explained clearly to people who lived at the home how to complain and included pictorial images to aid their understanding.

We found the home had received one complaint in the 12 month period prior to our inspection. We saw the home manager had responded to the complaint following the guidance of the complaints procedure in place.

Records ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

Records including people's medical records were stored securely and could be located promptly when required.

We looked at the care records of two people who lived at the home and saw they were accurate and included the appropriate risk assessments and care plans in relation to people's care and treatment. We saw that records relevant to the management of the service were stored securely and could be located promptly; this included the care records of people who lived at the home.

We saw that records which required completion by staff were all up to date and filled in correctly. For example we saw records of verbal and email communications from other healthcare professionals about people's care needs within the care records. This meant that people's care records were up to date and reflected their current care and support needs.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

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 04 December 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of 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.

Contact us

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