

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

The Leys

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Date of Inspection: 05 March 2014

Date of Publication: March 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Staffing

✓ Met this standard

Assessing and monitoring the quality of service provision

✓ Met this standard

Details about this location

Registered Provider	Lansdowne Care Services Limited
Registered Manager	Mrs. Sharon Elizabeth Inskip
Overview of the service	The Leys provides personal care and support for up to eight adults with a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Why we carried out this inspection

We carried out this inspection to check whether The Leys had taken action to meet the following essential standards:

- Staffing
- Assessing and monitoring the quality of service provision

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 5 March 2014, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our last scheduled inspection of The Leys in November 2013, we identified non-compliance regarding staffing levels within the home and the impact that this had upon people. We found that staff numbers were not always sufficiently appropriate to enable staff to effectively meet the assessed needs of people. We also found that although the provider had systems in place to monitor quality assurance, and manage risks to the health and well being of people who used the service, that robust documentation was not always maintained to evidence the action that was taken.

We therefore imposed compliance actions and told the provider they needed to make improvements in these areas. On 5 March 2014, we reviewed the action the provider had taken on the non-compliance to ensure this had been addressed effectively.

We found that improvements had been made in respect of the staff ratio within the home, staff rotas showed that three staff were consistently on duty during the day, in accordance with the provider policy. This meant that people were now supported and enabled to undertake activities of choice, because the staff ratio supported this.

We found that the provider had made improvements within their systems and processes, for the recording of actions taken in response to feedback. They had strengthened their internal monitoring system and now had more frequent quality checks undertaken by management, therefore driving future improvement.

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

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

During the course of our inspection in November 2013, we found that there were not always enough qualified, skilled and experienced staff to meet people's needs. This meant that people were at times, restricted in what they could do. We concluded that the staff ratio did not always enable effective staff support for people and therefore placed limitations upon the activities people could undertake. People also felt that the staff numbers were not always sufficient to manage the behaviours of one person effectively.

During our inspection on 5 March 2014, we found that the provider had taken action to address the non-compliance and we found evidence of improvement. We reviewed the staff rotas for the past three months, and saw that there were only four shifts where two staff were on duty, the rest of the shifts had been covered by three staff members, as per the provider guidance. We found that this had enabled people to undertake the activities they wished to do, both during the day and night. For example, we saw that over the Christmas period people had gone to the pantomime and enjoyed a meal out. We were told that people were going to an ice show in Birmingham in the near future. This demonstrated that the increased staffing numbers enabled people to enjoy activities of their choice and have their assessed needs met.

Staff told us that they had seen improvements over the past few months in respect of staffing. One said, "It has definitely improved, I have not been on shift with just two staff for ages. Having three staff is so much better. It means we can do things with people and spend time with them, just talking with them. It's good." Another member of staff said, "There has been an improvement since the last inspection and staffing has been better. With three people on duty, if one spends time with the people who live in the flats, at least we have two in the main house. It would be nice though if we could have another person on duty at times."

We spoke with the registered manager who told us that staffing was now discussed with senior management at regular meetings, and that they would continue to ensure that it was monitored, so that staff numbers did not reduce to their previous levels. The

registered manager said, "We know that one person can be challenging in behaviour so we are keen to make sure that our staff numbers are right." Records showed that staffing and ways to improve this had been discussed in team meetings, so that staff were involved and their suggestions taken on board where possible. For example, a change of shift times had recently been introduced following staff feedback, which staff told us worked better for them and gave them the opportunity to get more involved with the people who lived at The Leys.

We found that recruitment for more staff had taken place and would continue until all posts had been recruited into. Staff told us that the current team was good and that when shifts required covering, which was now less frequent than previously, that relief staff would cover. This meant that the people who lived at The Leys benefitted from having a consistent group of staff supporting them.

Therefore, the changes made by the provider demonstrated that there were enough staff to meet people's needs effectively.

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

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

During the course of our inspection in November 2013, we found that the provider did not have an effective system in place to identify and respond to assessments that monitored the quality of service received. Questionnaires were not easy for people to understand and action plans in response to concerns raised had not been maintained.

During our inspection on 5 March 2014, we found that improvements had been made to the quality assurance systems in place. It was evident that the provider had listened to concerns raised in respect of staffing numbers and we found that this information was now discussed on a regular basis, in staff meetings and manager reviews. We saw evidence of six weekly management meetings taking place and noted that these discussed all aspects of service user care, staffing, environment and anything else of significance. Any action required to be taken, was clearly detailed for all staff to see. This demonstrated that the systems were now in place for the provider to drive future improvements.

The registered manager told us that the forms for completing keyworker sessions had been changed, and that they were waiting for confirmation that these could be used. The changes made were designed to capture people's concerns, comments and feedback in a format that was appropriate to them. This information was intended to be used in conjunction with satisfaction questionnaires, so that the provider could ensure that people were asked for their views about their care and treatment and record that they were acted on.

The changes made by the provider demonstrated that improvements had been made and that the provider now had an effective system to regularly assess and monitor the quality of service that people received.

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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