Inspection Report

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

The Pines

Furze Hill, Hove, BN3 1PA

Date of Inspection: 30 June 2014 Date of Publication: July 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✗ Action needed

Details about this location

Registered Provider	Gracewell Healthcare Limited
Registered Manager	Mrs Debra Jayne McDonald
Overview of the service	The Pines provides personal and nursing care for up to 35 older people.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	6
More information about the provider	6
Our judgements for each standard inspected:	
Respecting and involving people who use services	7
Care and welfare of people who use services	9
Safety and suitability of premises	12
Staffing	13
Assessing and monitoring the quality of service provision	15
Records	17
Information primarily for the provider:	
Action we have told the provider to take	20
About CQC Inspections	21
How we define our judgements	22
Glossary of terms we use in this report	24
Contact us	26

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 30 June 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 and talked with staff.

What people told us and what we found

Our inspection team was made up of one adult social care inspector. We answered our five questions: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

We spoke with six people who used the service. We also spoke with the registered manager, assistant manager, two registered nurses, maintenance worker and three care staff.

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

Is it safe?
People received care from staff who had received the training and knowledge to deliver safe and effective care.

People who used the service spoke positively of the care staff. For example, one person told us, "The care staff are absolutely fantastic."

We looked at recruitment records for four care staff. Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home.

Staff were aware of the requirements of the Mental Capacity Act 2005. Staff had received training and the registered manager demonstrated a sound understanding. Documentation demonstrated that mental capacity assessments had been undertaken but it was found that the assessments were not always based on the assessed needs of people.

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). In order to understand the legislation, staff had completed training which developed their knowledge and understanding of dementia care.

The premises were safe and well maintained. We saw that staff had regularly tested safety equipment such as fire alarms and emergency lighting. Floors and carpets were in good condition, which minimised the risk of people tripping.

Is it effective?
People had their needs assessed and individual care plans were devised. Care plans included detailed information on how best to support the individual and meet their identified care needs.

Care plans were personalised and included information on the person's life history and identity. This allowed for staff to provide care that was personalised and individual to that person.

Systems were in place to monitor, assess and improve the quality of the service. Feedback was regularly obtained from people who used the service.

People received appropriate support from healthcare professionals when required. Examples seen, included referrals to other professionals such as GPs, speech and language therapists (SALT) and the tissue viability nurse.

Daily care documentation was not always accurate or fit for purpose. For example, care staff were not consistently recording when a person had been supported with personal care.

Is it caring?
People were supported by kind and attentive staff.

People looked happy and content in the company of care staff.

People's preferences, interests, aspirations and diverse needs had been recorded. People told us care and support had been provided in accordance with people's wishes.

People were wearing hearing aids, glasses and sturdy footwear. We saw that people had their hair neatly done and people were dressed in accordance to their individual preference and lifestyle choice.

The service employed a dedicated activities co-ordinator who organised daily events. We saw that people were encouraged to participate but could also request activities to engage with.

Is it responsive?
There was a complaints policy and procedure in place if people or their representatives were unhappy, which was monitored by the provider.

We found that the handling of complaints could be improved. For example, one complaint did not clearly document when the complaint was received, who by, the nature of the complaint, timescale and lessons learnt from the complaint.

People and staff told us that they felt happy and confident approaching management with any concerns.

All rooms had call bells to enable people to summon assistance. People who were unable to summon assistance were checked on half hourly or hourly.

Is it well-led?
Throughout our inspection, staff spoke positively about the culture of the service and commented they thought it was well-managed and well-led.

Staff had a clear understanding of why they were there and what their roles and responsibilities were.

Staff had the necessary knowledge, skills and experience to meet the needs of people at all times.

The service had a business continuity policy in place. This made sure that each service had a plan in place to deal with foreseeable emergencies. This reduced the risk of people's care being affected in the event of an emergency such as a gas leak or fire.

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 24 July 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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected

Reasons for our judgement

We found that independence and individuality were promoted within the service.

We spoke with six people who used the service. Everyone we spoke with commented on how their privacy and dignity was respected. One person told us, "After lunch I like to have a sleep. My door is shut and care staff know not to disturb me unless I call for help. They have always respected my privacy." Another person told us, "They always knock before they come into my room."

Care staff demonstrated an understanding of how to promote privacy and dignity. One care staff told us, "When giving personal care, make sure the curtains are closed, check they are comfortable and ensure a towel is covering them." Another care staff told us, "Make sure you knock on the person's door and gain permission to enter. Close the curtains and make sure the door is shut. It's also about not discussing their personal care needs in public." Observations found that care staff demonstrated a clear awareness of the care needs of people. For example, we saw that care staff knocked and gained permission to enter a person's room. The provider may find it useful to note that we observed on one occasion where personal care was taking place and the individual's bedroom door had been left open. The person was in their bathroom but we overheard the conversation and saw a continence pad was on the floor. During the rest of the inspection, we saw that when personal care was taking place the individual's door was always closed.

In the rooms that we viewed, we saw that each person had their own belongings and decorative effects to make them feel at home. We saw that people could bring items of importance such as pictures and ornaments and these were clearly displayed within their rooms. One person showed us with great pride the pictures in their room and furniture they had brought along with them. This demonstrated that the service promoted individuality and took into account people's personal preference.

People's diversity and religious and spiritual needs were respected. We saw that care plans clearly detailed the person's likes, dislikes, personal preference along with religious and spiritual needs. For example, one person had clearly expressed their wish to see a

priest regularly. Another person had clearly expressed their wish to see a reverend. On the day of the inspection, we saw that Holy Communion was taking place. This demonstrated that people's religious and cultural needs were respected and upheld.

We saw that care plans contained details on the person's values, beliefs and feelings. This included information which was important to them. For example one person enjoyed spending time watching television and talking to staff. We observed throughout the day that staff turned the television on for this person in the morning and if passing would stop and talk to them. This demonstrated that the service took into account people's personal preference, diversity and likes and dislikes when delivering care and treatment.

During the course of the inspection, we observed the delivery of care and support. We found that care staff called people by their preferred name and interactions were positive. People were content in the presence of care staff and we saw care staff treating people with integrity and respect. The provider may find it useful to note that that we found people's ability to make choices on day to day decisions were limited at times. For example, during lunch time, we saw that some people were given a drink and not asked for their preference or given a choice. For one person who required assistance with their lunch time meal, the member of staff did not inform them what they had for lunch or explain what they were given.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We looked at seven care plans in detail. We saw that before someone moved into the home a pre-admission assessment took place. We saw that people had a comprehensive assessment of their physical and psychological needs. Documentation showed that information to support the pre-admission assessment had been gathered from the individual, next of kin and healthcare professionals involved in their care. This meant that the provider was confident in meeting the care needs of people before they joined the service.

Care plans demonstrated that people were assessed and individual plans of care were developed. We found care plans detailed information on the person's personal care needs; physical wellbeing, diet, allergies and religious and cultural needs. Care plans included an end of life care plan which included information where appropriate; on the person's do not attempt resuscitation (DNAR) and what to do in the event their health deteriorated. This demonstrated that the provider was providing safe and appropriate support through coordinated assessment, planning and delivery.

We saw that care plans were supported by a range of risk assessments. These included assessments for risk of pressure related skin damage that used a recognised tool, the Waterlow score. Poor nutrition screening was assessed using the Malnutrition Universal Screening Tool (MUST). We noted that assessments were updated monthly. Where people had been identified as at risk of malnutrition or weight loss, we saw that staff had referred onto the GP or dietician. For example, one person had scored a MUST score of 3. This meant that they were at significant risk of malnutrition. Documentation confirmed that the person had been referred to the GP and dietician and a food and fluid chart was implemented. This meant that people's care and treatment reflected relevant research and guidance and that risks to people's wellbeing were assessed and managed.

People who were identified as at risk of skin breakdown (pressure damage) had an air mattress (inflatable mattress which could protect people from the risk of pressure damage). Air mattresses should be checked daily to ensure that they are on the correct

setting for the person. Incorrect settings could potentially place people at risk of skin damage or developing pressure sores. We saw that air mattresses were checked daily to ensure they were on the correct setting and we tested samples which were found to be correct. This demonstrated that measures were in place to reduce the risk of people sustaining pressure damage.

Care plans were detailed which enabled care staff to provide personalised care to people. Information in respect to likes, dislikes and care preferences had been recorded. For example, one person had expressed their wish for only female care staff only. During the course of the inspection we saw that only female care staff provided care. This meant that people's preferences, likes and dislikes were respected and maintained.

We saw that people's life histories, including social and family connections were recorded. Care plans included a 'life story'. This included information on the person's childhood, growing up, their education, occupation and activities they enjoyed doing. We found that the information provided gave care staff the knowledge and background of the person and an understanding of their identity. This meant that information was available to provide care that centred on the needs of individual people.

We saw that people who used the service were registered with local GPs and had access to other healthcare professionals. Where people were seen by the Speech and Language Therapist (SALT) or dietician, a care plan had been implemented. For example, one person had been assessed by SALT who recommended that they sit upright and, when being supported with food and fluids to lift their head upright. We saw that this guidance had been incorporated into the person's plan of care. A registered nurse told us, "If we have any concerns we always refer to the dietician, tissue viability, SALT and physiotherapy." This showed that people's physical health needs were monitored and appropriate referrals made to health professionals.

Where people were assessed at risk of weight loss or malnutrition, care staff recorded their daily food and fluid intake. We checked a sample of food and fluid charts. We found the majority to be completed consistently. The provider may find it useful to note that we saw one food and fluid chart that didn't document what the person had for lunch. The chart recorded lunch and a drink but it was not recorded what they had. There was also no documentation to confirm what the person had for supper of whether they refused supper.

We found that people who used the service were offered a range of activities. The service employed a dedicated activities co-ordinator. We observed a game of dominoes in the afternoon, along with people watching Wimbledon. The service had a patio which we saw was enjoyed by people making the most of the sunshine. People we spoke with commented on the activities offered. One person told us, "The activities are very good here." Another person told us, "I enjoy the exercise class every week."

People looked content in the care of staff at The Pines. People were seen wearing hearing aids, glasses and footwear of their choice. A hairdresser visited the home regularly and people commented that they enjoyed having their hair done. Observations of care and delivery found that staff had a good rapport with people and interacted with people in a positive manner.

The Care Quality Commission (CQC) is required by law to monitor the operations of the Deprivation of Liberty Safeguards (DoLS). We found The Pines to be meeting the legal requirements. Training records and staff we spoke with confirmed they had received training on DoLS and demonstrated an understanding of the legal requirements.

We saw training records that showed staff had received training in first aid and fire safety. We noted that the service had clear procedures to follow in the case of an emergency. We found that fire extinguishers were maintained and the provider held a fire safety policy. On each floor of the home was a fire grab bag which included a torch, walkie talkie and information on the needs and level of mobility for each person residing on that floor. We saw that there were adequate first aid facilities throughout the home and the service had a business continuity plan which included information on what to do in the event of a flood or gas leak. This indicated there were arrangements in place to deal with foreseeable emergencies.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service were protected against the risks of unsafe premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

On the day of the inspection we viewed the service and surrounding garden and patio. We observed the décor and carpet to be intact. For people with limited mobility, the home had a lift in place and access to the home was on a level pavement with no steps.

The service employed a dedicated maintenance worker who regularly assessed the environment and monitored for any environmental hazards. We saw that regular checks and audits had been undertaken to make sure that people lived in a safe environment. Every month, we saw that areas of the home were checked, these included lighting, ventilation, cold water temperatures, sky lights, radiators, bed rail checks and furniture. We saw that if anything of concern was identified, appropriate action was taken. This demonstrated that the premises were appropriately monitored and maintained.

The service had a fire test every week. We looked at the fire log which confirmed that at every fire test, all fire alarms were working and all fire doors closed appropriately. Each person had a personal emergency evacuation plan (PEEP) on their file. This showed each person's ability to evacuate the building in the event of an emergency.

On the day of the inspection, we checked 15 calls bells within the service. We found all the call bells to be within working order. All had batteries in and were placed next to the person. The maintenance worker told us, "All call bells are checked monthly or sooner if requested from staff." People we spoke with commented that there had been some difficulties with the call bells but things had now improved. This demonstrated that people who used the service could summon assistance when required.

The provider may find it useful to note that for people living with dementia or with short term memory loss, there was no signs or symbols around to help orientate them. For example, the lounge, dining room and bathrooms were not clearly labelled and people's bedroom doors had very small name signs on that were not clearly visible.

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

People who used the service consistently spoke positively about staff with particular reference to how kind and attentive they were.

We were informed that the morning shift started at 8am. Care staff and registered nurses either worked a long day which consisted of 8am – 8pm or 8am – 2pm. During the morning shift, we saw that two registered nurses were on duty along with six care staff. At 2pm, we saw that the service only had one registered nurse and five care staff. The registered manager told us, "The minimum number of care staff in the morning is six. In the afternoon we can go down to five. We work on the ratio one staff member to five people. If we have someone who has more complex care and requires more time, we will increase the staffing numbers." Other staff included two cleaners, maintenance worker, chef, kitchen assistant, activities coordinator, administrator, laundry and assistant manager.

We looked at a sample of staff rotas which covered a four week period and found sufficient numbers of staff were on duty. We found that consistently there was two registered nurses on duty until 2pm and six care staff. Night shifts consisted of a registered nurse and three care staff.

For continuity of care, we saw that the service had a pool of bank staff that could be utilised in the event of sickness or annual leave. The registered manager told us, "We try not to use agency staff as we want to promote continuity of care but where we cannot cover shifts, we will use them." This demonstrated that the service could respond to expected and unexpected changes in the service, for example to cover sickness, planned absences and emergencies.

We spoke with five members of staff. Staff we spoke with felt that the home was sufficiently staffed. One member of staff told us, "I've never had any concerns over the staffing levels." Another member of staff told us, "There always seems to be care staff that can cover shifts. It's never felt short staffed."

We spoke with six people who used the service. People spoke positively of the number of staff available. One person told us, "No concerns with staffing. When I press my call bell they respond. If they are busy, they come and check I'm ok and ask if it's ok to come back in a couple of minutes." Another person told us, "When I press my call bell they come

pretty quickly."

We found that recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. We looked at four staff files which confirmed that staff had completed an application form, references were obtained, forms of identification were present and a disclosure and barring check had taken place. This showed us that the provider had checked that people had no record of misconduct or crimes that could affect their suitability to work with vulnerable adults.

People received care from staff that had the knowledge, skills and understanding to deliver safe and effective care. Training records we viewed confirmed that staff had receiving training on fire safety; food hygiene, infection control, mental capacity and deprivation of liberty safeguards, manual handling, safeguarding and pressure damage. Staff we spoke with confirmed they had received the necessary training to safely deliver care and treatment. The registered manager told us, "We have an online system which now tells us when a person's training is due. We then give the person a week to complete the training. If they haven't completed the training we won't give them any shifts until the training has been completed." This showed that staff had the skills and training to meet the care needs of people who used the service.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service and their representatives were asked for their views about their care and treatment and they were acted on.

The service obtained feedback from people who used the service. We saw that a yearly survey was sent to people which asked for their feedback on the quality of care. Whether they were treated with dignity and respect and whether they felt involved in their care. The last survey was conducted in February 2014. We saw that 21 people had completed the survey. Feedback was that 90% of people were happy with the care they received. 62% felt that strongly that staff were available when needed and 38% just agreed that staff were available. We saw that the feedback had been reviewed and action points identified. This demonstrated that the service had systems in place to use and record information about the quality of experiences of people who lived at the service.

We saw that staff and 'resident' meetings were held on a regular basis. The purpose of these meetings was to provide an open forum for any concerns and issues to be addressed. We saw that the last resident meeting was held in June 2014 and before that May 2014. We reviewed the minutes from these meetings and found that that people had made suggestions on how the service could be improved. For example, we saw that people suggested more outings and how the menu could be improved. People we spoke with commented on the 'residents' meetings. One person told us, "I go to the resident's meetings. They are very helpful." Staff we spoke with commented that the staff meetings were helpful and allowed them to discuss any issues or problems. This meant that the provider had systems in place to involve people who used the service and staff on the running of the service.

Risk assessments had been completed and included an environmental health and safety assessment. We saw that monthly checks were completed and environmental hazards were monitored. Checks included emergency lighting; ventilation, fire alarms, fire escapes, cold water temperature and emergency torches. This demonstrated that the provider had taken steps to make sure the environment was safe and adequately maintained.

We found incidents and concerns were recorded in a way that allowed for any patterns or any emerging trends to be identified. We saw that the registered manager completed a monthly audit of all incidents and accidents and took appropriate action where required. For example, one person had experienced a high number of falls. Due to the number of falls, we saw that a referral to the falls clinic had been made.

The service had a clear complaints policy in place. This detailed how complaints would be dealt with. The complaints procedure contained timescales so people were informed about how, and when a complaint would be handled and responded to. We saw that the service's last complaint was from May 2014. The provider may find it useful to note that we could not locate how the complaint was received, when, by whom, the nature of the complaint, actions taken, timescale and what has been learnt from the complaint.

Care staff had received supervision and an annual appraisal of their work. This had been used to identify any training needs that they had. One registered nurse told us, "I get regular supervision which I find helpful." A care staff told us, "I get regular supervision but the manager has an open door policy so I can always go to them." This demonstrated that staff received on-going support and supervision from senior management.

The service had received regular quality assurance visits from a representative of the provider. We saw that regular audits were completed which looked at areas such as care records, medication, infection control. Where any issues had been identified the registered manager had an action plan to follow to address these. This showed us that the service had a quality assurance framework in place which monitored, reviewed and evaluated the delivery of care, treatment and support.

Records ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider had not taken steps to ensure that people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records had not always been maintained.

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

We reviewed seven care plans. We also reviewed a sample of daily logs which included turn charts and bed rails checks. For people who were unable to use their call bell we saw that care staff undertook half hourly or hourly checks. We found the recording of these checks to be inconsistent. For example, some staff signed when the check had been completed. Some staff provided a comment about whether the person was asleep, awake, or whether personal care had been given. We asked the registered manager what care staff should be recording. We were informed that if personal care was given, this was where it should have been recorded.

We looked at hourly check charts for five people who required assistance with personal care. Documentation for one person did not reflect whether they had not received personal care or assistance to use the bathroom in over 12 hours or not. Another person's records reflected that they had also not received personal care or assistance in 10 hours. Documentation therefore indicated that personal care had not been recorded or not given during those 12 hours. Therefore placing the person at risk of potential pressure damage. Care staff and people we spoke with confirmed that personal care had been provided but we found that recording did not reflect this. This meant that documentation did not clearly record when care and treatment was delivered, if it was declined or if care staff offered support later in the day.

We looked at seven care plans. Within the care plans we looked at seven risk assessments. Risk assessments are used to calculate and document the measures required to reduce the risk of the person's health and wellbeing deteriorating. Risk assessments included nutrition and moving and handling. We found they were reviewed regularly. We saw that risk assessments included an assessment of need and then detailed on the monthly review the changes to the person's care needs. However, where significant change had occurred, we found that the risk assessment was not updated to reflect the review. For example, one risk assessment for nutrition now recorded that the individual required a pureed diet and assistance with food and fluids. The assessment of

need on the risk assessment did not reflect the changes and recorded that the person was on a normal diet and could independently eat and drink. This meant that information on the risk assessment was not accurate or fit for purpose.

Where people were unable to consent to their care plan we saw that the service completed a mental capacity assessment. We looked at a sample of mental capacity assessments to see if they were in line with legal requirements. One person's assessment, it was recorded that the person had advanced dementia and due to their advanced dementia would be unable to retain information. Looking at the person's care plan we could not see that it was recorded that they had a diagnosis of dementia. We asked the two registered nurses to confirm whether the person had a diagnosis of dementia. The nurses were unable to confirm and also looked in the person's care plan for clarification. On the day of the inspection, the registered manager was unable to confirm whether the person's had a formal diagnosis. Following the inspection we were informed that a diagnosis had been confirmed.

We reviewed the person's care plans. Within the care plan it was recorded that the person had full ability to make decisions. The Mental Capacity Act (MCA) is designed to protect people who can't make decisions for themselves. The assessment of capacity is based initially on the two stage assessment and then the person's ability to retain, weigh up, understand and communicate the decision. We found that the above assessment of capacity recorded that the person could not retain, weigh up or understand the decision due to their advanced dementia. A diagnosis of dementia does not mean that a person is unable to make specific decisions. The capacity assessment should have recorded the measures taken to enable a person to make that decision

Another mental capacity assessment we looked at documented that the person had the ability to make the decision to agree to their care plan. However, it was recorded that a best interest decision was made. Under the Mental Capacity Act 2005, a best interest decision can only be made if a person lacks capacity to make a specific decision. This demonstrated that the assessment of capacity was not completed in line with the requirements of the Mental Capacity Act 2005 (MCA).

We spoke with five members of staff, these included, two registered nurses and three care staff. Staff demonstrated an understanding of the MCA. One member of staff told us, "It's the person's ability to make a specific decision." Another member of staff told us, "It's about whether the person can make a decision." Observations throughout the day saw that staff mainly offered people choices and enabled people to make day to day decisions. One member of staff told us, "I always offer people choices such as would they like a long sleeve top or short sleeve top." We found that staff understood the principles of the MCA but issues with recording were found.

Records were kept securely and could be located promptly when needed. People's care records were kept in the nursing office. They were easily accessible to staff when needed, but were difficult for unauthorised people to obtain. Records such as policies and procedures were kept securely in the staff room and staff were able to produce all the records we requested quickly and easily.

We found that the staff rota did not accurately the number of staff working. For example, where staff had gone off sick we could not easily see which staff had covered the shift or whether agency had been used. For example, on the 22 June 2014, the rota reflected that only two care staff had worked the night shift. The registered manager confirmed that an additional bank staff had worked but this was not documented on the rota.

We saw that the service kept records of electrical testing, fire tests and water safety. This meant that the provider kept fit and accurate records in relation to the maintenance and suitability of the premises.

We looked at the service's policies and procedures and saw that the majority had been updated regularly. The manager showed us a wide range of policies and procedures which addressed aspects of the service. Some of the policies focussed on fire and evacuation, management of service user's money, health and safety, complaints and whistleblowing. We noted that all policies were clear and included guidelines and procedures for the staff to follow.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: The provider had not taken steps to ensure that people were protected from the risks of unsafe or inappropriate care and treatment because not all care records were accurate and fit for purpose. Regulation 20

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 24 July 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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.