Care Quality Commission

Inspection Report

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

Beechwood Nursing Home

41-43 Esplanade Road, Scarborough, YO11 2AT Tel: 01723374260

Date of Inspection: 29 August 2014 Date of Publication: October 2014

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

Care and welfare of people who use services	✖ Action needed
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✖ Action needed
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✖ Action needed
Complaints	✓ Met this standard

Details about this location

Registered Provider	Tamby Seeneevassen
Registered Managers	Miss Pauline Marie Bernadette Colclough Mrs Colleen Coral Moore
Overview of the service	Beechwood Nursing Home is registered to provide accommodation to people who require nursing or personal care for up to 32 people. The home is situated in a residential area of the seaside town of Scarborough.The home is fully accessible for those with mobility needs. There are several communal areas for residents to use.
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

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 29 August 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

Two inspectors carried out this inspection. During the inspection, the inspectors focussed on answering five key questions; is the service safe, effective, caring, responsive and well-led?

As part of this inspection we looked at records for five people who used the service. We spoke with the general manager. We spoke with a relative of a person who used the service, several people who used the service and six care staff. We reviewed records relating to the management of the service.

Below is a summary of what we found. The summary describes what people who used the service and staff told us, what we observed and the records we looked at. If you would like to see the evidence that supports our summary please read the full report.

Is the service safe?

We carried out an inspection following information received regarding the failure to report and respond appropriately to a safeguarding incident. During the inspection we found that the systems in place were not effective and required improvement to ensure that safeguarding incidents were responded to appropriately. There was a lack of monitoring and auditing that had resulted in failure to respond to issues within the home. These were being reviewed at the time of our visit.

Staff had a good understanding of how to raise concerns and people who used the service felt safe being supported by staff. We observed that care and support was carried out in a safe way. One staff member told us "I would raise issues with management and I know how to take it higher if I needed to".

There had been some previous staffing level issues but these were being actively addressed within the home to ensure that staffing levels remained at a safe level.

Is the service effective?

People who used the service reported to us that they were given the support they required. We observed that staff were patient and responded to requests for assistance quickly and appropriately. Care needs were recorded in care plan files although these required reviewing to ensure that people's most recent needs were known by all staff. One person who used the service told us "I am happy living here and although there have been lots of changes I can tell that things are being looked at and improving".

There were systems in place for monitoring and auditing all elements of care and management of the home although these were not being used to their full capacity at the time of our visit.

There was an effective complaints system in place and people we spoke with felt able to raise concerns and were confident that these would be dealt with in an appropriate way.

Is the service caring?

We observed throughout our inspection that staff were patient and friendly with people when supporting them. Communication was good and people understood what support was available. People who used the service spoke positively about staff and reported that they felt cared for.

There was a lack of activity and social interaction within the home, but staff responded in a timely way to requests for support with daily living tasks. People were given support where required to eat and drink and this was done in an appropriate way. This ensured that people got enough nutrition and hydration to meet their needs.

Is the service responsive?

Although there were systems in place to gather feedback from staff, residents and relatives in order to lead improvements, these had not been used effectively since the last inspection. Where audits had been carried out these had been responded to appropriately through action planning and allocation of responsibilities to staff to make improvements. However this had not been done consistently across the home and there was a lack of evidence that feedback had been gathered and analysed.

There was a robust complaints system in place and people were aware of how to raise issues. All those we spoke with felt that any complaints would be handled effectively and responses would be appropriate. People felt staff were approachable and keen to make improvements. One relative told us "The staff are very good, they take on a lot".

When any issues had arisen regarding people's needs, evidence showed that appropriate referrals had made to services such as physiotherapy and the dietician.

Is the service well-led?

At the time of our visit there was a new general manager in post and an interim manager that was overseeing the running of the service while recruitment was being undertaken. Some issues had been highlighted with the previous management of the home and the new management team were undertaking work to identify and address the issues that were present.

The provider and the new general manager were keen to ensure that the home made improvements in several areas and staff reported that morale in the home was improving due to the directive management style being used at the time of our inspection. Staff reported that they felt the general manager and interim manager were approachable and were motivated to improve all elements of 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 23 October 2014, 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

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare.

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

People's needs were not always assessed and care and treatment was not always planned and delivered in line with their individual care plan.

As part of the inspection we looked at care plans for people who used the service and observed the care being given during our visit. The atmosphere in the home was relaxed and calm. However, there were no activities happening during our visit and during the initial three hours we spent in the communal areas we did not observe any stimulation or interaction occurring with people who used the service. People were sat silently in the lounge area or in their rooms. There was no music, television or interactive activities offered by staff.

When we spoke with people who used the service they told us that generally they were satisfied with the support they received although there were improvements required in some areas including social and activity opportunities, and the numbers of staff available to assist them with non-vital tasks. One person said "It's okay here and the staff do their best but I think it could be better". Another person said "I am happy living here and although there have been lots of changes I can tell that things are being looked at and improving". A relative told us "I am happy with the care that is being provided".

When in the lounge we observed that one person was distressed and the domestic staff's interaction with the person was reasonable but did not result in any solution being offered. We observed staff moving people using the hoist and this was done with care and patience. However, staff were not present in the lounge most of the time and as a result there was no social interaction. After around two hours a member of staff came into the lounge and put on some music but did not ask any people in the room if they would like this, or what kind of music they would prefer. The music was very loud and did not allow

for any conversation so was turned down by both an inspector and the general manager on entering the room. This did not demonstrate consideration of the needs of people using the communal area.

When walking around the home we observed that some people were sat in their rooms with the radio or television on. We saw that carers were busy during our visit carrying out basic care tasks which did not appear to leave very much spare time to check on people or spend time talking with people. People using the service had complex needs and required a high degree of care.

Although staff were caring and friendly in their approach, there was a lack of staff presence in communal areas for most of the morning. We observed a blind person being assisted into the communal area, but they were not offered any option about where they would be sitting within the room. Two people who had been given drinks by the domestic staff appeared to require prompting or assistance to drink but staff were not present to provide this support which resulted in the people not drinking their drink.

We found a bowel chart in the lounge which did not protect people's privacy and dignity. However, we did note that when people requested to go to the bathroom this was facilitated quickly and in a dignified way. The nurse also demonstrated that they had good knowledge of each individual and their needs including their abilities and skills, areas for support, how they were feeling and when they moved into the home. Staff were also friendly and caring in their approaches to people when providing support. Assistance was given which included instructions and verbalisation of the tasks such as when hoisting someone or assisting them into their wheelchair.

Care plans were in place for everyone in the home. Each person had sections that were specific to their needs. This included personal care, continence, mobility, mental health, skin integrity, breathing, diet and nutrition, social activities, personal safety, physical health medication, religion, privacy and dignity. Although some of the plans we looked at had originally been written in 2012, they had been reviewed every two or three months. This meant that up to date information was available within the files regarding the person's current needs. However, any changes were only noted in the review section, rather than in the care plan itself which meant that it may have been necessary to read the plan and then all the subsequent reviews to ensure that support was being delivered appropriately for the person's current needs.

Care plan files also contained documents including observation charts, risk assessments, a 'hospital passport' (containing basic information for if the person was taken into hospital), details of next of kin, life histories, mental capacity assessments and a record of professional visits. However, not all of these were completed in the files we looked at. Some contained a service user profile which documented areas such as activities and interests, daily routines, spiritual needs and funeral arrangements. Again these were completed to differing degrees throughout the files. When any issues had arisen regarding people's needs, evidence within the files showed that appropriate referrals had made to services such as physiotherapy, dietician and the falls team.

There had been a key worker system in place previously which meant that specific staff were assigned to be responsible for a person's care plan file and reviews, communication with the families and informing nursing staff when external appointments were required. However, due to changes in management and recent changes to staffing this had not been maintained. The general manager explained that the new manager would be looking to

reinstate the system when commencing in the role. One relative told us "I like the key worker system as it has allowed me talk to one nominated person".

There was a system in place for recording accidents and incidents although it was unclear at the time of our visit whether this had been correctly used and we were unable to locate the correct records to confirm this. The general manager explained that this was being addressed as part of the work being done within the home and currently staff were recording any incidents within people's personal care plan files and sharing with the general manager where appropriate. This information was not being collated at the time of our visit.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs.

We looked at the ways that people's nutritional needs were being managed as part of the inspection. Within people's care plan files there was a nutritional assessment. This incorporated people's weights. Catering information had been recorded for each person including religious dietary requirements, allergies, likes and dislikes, consistency of food required and any special requirements. The nutritional assessment included a record of the person's mental state, diet type, swallowing ability, condition of their mouth and condition of their skin. Risk assessments were also in place where required. The provider may wish to note that in one of the files we looked at this risk assessment had been written in January 2013 and had not been reviewed until May 2014. Other files showed that people's weight had been monitored inconsistently so it was not possible to gain a true picture of whether the person had been supported appropriately regarding their weight and diet. We found that there were food and fluid charts in place for some people although the provider may wish to note that these were not being completed consistently at the time of our visit.

The menus were planned by the staff team in conjunction with the kitchen staff. A four weekly rolling menu was in place. The kitchen staff explained that preference was given to the resident's wishes or needs. The cook told us that they were responsible for ordering groceries and had not been restricted so were able to order what was required. People who used the service were given a choice of porridge, cereal, toast or bacon and eggs for breakfast. At lunchtime there was a choice of two different hot meals available and alternatives were also available. Staff asked people prior to the meal which choice they would like. Tea tended to be a lighter option such as sandwiches. Snacks and drinks were also available throughout the night.

There was no information on display in the dining rooms informing people what was to be served. As some of the people who used the service had dementia related conditions, this resulted in some people being confused about what they were having for lunch. People were brought into the dining room from around 1pm. Lunch was served at 1:30pm. One person we spoke with told us "Lunch is getting later and later. As we have tea at 4:30pm, 1:30 is too late". When we spoke with staff they confirmed that lunchtime had become later more recently but were unclear as to the reason for this.

When people were sat at the tables waiting for their lunch, a member of staff offered them some drinks. Two different types of juice were offered but these were both served in coloured jugs. One person was clearly confused when the staff member asked them what they would like to drink and showed them the jugs. This may have been confusing or distressing for someone with a dementia related condition as they were being offered orange juice and blackcurrant juice in green jugs, meaning they were unable to identify what they were being offered.

We observed that where support to eat was required, staff were friendly and patient in offering that support. Staff took their time to make sure that people ate at their own pace, and vocalised the process in order to ensure that the person was aware of what was happening. Several staff members also assisted people in their rooms to eat if this is what they chose. A nurse was administering medication during the meal although sometimes this just consisted of putting the medication in front of people and not having any verbal interaction with the person.

The food looked appetising, and where people required soft or pureed food this had been served appropriately. The portions were appropriate sizes and staff enquired as to whether people had eaten enough and whether they wanted any more. People we spoke with during the mealtime said they were happy with the food and the amounts they received. One person said "I will eat anything, but some people have said to me that it's only alright". Another person said "Staff don't always tell those of us with poor sight when they have given us a drink so you have to feel around for it".

Tea and coffee and biscuits were also served at intervals throughout the day and people could request drinks and snacks if they wished. People had jugs of water or juice in their room.

There were checks in place regarding the fridge and dishwasher temperatures. A weekly, monthly and annual cleaning checklist was in place within the kitchen area and this was up to date. The kitchen was clean and well-ordered and the lunchtime period appeared to be well organised. Meals were served at an appropriate temperature. There was information available within the kitchen regarding the dietary needs of each individual. The cook had attended a course regarding thickened food and demonstrated a good knowledge of who required that diet and how to manage these needs.

Safeguarding people who use services from abuse ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People who used the service were not protected from the risk of abuse because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

People who used the service were not protected from the risk of abuse because the provider had not always taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We looked at this outcome as a result of information received prior to the inspection regarding failure to report safeguarding incidents appropriately. We looked at the safeguarding records that were held in the home which included copies of the notifications raised with the Care Quality Commission (CQC) in line with reporting responsibilities under the current legislation. During the inspection we identified two incidents recorded in people's individual files which would have required notifications to CQC. These had not been noted as being on the system prior to the inspection and no record was present of these notifications being submitted to CQC within the home, or on the system following the inspection.

We were already aware of another incident which had not been reported to any statutory agencies occurring in July which was now being separately investigated. There was evidence that the incident had not been reported or investigated appropriately and no actions had resulted from the incident. This indicated that the previous management were not always dealing with safeguarding incidents appropriately. A further incident had resulted in a staff member being negatively impacted by the incident. As no notification had been submitted, and the records held were minimal it was not possible to evidence whether this incident had been dealt with appropriately either.

When discussing these issues with the general manager it was apparent that there had been no clear process in place previously regarding responsibility for appropriate reporting and referral in potential safeguarding situations. As a result of the on-going investigation this had been identified as an area of issue within the home and the general manager was now looking at how this could be clearly disseminated and monitored within the home.

Staff had undergone safeguarding training at the beginning of August. When we spoke with care staff they showed a clear understanding of the signs of abuse, and what they should do if they suspected or witnessed anything that would be classed as a safeguarding incident. All the staff we spoke with understood the principles and ways to 'whistleblow' about things within the service. This meant that they understood how and who they could report things too. Staff had also demonstrated this appropriately when reporting an incident to CQC. This demonstrated that staff awareness and understanding was good. One staff member told us "I would raise issues with management and I know how to take it higher if I needed to".

There was no central recording of incidents or actions taken following anything happening. The approach to dealing with things prior to the inspection had been inconsistent and this had resulted in some issues being raised and dealt with appropriately and the lack of recording with others making it unclear as to whether they had been handled appropriately. There was a safeguarding policy in place which included information about the process that should be followed when any safeguarding incident or allegation came to light. The general manager informed us that the policy was currently under review and that when updated would be disseminated to all staff to ensure that it was followed appropriately.

When we spoke with people who used the service they told us that they felt safe when being supported. We saw one example of where a person had raised some concerns about a member of staff but it was unclear from the records whether any action had been taken in response to this and the staff member was no longer employed within the service.

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

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

We looked at the staffing levels at the home. The general manager explained that there would normally be one nurse and five carers on duty during the day. Currently an interim manager from another home in the group was completing the rotas. The general manager explained that there had been some issues with sickness within the staff team and that they had identified that this had been managed inconsistently previously but was now being addressed. There were currently four members of staff on long term sick. The general manager explained that the process that was used was that sick notes which were for more than a week of sickness were received by the manager.

There was evidence that sickness levels had not been managed appropriately prior to the inspection and this had sometimes resulted in staffing numbers being lower than was required. However, this had been addressed and the provider had now given permission for agency staff and overtime to be offered where needed.

The rotas were currently being produced one week in advance and the interim manager was developing a system so that this could be done two weeks in advance in future. The system for putting the rota together was being reviewed at the time of our inspection.

When we looked at rotas we saw that there had been some impact on staff numbers due to sickness and absence but that the majority of shifts were covered effectively. This had included cover being provided by nurses and care staff from other homes in the group, including managers who had picked up nursing cover when required. This had meant that there were only a few occasions where the staffing levels were lower than they should have been although this was not sustainable over a long period of time and would potentially be impacting on the other homes that staff usually worked at.

The general manager had identified some issues with some members of staff who required some additional support currently. This was mostly newer staff who were yet to familiarise themselves fully with the routines within the home and each individual's needs. This meant that these staff were unable to work without supervision from more experienced members of staff. There were also vacancies equivalent to 72 hours for night

duties, and 36 hours for day duties. These posts were being recruited to at the time of our visit. The general manager told us that they felt that the home was currently understaffed and they were working to address these issues with the highest priority.

When we spoke with staff most told us that the home did feel somewhat understaffed at the current time but that management were actively looking at this area and had provided support in order for staff to feel that this was being addressed. They reported that they did not feel pressured into picking up extra shifts but were able to do this if they wished. One staff member told us "It has been chaotic".

When we spoke with people who used the service they told us that the staff were busy and always had lots of things to do but that this had not resulted on any negative impact for them in terms of receiving the support they required. One relative told us "The staff are very good, they take on a lot". People we spoke with told us that they felt that the lack of social interaction and activities on offer may have been due to the staffing levels in the home.

Assessing and monitoring the quality of service provision ✖ Action needed

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 not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people received.

We have judged that this has a moderate 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

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. People who used the service, their representatives and staff were not always asked for their views about their care and treatment.

We looked at the ways the service was monitored and quality assured. This included looking at how the comments of people who used the service and staff were used in order to develop and improve the service.

There was a system in place for auditing and reviewing care plans. This had been introduced following the last CQC inspection. However this had only resulted in one care plan file per month being audited and so only a limited amount had been completed. The audits that had been undertaken were thorough and identified actions, what had been completed, who was responsible and when the actions were to be completed by. For those files that had been audited, the actions had been followed up appropriately. However, only a small number had undergone this audit and the majority of files still required auditing. We saw examples of missing information and incomplete documents in the files we looked at which would have been identified and acted upon through being audited but this had not yet occurred.

There was a staff questionnaire in existence but we could not locate any completed copies of this and none of the staff we spoke with could recall completing one. This meant that there was not any evidence that these had been used. We also found some blank resident and relative questionnaires but again could not locate any completed versions so were unable to ascertain if these had been used.

The general manager and other staff reported that there were both staff meetings and resident meetings but we were unable to find any agendas, minutes or notes from these so it was not possible to evidence if these had occurred. When we spoke with people who

used the service they could not recall if there had been any recent resident meetings.

We saw a catering questionnaire that had been completed in 2013 by people who used the service. Some analysis had been carried out of these, but no actions had been recorded so it was not possible to see whether there had been any changes to practice as a result of these being done.

There were files in place for auditing against cleaning and infection control. All the cleaning audits were blank in the file we located although it was unclear whether there were completed audits elsewhere that we had failed to locate. The general manager was unsure if these had been carried out. An infection control audit had been completed in June 2014 which included some actions. These had been done monthly up to June although we were unable to find any more recent ones.

We did not see any personal evacuation plans in place in people's files and it was unclear if these were kept somewhere else separately. As the previous manager was not contactable it was not possible to ascertain where else these and other missing documentation may have been located. This also meant it was not possible to evidence whether the audits were overdue or were just filed elsewhere. The general manager had identified issues with the organisation of files and documents and this had also been made a priority for the incoming manager to address. This would ensure that staff were clear on processes to follow and audits and monitoring would be bought up to date. As a result the manager and general manager would be more able to ensure that priority was given to areas that required it more urgently.

When we spoke with people who used the service they told us that they would be able to raise any feedback with staff and they were confident they would be listened to. All those we spoke with felt that staff were approachable.

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. People were given support by the provider to make a comment or complaint where they needed assistance.

We looked at the way complaints were dealt with within the service. We looked at the folders that were entitled 'complaints' and 'staff concerns' but both of these files were empty. We could not find any written complaints received into the service.

When we spoke with people who used the service they told us that they would speak to staff, the manager or the general manager if they had any concerns and they were confident that these would be dealt with appropriately. Staff also told us that they were confident that if they had any issues they would be listened to and these would be acted upon.

There was some information on display within the home regarding complaints although this required reviewing and updating. There was also a policy in place regarding complaints which included timescales and escalation routes. The general manager explained that this policy was currently under review and when updated would be disseminated to staff, residents and relatives.

We did find some notes in individual files regarding concerns they had raised but these had not been recorded centrally. The general manager explained that they were in the process of putting in a system whereby all complaints and responses would be recorded centrally as well as in people's files so that these could then be analysed and trends and lessons learned could be clearly evidenced and shared with staff and appropriate others when required.

One relative told us "I would feel comfortable raising any issues with the manager". A staff member told us "I haven't taken any complaints to the manager but I would not hesitate and I have done in the past". Another staff member told us "If a resident complained I would let the manager know so that they were able to address the issues".

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 activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: Regulation 9. (1) The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving care that was inappropriate or unsafe by planning and delivery of care that met the service user's individual needs.
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010** **Safeguarding people who use services from abuse**
	How the regulation was not being met: Regulation 11. (1) The registered person had not made suitable arrangements to ensure that service users were safeguarded against the risk of abuse by means of taking reasonable steps to identify the possibility of abuse and preventing it before it occurs, or by responding appropriately to any allegation of abuse.

This section is primarily information for the provider

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: Regulation 10. (1) The registered person had not protected service users and others who may have been at risk of inappropriate or unsafe care by means of an effective operation of systems to regularly assess and monitor the quality of the services provided, to have regard to the comments made, and views expressed by service users. The registered person had not made changes to the care provided in order to reflect information relating to the analysis of incidents that had the potential to result in harm to people using the service. The registered person had not regularly sought the views of service users or those employed for the purposes of carrying on the regulated activity in order to come to an informed view in relation to the standard of care provided.

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 23 October 2014.

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.

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