

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

Downshaw Lodge

Downshaw Road, Ashton Under Lyne, OL7 9QL

Date of Inspection: 27 June 2014

Date of Publication: July 2014

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

Safety, availability and suitability of equipment	✓ Met this standard
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Records	✓ Met this standard
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Details about this location

Registered Provider	Four Seasons (Evedale) Limited
Registered Managers	Mrs Lisa Bradley Miss Alison Louise Chadwick
Overview of the service	Downshaw Lodge is a purpose built, two storey building that accommodates up to 45 people who require personal or nursing care and support.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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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

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

- Safety, availability and suitability of equipment
- Records

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 27 June 2014 and talked with staff.

What people told us and what we found

The inspector last visited the service on 15 April 2014 when it was found some improvements were needed to the service.

The same inspector visited the service on 27 June 2014 to carry out an unannounced follow up inspection to see if the necessary improvements had been made. During our inspection we spoke with the registered manager, one unit manager, the maintenance person and the estates surveyor for the organisation. We looked at a selection of the provider's records, including a sample of people's care records.

The inspection was undertaken by one inspector. This summary addresses five key questions: is the service safe; is the service effective; is the service caring; is the service responsive; and is the service well led?

The full report contains the evidence to support this summary.

Is the service safe?

Systems were in place to monitor people's records and to make sure their needs were being met appropriately and in a timely manner.

Equipment used by people living in the home was being regularly monitored and maintained to make sure it remained safe to use.

Systems used for the safety of people living, working and visiting the home such as the fire alarm was tested and maintained on a regular basis.

Is the service effective?

There were effective systems in place to assess, monitor and regularly evaluate how well the service was operating. Information was available to demonstrate that regular reviews

of care plans and people's assessed needs were carried out. This meant that the management team could make changes to people's support needs quickly and effectively.

Is the service caring?

Records seen during this visit to the service demonstrated that other healthcare professionals such as doctors, speech and language therapists, dieticians and the district nursing service were contacted in a timely manner when people's health needs changed.

Is the service responsive?

The registered manager of the service responded in a timely manner to address the concerns we raised during our last inspection visit to the service in April 2014.

The maintenance person responded in a timely manner when concerns were noted about staff's lack of knowledge around fire zone areas in the home. Laminated signage was placed in the zone areas immediately to address the concerns.

Is the service well led?

Evidence seen during this inspection visit demonstrated that the provider and manager took appropriate action to address the concerns raised during our inspection carried out in April 2014.

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

Safety, availability and suitability of equipment

✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

We did not speak with any people using the service during this visit.

During our visit to Downshaw Lodge we toured most areas of the home accessible to people using the service. We saw that equipment such as hoists, wheelchairs, walking aids and aids and adaptations to bathroom and toilets were all available.

At our last visit to the service in April 2014 the home had been without the support of a maintenance person for a number of months and the manager told us that a person had recently been recruited to the role and was due to start work once all pre-employment checks had been satisfactorily completed.

At this visit it was confirmed that the new maintenance person had been in post for the past two months and all repairs and maintenance checks were now being completed and records were being kept up to date. We had the opportunity to speak with the new maintenance person who also provided us with access to the records of maintenance checks that had been conducted and completed.

Records at our last visit to the service indicated that monthly checks of window restrictors had been completed on 31 January 2014 and details of faults found had been recorded. There was no record to show that any action had been taken to address the fault(s) found and lack of such important information could place both people using the service and staff at risk if such equipment remained faulty.

At this visit we found that the records indicated that monthly checks of window restrictors had been completed and that any faults found had been rectified in a timely manner. This meant that appropriate action had been taken to make sure people using the service and staff were being kept safe and risks to their health and safety were being minimised where possible.

At our last visit to the service in April 2014 there had been no checks of wheelchairs in use since November 2013 and no water temperature checks since the end of January 2014.

Lack of such important checks taking place on a regular basis could place both people using the service and staff at risk.

At this visit we found that records indicated that monthly checks and maintenance of wheelchairs had taken place. Water temperature checks were also taking place and, where necessary, new valves were being fitted to wash hand basins to ensure hot water could not reach temperatures beyond those safe for people to use. This meant that appropriate action had been taken to make sure people using the service and staff were being kept safe and risks to their health and safety were being minimised where possible.

At our last visit to the service in April 2014 we asked staff how often the fire alarm was tested. Those staff spoken with were unsure and stated timescales between once a week to once every month. The manager told us the fire alarm should be tested weekly.

At this visit we found that records indicated that weekly tests of the first alarm system had taken place and some staff had been involved in fire drill training. In our discussions with the maintenance person it was confirmed that further fire drill training was planned for both day and night staff. This meant that appropriate action had been taken to make sure people using the service, staff and visitors were being kept safe and risks to their health and safety were being minimised where possible.

In our discussions with the maintenance person we were told that during a recent fire drill, some staff were unaware of where the fire zone areas in the home were. This meant that both staff and people using the service could be placed at risk should staff not respond to the appropriate zone area in the event of the fire alarm sounding. To minimise the risk of this happening again, the maintenance person had made and placed laminated signs indicating the zone areas in the home.

During our visit to the service the maintenance engineers and estates surveyor for the organisation were also in the home checking equipment and where maintenance repairs were required. This meant that appropriate action was being taken to minimise the risks to people using the service, staff and visitors to the home.

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

We did not speak with any people using the service during this visit.

During our last visit to the service in April 2014 we found that although relevant information was available in care plans, the information was difficult to follow. We found that some staff had become confused about what information should be recorded in daily progress notes and what should be recorded in monthly care plan update records. This meant that information in some care plans appeared incorrect and could confuse staff, especially those new to the service.

During this visit to the service the registered manager told us that since our last visit, the quality team from the organisation had been in Downshaw Lodge over a period of three weeks and provided training with all staff on how to appropriately complete paperwork, care plans and risk assessments. The manager also told us that the Royal College of Nursing (RCN) had agreed to provide further training on 8 July 2014 for all staff on 'defensible documentation'. This training should help staff to understand and re-enforce their accountability for the maintenance of appropriate records in the home.

During our last visit to the service in April 2014 we found that not all records were being appropriately maintained. For example in one care record it was stated that the persons weight should be recorded on a monthly basis, we found there were gaps in the recording of these weights. In another record we found that the Body Mass Index (BMI) and oral assessment had not been completed. Lack of such important information being available meant that staff did not have proper guidance to inform them of the up to date wellbeing of the person using the service.

Since our last visit to the service, improvements had been made to the way in which people's weight was being monitored and recorded. Each week senior staff had the responsibility to inform the manager of the weight and body mass index for each person using the service. This information was then electronically recorded by the manager who was then able to monitor any significant changes in a person's weight and to observe what action senior staff had taken to resolve the matter. This meant that staff should have

proper guidance to inform them of the up to date wellbeing of each person using the service.

During our last visit to the service in April 2014 we found that some care files were inconsistent in the way documentation had been compiled and therefore it was difficult to see if all relevant and required documentation was in place. It was confirmed by the unit manager on the upstairs unit (Sheldon) that it was their intention to review every care file and ensure all documentation was correct, up to date and relevant to the person.

Since our last visit to the service the registered manager told us that all care files had been reviewed and all documentation within those files was now maintained in a consistent manner. We looked at a total of four care files, three on the upstairs unit and one from the downstairs unit. We found significant improvements in the way documentation was now held on each file and in the way in which information had been recorded. There was clear evidence of when care plans had been updated to reflect changes in a person's needs and evidence of regular communication with GP's, hospital consultants, the district nursing service and family member's. This meant that, at the time of this visit to the service, we found that the documentation and records we saw provided staff with proper guidance to inform them of the up to date wellbeing of the person using the service.

We saw that people's personal records were held securely and remained confidential. We saw that records were stored in a secure, accessible way that allowed them to be located by staff when needed.

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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