**Canwick House Care Home**

Hall Drive, Canwick, Lincoln, LN4 2RG  
Tel: 01522522275

Date of Inspection: 11 June 2014  
Date of Publication: July 2014

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

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## Details about this location

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<th>Registered Provider</th>
<th>Mrs C E Paul</th>
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<td>Overview of the service</td>
<td>Canwick House Care Home offers accommodation for up to 22 older men and women. It is situated in the village of Canwick close to the centre of Lincoln. It is registered to care for people who require accommodation for persons who require personal care.</td>
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<tr>
<td>Type of service</td>
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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 11 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, talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services. We reviewed information sent to us by other regulators or the Department of Health.

What people told us and what we found

The summary is based on our observations during the inspection, speaking with three people who used the service, a relative and two staff who supported them. We also looked at three records in detail and observed care.

We considered the findings of our inspection to answer questions we always ask: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? This is a summary of what we found-

Is the service caring?
We saw how members of staff treated people and we observed care. We saw that care was delivered effectively. When staff delivered care we found that it was provided in a respectful manner. We saw that staff encouraged people to be independent.

When they supported people staff showed patience and we observed that they supported people at the person's own pace.

We spoke with a relative who told us that the home provided care which met their family member’s needs.

We spoke with three people who lived at the home. One person said, "People (staff) bring me things if I need them." Another person reported that, "Always ask me what I want for meals."

Is the service responsive?
We saw that people's individual physical, mental and social care and support needs were assessed and met by staff. This included people's individual choices and preferences as to how they liked to spend their day and receive their care.
We observed that staff responded to people in a positive manner and respected their individual preferences. For example, staff asked people what they would like for lunch and where they wanted to eat their meal.

We observed that staff obtained people's consent before they carried out any care.

People had access to other professionals such as GP and chiropodist's in order to meet their needs.

Is the service safe?
Risk assessments regarding people's care were carried out and measures were in place to minimise these risks.

The home had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards in place. Mental Capacity Act (2005) and Deprivation of Liberty Safeguards are laws which protect people who are unable to make decisions for themselves. At the time of our inspection no one was deprived of their liberty.

We found where people lacked mental capacity their best interests had been considered by staff, however the records did not always specify the areas which the best interest decisions related to.

The service was safe and areas within the home were clean. The home was well maintained therefore not putting people at unnecessary risk. However, there were areas within the home which were not fit for purpose. For example the laundry area and the cellar area which was used for food storage.

When we looked at how medicines were administered to people we found that the processes for recording and storage of medicines were not always followed.

Equipment was properly maintained and suitable for purpose.

Is the service effective?
Our observations found that members of staff knew people's individual health and wellbeing needs. There was a process in place to ensure that staff were aware of people's changing needs.

We observed that staff responded to people's needs in a timely manner. When we spoke with people they told us that they did not have to wait long for staff to attend to them.

Arrangements were in place to ensure that people's physical health needs were met. For example, where people had specific issues with their health, such as the need for oxygen therapy, the care plans included guidance on how to deliver the care.

We found that repositioning charts and records of comfort checks for people who were unable to use their call bells had been completed fully.

Is the service well led?
Staff said that they felt supported and trained to safely do their job. Training plans were in place to ensure that staff had the appropriate skills to meet people's needs.

Quality assurance systems were in place and people were listened to. Staff told us that they felt able to raise issues and that these were acted upon by managers.

We saw...
satisfaction surveys had not been carried out with people who lived at the home and their relatives. We spoke with a relative who told us that they felt able to raise issues and if they needed to complain they would know how to do this.

At the time of our inspection there was not a registered manager in post. The acting manager told us that they had applied to become the registered manager and were awaiting the outcome.

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 12 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

<table>
<thead>
<tr>
<th>Care and welfare of people who use services</th>
<th>Met this standard</th>
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<tr>
<td>People should get safe and appropriate care that meets their needs and supports their rights</td>
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**Our judgement**

The provider was meeting this standard.

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

**Reasons for our judgement**

We spoke with three people. One person said, "They look after me." Another person said, "Well looked after that's all that matters."

We spent time observing how staff interacted with people and found that staff were caring and interacted with people in a positive manner. For example, during our inspection we observed that one person complained of being unwell. The staff member reassured the person and returned later in the morning to check on how the person felt.

During lunchtime we observed that a member of staff offered a person an alternative to the meal they had chosen because they had not eaten their meal. When staff gave people their meal they checked it was what the person wanted.

We spoke with a relative. They told us that Canwick House treated people as individuals. They said that they found the care was flexible so to ensured people's needs were met. For example, if people preferred certain foods, they ensured this was available to them.

We observed people had their own cups. We spoke with a person that told us they preferred a china cup and always had their drink out of a particular cup.

Care plans explained how people liked to communicate, for example, one record said, "Staff to greet xxx with good eye contact when communicating with xxx."

We observed staff supported people to move and saw this was carried out at their own pace and in a safe way. We saw staff provided reassurance and explained what they needed to do. For example, they supported people to move by using equipment such as a hoist. Staff were confident in the use of the equipment and reassured the person as they moved them.
We spoke with staff and they told us that they had the support to provide safe care to people. They said that they had daily handovers to ensure that they were up to date with people’s needs. We looked at the record of handovers and saw it included information about people’s wellbeing and the care that they had received.

We looked at three care plans and saw that they had information about people’s care and personal preferences. For example, one care record said, “Goes to bed at 11.30pm, sometimes later.”

Risk assessments had been carried out to identify specific risks to each individual and care had been planned to manage those risks. For example, risk assessments were in place for areas such as nutrition, skin care and falls.

We saw risk assessments and care plans had been updated on a regular basis and changes made to ensure people received effective care.

The acting manager told us that they had implemented a system for checking those people who were unable to use the call bells, which they called ‘comfort checks’. They told us that each person was checked on a 30 minutes basis and records maintained of these checks. The checks were aimed at ensuring people’s needs were met and that they had access to regular drinks, snacks and care. We looked at two of the records and saw that they had been completed according to the care plan.

The record for comfort checks also included information about when people were repositioned in order to prevent pressure sores. Where this was required we observed that records had been completed.

We saw that staff asked people what they would like for their lunch during the morning of our inspection.

We observed lunchtime and saw that people were given a choice of meals. Staff supported people at lunchtimes. We saw that they provided support at people’s own pace and interacted with them.

People’s health and wellbeing was monitored to ensure that the care they received met their needs. For example, we looked at weight charts and saw they were completed as stated in the care plans.

Records indicated what medical conditions people had and how to treat these. Records also included information about visits by other professionals such as GPs and dieticians and any treatment given.

The provider may find it useful to note we saw in one care plan a person was seen by the GP regarding a poor appetite however there was no record of a nutritional risk assessment having been completed as a result. The person was at risk of not receiving care to meet their needs.

In another care record it stated that a person was a diabetic however, when we looked at the eating and drinking care plan we saw that it did not refer to this. The person was at risk of not receiving the correct care to meet their needs.

We spoke with a visiting professional. They told us that the home was responsive and
consulted with them in a timely manner about people. They said that staff at the home provided appropriate care and carried out care regimes that had been set up by them to support people, for example the care of a wound.

Where people had required admission to hospital or treatment from a GP the records prior to this recorded the person's health and wellbeing.

Body maps were completed where people had wounds or skin problems to support staff to provide treatment correctly.

The provider may find it useful to note that we did not see hospital transfer records in two of the care plans we looked at. These are important if people required admission to hospital to ensure their needs were met.

Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards(DoLs). This is a law protecting people who are unable to make decisions for themselves.

The provider may find it useful to note two of the care records we looked at had not had the care plans signed by people or their representative. This meant it was not clear whether or not people had agreed to their care.

In the same records we saw consent forms for photography and agreement to be checked during the night had not been signed. It was not clear from the records whether people were unable to sign due to their mental capacity or had not been consulted.
Management of medicines

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

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

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

Appropriate arrangements were not in place in relation to the management of medicines.

We looked at the medication administration sheets (MARS) for all of the people who lived at the home for May and June 2014. We saw there were no staff signature gaps in the records indicating that people had received their medicines as required.

When we spoke with a member of staff about the administration of medicines they were able to explain the process, for example, not signing the MARS until the medicines had been taken by the person to ensure records were accurate.

The acting manager told us that the MARS were signed by the senior care staff at each handover, this ensured records were maintained accurately. When we spoke with staff they told us that they thought this system worked well and ensured that people received appropriate medicines.

A code was used to indicate in the record a reason when a person did not have their medicines. For example, 'R' if they refused medicines and 'N' when it was not given because it wasn't required. When we looked at the record we saw that the code was not used consistently. Staff had used 'R' and 'N' to indicate when a person did not have their PRN medicines. (PRN medicines are medicines which are given as and when a person required them, for example pain relief.)

The acting manager told us that the provider had recently changed suppliers of medicines and as a result had a new format and code for the recording of medicines administration. We saw in two people's records that the old codes had been used. The records were not clear as to why medicines had not been given.

An audit of medicines had been carried out by the external provider in March 2014 and issues regarding fridge temperatures and recording when medicines were opened was raised. It was not clear from the record whether these had been addressed.
In one of the care records we looked at we saw that a person had received their medicines in their food. (This is called covert administration and is used when people have difficulty with taking medicines). We observed this had been authorised by the GP, however, when we looked in the medicine administration policy there was no reference to covert medicines and what process should be followed. There was a risk that staff would not be aware of what to do to support a person who required covert medicines. When we spoke with a member of staff they were able to tell us what was required if a person needed covert medicines, for example discussion with the GP and pharmacist.

It was not clear in the record whether or not the person still required covert medicines. The person was at risk of receiving inappropriate care as the manager told us they no longer required this.

Medicines were kept safely. We observed the controlled medicines cupboard was secured in line with legislative requirements. (Controlled medicines are medicines which must be stored and administered according to legal guidelines, The Controlled Drugs (Supervision of Management and Use) Regulations 2006). We looked in the controlled medicines book and saw it was signed and logged according to statutory guidance. When we looked in the controlled medicines cabinet and checked the medicines we found the amount of medicines recorded matched the actual amount of medicines stored.

When we spoke with the acting manager they explained what training staff received to ensure they could safely administer medicines. They said that the training for medicine administration was provided by the external provider. When we spoke with staff they told us that they received yearly training.

We saw that there was a process in place to safely return medicines which were no longer required by people.

When we arrived at the home at 10.15am we observed a medicine round was in progress. We saw the member of staff carrying out the round left the trolley in order to inform the manager that we had arrived. This meant there was a risk unauthorised staff or people could have access to the medicine trolley.

The manager told us that staff should wear a tabard when administering medicines to alert other staff and visitors to the fact they were dealing with medicines and should not be disturbed. We observed that the member of staff was not wearing a tabard. This meant it would not be clear to other staff and visitors that they should not be disturbed.

We observed the lunchtime medicine round. The member of staff carrying out the round wore a tabard to indicate that they should not be disturbed. We saw when they gave people their medicines they checked people’s name and gave them time to take their medicines. They said to one person, "Don't rush take your time." During the medicine round we observed that two members of staff attempted to speak with the staff member who was conducting the medicine round. This could distract the person from their task and result in an error in medicine administration occurring.

We observed staff supporting a person to administer eye drops. The staff explained what they were doing and provided reassurance whilst carrying out the task.

We looked in the medicines trolley and found that there were a number of sachets of medicines which were not in labelled containers. It was not clear what the medicines were
and who they were for. We spoke with a member of staff about this. They told us that these should not be stored in this way and carried out the appropriate process to dispose of these.

We also found a medicine cup which contained half a tablet stored in the trolley. We spoke with the manager about this. They have informed us since the inspection that they are investigating this.

The provider did not have a separate fridge to store medicines in. When we looked in the fridge used to store medicines we found that milk was also being stored in it. Medicines should be kept separately from food stuffs.
Safety and suitability of premises  

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

Our judgement

The provider was not meeting this standard.

People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

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

The provider had not taken steps to provide care in an environment that was suitably designed and adequately maintained for people.

We looked around all areas of the building. We found communal areas and people's bedrooms were clean and tidy.

We observed that a programme of refurbishment was underway which included for example, redecoration of bedrooms. The relative we spoke with told us their family member's room was always clean and tidy.

When we looked at the laundry area of the home we saw people were not fully protected from the risk of infection.

Areas for clean and dirty laundry were not identified. It was not clear how clean and dirty laundry was segregated to prevent contamination as there appeared to be insufficient space to carry out this task.

We observed the sink in the laundry area was also used for cleaning commode pans. The home did not have a separate area for this task. Although processes were in place to manage infection control risks the environment was unsuitable to support these. Therefore there was a cross infection risk in the laundry area.

The laundry area did not have a separate sink available for staff to wash their hands following handling soiled or contaminated laundry.

There were two assisted baths available for people to use in the main part of the home. However, there was not a shower facility available to people. This meant people were unable to choose how they would like to be bathed.

We observed a number of communal areas around the home were being used for storage
of equipment for example, the conservatory. We spoke with the manager about this who
told us there was insufficient storage for pieces of equipment such as hoists and
wheelchairs. We observed that equipment was not blocking exit areas at the time of our
inspection.
Safety, availability and suitability of equipment  

Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

During the inspection we inspected bedrooms, staffing and all communal areas and found that the equipment being used was in good working order and had been electrically tested to ensure it's safety.

We found that the provider had checks in place to ensure a good level of maintenance was sustained, which included checks for example on; bed wheel and brakes, wheelchairs, vents and lights. This meant people were protected from unsafe or unsuitable equipment.

We saw fire extinguishers had been regularly checked and maintained and that there was sufficient equipment for staff to use in the event of fire. We also saw that fire and security checks had been completed. This meant that fire equipment was maintained and suitable for its purpose.

The provider may find it useful to note that we observed handwash dispensers were available throughout the building however, when we checked these we found they were empty and not in use. There was a risk staff did not have access to appropriate handwashing facilities.
Assessing and monitoring the quality of service provision

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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

There was a process in place for the management of complaints and information was provided to people and relatives informing them how to complain.

Staff told us they felt they could raise any issues. They said they had staff meetings and felt they were listened to by their managers. The acting manager told us a staff meeting had been held on 24 February 2014. We looked at the minutes of the meeting and saw issues such as handover, care plans and infection control had been discussed.

People we spoke with told us that they felt their views were listened to, however, the provider did not have a process in place for obtaining the views of people who used the service, relatives and staff. We spoke with the acting manager who told us they were in the process of developing a questionnaire for this. We observed this issue had also been raised at a local authority quality review carried out in February 2014.

A process was in place to carry out regular quality checks. We saw that the last quality checks had been carried out on 29 May 2014. The checks reviewed areas such as staff training, medication records and fire arrangements.

The provider had been awarded the lowest possible score from environmental health with regard to food hygiene. We spoke with the acting manager about this and looked at the report and saw that some actions had been completed such as the boxing in of pipes in the cellar area.

One of the concerns was about storage of foodstuff in the cellar area. We looked in the cellar area and saw it was being used to store food, tools and cleaning products. We saw that food and cleaning products were stored next to each other. We observed that some packaging was open on the food products, for example, a large bag of breakfast cereals was open and stored next to tins of paint. This meant foodstuff was at risk of being contaminated with dust and chemicals. We spoke with the manager who disposed of this
during our inspection.

There were various open boxes on the floor of the cellar. One of the boxes we looked in had paper and food rubbish inside it.

Another concern related to the inappropriate storage of food in the fridge in this area. We looked in the fridge and observed meat and vegetables were not segregated. We saw meat was stored on the top shelf above vegetables which meant there was a risk of cross contamination due to dripping blood.

We looked in the bathrooms and saw light pulls were not covered for easy cleaning. This would be a cross infection risk. In the downstairs bathroom we observed there were towels on open shelving. These were available for any person to touch which was a cross infection risk. The provider’s monitoring systems had failed to identify these issues.

The provider had a process in place for the management of accidents and incidents. We looked at documentation for the reporting of incidents and saw they had been appropriately report and where necessary acted upon to avoid reoccurrence.
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.

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<th>Regulation</th>
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<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</td>
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<tr>
<td></td>
<td>Management of medicines</td>
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<tr>
<td></td>
<td>How the regulation was not being met:</td>
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<tr>
<td></td>
<td>Regulation 13 was not being met. Arrangements for the safe handling of medicines were not being carried out to ensure people were protected from the unsafe use and management of medicines.</td>
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<tr>
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<td>Safety and suitability of premises</td>
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<td></td>
<td>How the regulation was not being met:</td>
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<tr>
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<td>Regulation 10(1)(a) People were not protected against the risks associated with unsuitable premises as laundry facilities were inadequate to ensure protection from cross infection.</td>
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How the regulation was not being met:

Regulation 10(1)(a)(b)(2)(b)(iv). There was a process in place for monitoring the quality of the service however risks had not been identified and acted upon. Where expert advice had been provided this had not been acted upon to manage the risk.

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 12 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.

<table>
<thead>
<tr>
<th>✔️ Met this standard</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ Action needed</td>
<td>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.</td>
</tr>
<tr>
<td>✗ Enforcement action taken</td>
<td>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.</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Outcome (Regulation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services - Outcome 1</td>
<td>Regulation 17</td>
</tr>
<tr>
<td>Consent to care and treatment - Outcome 2</td>
<td>Regulation 18</td>
</tr>
<tr>
<td>Care and welfare of people who use services - Outcome 4</td>
<td>Regulation 9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs - Outcome 5</td>
<td>Regulation 14</td>
</tr>
<tr>
<td>Cooperating with other providers - Outcome 6</td>
<td>Regulation 24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>Regulation 11</td>
</tr>
<tr>
<td>Cleanliness and infection control - Outcome 8</td>
<td>Regulation 12</td>
</tr>
<tr>
<td>Management of medicines - Outcome 9</td>
<td>Regulation 13</td>
</tr>
<tr>
<td>Safety and suitability of premises - Outcome 10</td>
<td>Regulation 15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
<td>Regulation 16</td>
</tr>
<tr>
<td>Requirements relating to workers - Outcome 12</td>
<td>Regulation 21</td>
</tr>
<tr>
<td>Staffing - Outcome 13</td>
<td>Regulation 22</td>
</tr>
<tr>
<td>Supporting Staff - Outcome 14</td>
<td>Regulation 23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
<td>Regulation 10</td>
</tr>
<tr>
<td>Complaints - Outcome 17</td>
<td>Regulation 19</td>
</tr>
<tr>
<td>Records - Outcome 21</td>
<td>Regulation 20</td>
</tr>
</tbody>
</table>

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.