

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

## Glenmore Trust - 2 Newton Road

2 Newton Road, Penrith, CA11 9FA

Tel: 01228522448

Date of Inspection: 18 January 2014

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Glenmore Trust
Registered Manager	Ms. Janice Herbert
Overview of the service	2 Newton Road is registered to provide care and accommodation for up to 3 people. It offers a short-term respite care service for people who may have a learning disability. The accommodation has suitable adaptations for people who may also have limited mobility, and bedrooms are for single occupancy and are ensuite. It has a convenient location for Penrith town centre. One bed is allocated for emergency use.
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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	6
Care and welfare of people who use services	7
Management of medicines	9
Staffing	10
Supporting workers	11
Complaints	12
<b>About CQC Inspections</b>	13
<b>How we define our judgements</b>	14
<b>Glossary of terms we use in this report</b>	16
<b>Contact us</b>	18

## 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 18 January 2014, checked how people were cared for at each stage of their treatment and care 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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People told us they were happy and that they liked coming to stay at Newton Road. "I like it here and the staff are my friends".

No-one we spoke to raised any concerns about the service.

We saw that the staff in the home treated people with respect. They supported people to be involved in making decisions about their daily lives and in being able to consent to the support they received. We saw that people were relaxed in themselves and interactions with the staff were friendly.

We found that procedures were in place to protect people from the risk of harm. Medication was managed safely and robust systems were used to ensure people received medication as prescribed by their doctor.

There was enough staff on duty to provide a high level of care and support to people. Staff were well trained in subjects pertaining to supporting people who may have complex needs.

There was a complaints procedure in place and any concerns were dealt with as soon as possible.

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

### 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

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

During our visit we were able to speak to all the staff on duty and they told us that before people received any care or treatment they were asked for their consent and they always acted in accordance with their wishes. Where people's understanding was more limited the home involved relatives, professionals and, if necessary, would use independent advocates.

There were some people who had limited verbal communication but we saw that the staff used body language and clear speech as forms of communication. Throughout our visit we saw that the staff in the home treated people with respect and understood that they were able to make decisions about their lives. We saw that on a day to day basis people were frequently asked by staff about choices of drinks and food and if they wanted to go out.

2 Newton Road provided short term respite care for up to three people with a learning disability. Many people had regular periods of respite care which meant staff were familiar with the needs of those they supported. It also ensured they were able to maintain their choice and independence through appropriate personalised care.

Although this service provided short term care the staff showed a good understanding of issues around seeking consent from people. People's files contained details of capacity issues and showed that wherever possible staff supported people to think about important issues and about giving consent. This included recording people's legal status and who should be contacted for certain decisions, such as relatives.

Staff had completed training in adult protection which incorporated The Mental Capacity Act and Deprivation of Liberty Safeguards.

**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 in line with their individual plan of care.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records for the three people living at 2 Newton Road at the time of our inspection and found them to be relevant, informative and up to date. The support plans we examined were set out in different formats using pictures and symbols to make them easier for the person to understand and be involved in planning their care.

As the home provided short stay respite care the manager told us she was responsible for arranging bookings for the respite periods. Contact was made with relatives to confirm the details before the person was admitted and to ensure there was no change in the care needs. However if the manager thought it was necessary a new assessment would be completed before the person came to stay.

Many of the people who used this service had quite complex needs. When we looked at the support documents we saw that there was a support plan in place covering every aspect of the person's life. This guidance ensured staff were able to provide the most suitable level of care and support to those who lived in the home.

We observed staff supporting people and saw warm interaction between the staff and those they supported. We spoke to staff about how they responded to specific health needs that people had such as epilepsy. Staff were able to tell us what they needed to do to promote a person's safety and ensure they received appropriate medical attention if this became necessary. This was in accordance with people's care plans and reviews carried out by other health professionals. All the staff who worked at this service had completed training in the administration of medication specifically used for the treatment of epilepsy.

Any risks to people from the activities they were involved with were assessed and understood by people and the staff who supported them. This meant that the staff knew how to respond to changes in people's health and promote their safety.

Risk assessments were well documented and covered times when people were at home and out in the community. These, like the care plans, were reviewed and updated regularly

particularly if there had been any change in a person's condition or circumstances.

Most people were able to retain the services of their own doctor but the out of hours service was used in emergencies.

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

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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2 Newton Road provided short stay respite care and support to up to three people who had a learning disability, some of whom may also have a physical disability.

Because people only stayed in the home for limited periods of time they brought their prescribed medication with them. Medication was received in boxes and bottles rather than a monitored dosage system. We looked at the procedures for storing, handling and recording medication when it was brought into the home. We saw that safe systems were used to ensure people received the medication they needed at the time they required it.

Medicines were stored in locked medicines cabinet to ensure they were held securely. The cabinet was secured to the wall in the manager's office. All staff who administered medication had completed appropriate training and been assessed as competent to carry out this task.

The manager had put in place a detailed system to record what medicines were received into the home and when. There was also a record of when medication was given to people and a separate record of what medication was taken from the building when people returned home.

We saw that these records were checked by the staff each day to ensure the correct dosage was administered at the right time. The manager also completed a weekly audit which included counting all the tablets held in the cupboard.

At the time of our inspection the home held medicines which were liable to be misused, (controlled drugs). Secure storage facilities were available for these controlled drugs and systems were in place to ensure they were administered and recorded by two members of staff as required by law.

## Staffing

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Everyone we spoke with said that people were well looked after in this home. People told us they liked living at Newton Road and said the staff were "nice". They told us they made choices about their lives including where to spend their time and whether to take part in the activities provided.

Some people who lived in the home were not able to easily express their views about the service. We observed people in communal areas and saw that people were treated with respect and were given choices about their lives. We saw that people were well cared for and were comfortable and confident around the staff working in the home. Throughout our inspection we saw that the staff on duty gave people choices in a way they could understand and gave individuals the time they needed to communicate their wishes.

We discussed the staffing levels with the manager who explained the deployment of staff throughout the day. We also checked copies of the off duty rosters. All the people staying in the home went out to various centres or to work from Monday to Friday but all were free on Saturday and Sunday. When people were in the home there was a minimum of two staff on duty to support those who were in the building. This included first thing in the morning until ten am and after four pm. The manager explained that she always brought in extra staff if the assessed needs of those living in the home were more complex.

To ensure we saw those who were staying in the home we visited on a Saturday morning. We saw that there were three members of staff on duty and a fourth person came in to support one person who had come for day care and support. Many of the staff had worked in the home for a number of years and knew the people who came for respite very well.

We judged that there were sufficient staff to provide a high level of care and support to the people who lived in Newton Road.

**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 in this service were well trained and supported by the organisation and the management so that they were well equipped to deliver good levels of care.

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## **Reasons for our judgement**

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During our visit we were able to speak to all of the staff who were on duty both individually and in a small group.

The staff we spoke to all told us they had received a range of training to give them the skills and knowledge to provide the support people required. All the staff said they were confident people were well cared for in this home. They showed they understood their responsibility to protect people who lived at Manor Road. They told us they would be confident speaking to the manager of the service if they had any concerns about the safety or welfare of a person who lived in the home.

They told us that support was available from Glenmore Trust and that it was a good organisation to work for. All staff were qualified to National Vocational Qualification (NVQ) at levels two and three. They had also completed training in supporting people with a learning disability. They told us that there was always training courses available to them. These included protection of vulnerable adults, the mental capacity act, health and safety, infection control and medication.

Staff confirmed that they had regular supervision meetings with their line manager when they were able to discuss their personal and professional development.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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People we spoke with said they liked living at Newton Road. They told us it was a nice place to live and said they did not have any complaints about the service or the care they received.

The Glenmore Trust, the registered provider for the home, had a formal procedure for receiving and responding to complaints from people who used their services and their families. People could raise concerns with the manager of the home or with a senior person in the organisation who was not directly responsible for the running of the service.

The manager told us that a 'relatives group' met every quarter to meet with her and the staff. This also gave relatives a further opportunity to raise and concerns or complaints they may have. Quality monitoring questionnaires had recently been sent out and the replies we looked at were all very positive. The main issue some people had was if the specific respite period was not readily available. The manager did tell us that she worked as closely as possible with the families to give them their first choice.

We looked at the complaints log and saw there had been no complaints or concerns for over two years.

## 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.

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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

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### Essential standard

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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)

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### Regulated activity

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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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