

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

Courtfield Lodge

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✗	Enforcement action taken
Safeguarding people who use services from abuse	✗	Enforcement action taken
Management of medicines	✓	Met this standard
Requirements relating to workers	✗	Action needed
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

Registered Provider	Flightcare Limited
Registered Manager	Mrs Caroline Kenwright
Overview of the service	<p>Courtfield Lodge is a purpose built care home situated in a quiet residential area close to the town centre of Ormskirk. There are 61 en-suite bedrooms, 52 of which are single and nine which can be used for single or double occupancy. Accommodation is on two floors and two lifts are provided. Communal areas are available on both floors. There are outdoor garden and patio areas.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

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

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Management of medicines
- Requirements relating to workers
- Staffing
- Assessing and monitoring the quality of service provision

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 6 March 2014 and 7 March 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We spoke with one or more advocates for people who use services, talked with people who use the service, talked with carers and / or family members and talked with staff. We reviewed information given to us by the provider, took advice from our pharmacist, were accompanied by a pharmacist and reviewed information sent to us by commissioners of services. We talked with commissioners of services.

What people told us and what we found

On the 18th and 19th of September 2013 we inspected Courtfield Lodge and found them non-compliant with seven of the essential standards of quality and safety.

During this inspection, It was clear family and people who lived in the home had been involved with developing personal information with the activity coordinator.

The home had recently introduced new care plan information and tools. On the day of the inspection we found some of the same concerns within the new file information as we found on our previous inspection.

Staff continued to not have a clear understanding of restrictive practice and did not understand the steps to take before this practice was undertaken.

At this visit we found that appropriate arrangements were in place in relation to medicines administration and recording

Some new recruitment policies needed to be embedded with the management team to enable them to be completely implemented.

Staff had the time to speak to people and assess their needs as opposed to taking each person in turn to try and meet their needs.

We looked at the falls logs kept in people's files. We saw in some cases falls that had been recorded in the log had not been added to the daily record or accident log for that specific month. We also found the opposite where falls had been recorded in daily records or the accident log they had not been recorded on the falls log.

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 19 April 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have taken enforcement action against Courtfield Lodge to protect the health, safety and welfare of people using this service.

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

Most people we spoke with said they had not been involved in a formal review of the support they received. When we discussed reviews with people it was clear family and people who lived in the home had been involved with developing personal information with the activity coordinator. Personal life story books had been developed with people. We spoke with one person about their book and they relived holidays and good times by sharing the information with us.

We looked at a number of files where agreement to the care plan and various consents had been given by either a family member or the person who lived in the home. We saw plans of care included preferences and we could see evidence through discussion with staff and people who lived in the home, that preferences were followed. One person told us, "I never come out of my room. I could if I wanted, but I like to stay here. The staff make sure I am alright and I leave my door open so I can see everyone passing." Someone else said, "I can get up when I want and always get something to eat."

We looked at people's plans for personal care around preferences for bathing and showering. We saw preferences were recorded and could see some people living in the home liked to be bathed on certain days by specific staff. We saw one occasion where someone waited until the staff member was on to have their bath. When we spoke to them they were happy with the choices they had been given. The provider may find it useful to note, references on staff notice boards of room numbers and bath days are not helpful in promoting preferences as recorded within people's care plans or those given verbally.

We saw notes to staff in the staff room reminding staff to ensure everyone always had their required personal belongings when they moved around the home or went out to appointments. Items included; glasses, teeth, hearing aids and the correct foot rests for their wheelchairs if required. Prompts like these helped staff to support people in maintaining their dignity and independence. Since the last inspection we noted the home had two dignity champions and it was clear dignity and respect had been on an improvement agenda.

We saw people being supported at meal times in a respectful manner. We saw staff asking people for confirmation and affirmation if things were ok or if they were ready. This included when people were ready for their next mouthful of food or if they had enough. We saw allocation sheets where one staff member was allocated to a specific person during meal times. This helped staff concentrate on the role they were assigned to do, ensuring there was no ambiguity as to what each staff member should be doing.

A relative and advocate questionnaire had been completed in January 2014. The home manager had provided responses to the questionnaire identifying where action had been taken and where further action was to be taken. The provider may find it useful to note, questionnaires with people who lived in the home and staff who worked in the home may be beneficial to undertake at the same time as other questionnaires. This would help the provider get a full picture of relevant people's perspective of the home at a given time.

The home had recently begun to hold resident and relative meetings. These meetings gave both staff and interested parties opportunities to discuss information relevant to the home. We were assured by the provider that the results from the recent questionnaires would be discussed at the next residents meeting. This would help ensure the people who completed the questionnaires could be involved with developing action plans to move forward on any identified improvements.

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 moderate impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

At the last Care Quality Commission (CQC) inspection in September 2013 we found concerns with this outcome. The provider responded to CQC with an action plan identifying how they were to become compliant with this outcome.

We saw staff working well with people who lived in the home. Staff appeared to have more time to focus on the individual's needs and preferences. We saw moving and handling aids being used as required. One person said, "The staff are at my beck and call, if needed they are here straight away."

We looked at the care file information for eight people who lived in the home. At the last inspection we found people living in the home who may have lacked capacity had not had a capacity assessment undertaken. During this inspection we saw most files had an initial assessment of the person's needs. Information on people's needs was risk assessed and we saw risk management plans had been put in place. Capacity assessments had been completed in most of the files we looked at but they had not been reviewed or used to identify further support needs. This could have included the need for applications for best interest decisions or deprivation of liberty safeguards. We did not see any of these applications for further support for people who lacked capacity.

Some risk assessments did not include the identified risk. Some medication risk assessments simply said whether someone self-medicated or if their medication was administered by the home. They did not give the reason why the home was administering the medication. Some assessments for bedrails did not identify what risk the use of the bedrail would reduce. The lack of this specific information could leave potential for risks to be missed and reviews not to be focused on the areas where people most need support.

At the last inspection we found risk assessments and care plans were not updated in a timely manner when information changed. The home had recently introduced new care

plan information and tools. On the day of the inspection we found some of the same concerns within the new file information as we found on our previous inspection. Some information within recorded significant conversations had not made it into the care plan. Reviews had not always taken place when information had changed, or routinely every month. One person had not been able to have a shower for some time due to a leg ulcer. A record in the significant conversations had stated the ulcer had healed. The person had still not been offered a shower. There was no entry in the daily records or the personal care charts that this person had received anything other than basic personal care for nearly four weeks. The lack of written communication when people's needs change leaves the risk of people not getting the support they need.

We looked at five nutritional assessments stating people should be weighed monthly. In most cases we saw in other parts of the care plan the person had been weighed but the information had not been added to the nutritional risk assessment. One person's diet had reduced significantly in the last week prior to the inspection. The daily records, the person's care plans and risk assessments did not identify any cause for concern. We spoke with the manager about this and were assured the situation would be looked into.

When we looked in people's files we noted information was available on people's conditions. One person with Parkinson's had information within their file identifying symptoms of the condition and what staff should be aware of when providing support to them. Information of this type helped staff understand clinical conditions and equipped them with information from experts in working with someone with specific conditions. We also saw information on diabetes and heart conditions.

Throughout the day we cross referenced care plan information with the daily records. We did not find comprehensive assurances from the daily records that the support needs of people living in the home had been met. Daily records routinely said 'settled', 'appears fine', 'no concerns'. Daily records should be records of care and support provided to people. Without this key information we did not have assurances people's needs were being met.

On the day of the inspection we found some aspects of the action plan had not yet been met. A key point on the action plan was that care file information would be routinely audited and areas identified for improvement or concern would be acted upon. We found where risks and issues had been identified they had not always been rectified. The lack of comprehensive effective care planning, risk assessment and review continued to leave some people at risk.

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

Our judgement

The provider was not meeting this standard.

People who use the service were not always 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 have judged that this has a moderate impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

We spoke with a number of staff members who confirmed they had attended safeguarding training in the last six months. Staff understood what constituted abuse and would inform their manager if they had any concerns. At the last CQC inspection in September 2013 we noted concerns with this outcome. The provider had responded to CQC with an action plan detailing how they would become compliant with the outcome. On the day of the inspection we could not evidence the provider had taken comprehensive steps to meet the action plan provided to CQC.

The safeguarding policy had been reviewed and a copy was available for distribution across the staff team. The policy had not yet been launched. We looked on notice boards and walls for posters identifying the safeguarding procedures. We could not see any. We were told by the manager posters were on the notice boards in all the staff rooms. On the second day of the inspection an A4 black and white photocopy of the Lancashire safeguarding procedure was on each notice board. We were told information had been put on top of them. There was not a copy of the procedure available for people in the home or their relatives.

Staff had not received appropriate training around the Mental Capacity Act (MCA) Specifically around the use of restrictive practice with people with dementia or who may have lacked capacity. Staff continued to not have a clear understanding of restrictive practice and did not understand the steps to take before this practice was undertaken. People on the ground floor were routinely locked out of their bedrooms. We asked staff for the reasons behind this. We were told that people were wandering in and out of other people's rooms. We looked in people's care plans and the risk assessments for the management of the building. There was not a risk assessment available to ascertain why the doors continued to be locked. People living in the home were given their own rooms which become their personal space. To restrict access to this dedicated personal space is

unlawful.

We saw people walking up and down the corridor trying to gain access to their rooms. There was not any distinction made between the rooms to help people identify their own room. There were no risk assessments or care plans in place to manage people's access to their rooms. We saw on a care plan audit; two areas relating to the locked bedroom doors. One was an area for the auditor to identify if care plans had evidence the resident had been offered a key to their room, the other was if a risk assessment had been completed on the resident's capability to use the key. On every audit we saw both areas had not been completed.

We saw continued use of a bedrail tool that identified how to use bedrails rather than a bedrail risk assessment that identified why someone would benefit from using bedrails and what risks would be reduced with a bedrail in place. We saw the use of restrictive practice in the lounge without the required risk assessments. This included the use of a recliner chair and the positioning of lap tables when supporting people with their meals. We were assured by the manager the person using the recliner had their care plan reviewed following the inspection. All staff had not attended training as stated as part of the action plan. The provider had not taken appropriate steps to ensure that the use of restrictive practice was either unlawful or excessive.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At our previous visit in September 2013 People were not protected against the risks associated with medicines because the home's policy for medicines handling was not consistently adhered to. This included the home's policies for medicines recording and administration.

At this visit we found that appropriate arrangements were in place in relation to medicines administration and recording. We observed part of the morning medicines round and found that patient support was offered where people needed help when taking their medicines. The records were completed at the time of medicines administration to each person, helping to ensure their accuracy. However, the Provider might like to note that arrangements were not consistently in place to ensure that medicines prescribed "before food" were given at the right times, in order to that people will receive the most benefit from their medicines.

We looked at thirteen medicines administration records. These were clearly presented to show the treatment people had received. Where medicines were prescribed 'when required' written guidance was in place helping support consistency in the use of these medicines, when needed. People wishing to self-administer some of their medication were supported to do so.

We found that medicines including controlled drugs were stored safely and generally adequate supplies were maintained to allow continuity of treatment. However, the Provider might like to note that on the visit day a delivery of controlled drugs had not been promptly placed into secure storage and items requiring refrigeration had not been promptly placed into the medicines fridge.

Regular medicines audits were completed and staff competency assessments were being carried out to help ensure adherence to the home's medicines policies and procedures.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

Recruitment procedures followed could not always give assurances that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

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

At the last CQC inspection in September 2013 we noted concerns with this outcome. The provider had responded to CQC with an action plan detailing how they would become compliant with the outcome. Many of the concerns identified during the last inspection were around a lack of effective policies and procedures. We looked at some newly developed recruitment policies and procedures. Many of them had not yet been put into practice but we were assured they would be at the next recruitment round.

We saw the application forms had been better developed to remove any suggestion of it being unequitable. We saw this application had been used when recent employees had applied for posts. We saw some further information during the selection process included scoring people as suitable or unsuitable for selection. This included the candidate's number and type of dependent, numbers of children and reasons for leaving their last employment. We discussed this with the quality manager and it was removed from the recently developed policies.

Some policies needed to be embedded with the management team to enable them to be completely implemented. This included the recruitment policy where it clearly stated adverts would be advertised internally with a deadline before being advertised externally with a deadline. The policy stated appointments would not be made without posts being advertised or without the agreed applications. The manager had recently recruited a deputy without following either the old or new policy or procedures for recruitment and selection of candidates.

We looked at a number of recent applications and personnel files. We could see the manager had mostly secured appropriate assurances that people were suitable for employment by way of applications with the Disclosure and Barring Service (DBS) and receipt of references. No one except the newly internal appointed deputy had been issued a contract without receipt of these necessary checks.

Questions for interviews had been developed. Responses to questions were scored from

unsuitable to outstanding. The provider had not set a bar or threshold score for suitability. We discussed this with the quality manager and the calculation tool was developed on the day of the inspection.

The provider had taken steps to meet the action plan submitted to CQC but needed to begin to implement the policies as they are agreed. This would help enable the provider to have and hold all the required information about all candidates and employees of the provider.

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

Staff had the time to speak to people and assess their needs as opposed to taking each person in turn to try and meet their needs. At a previous Care Quality Commission (CQC) inspection we found there was not enough staff to meet people's needs. People we spoke with who lived in the home said staff numbers had increased and they were confident staff had more time to do their job better.

We saw the new dependency tool that had been developed and was included in each person's file. We noted the dependency scores were updated monthly within the care files and were sent weekly by the manager to the provider to assess staffing numbers. The provider may find it useful to note, one set of dependency scores updated weekly may reduce the risk of inconsistencies.

On the day of the inspection we could not identify clear assessments of dependency across the information held in people's files and the weekly numbers supplied to the provider. Whilst assurances were taken the home had adequate staffing we were concerned the dependency tool may not always accurately reflect the staff required to meet people's needs. We discussed this with the senior staff at the home and were assured steps would be taken to ensure everyone was using the tool in the same way.

We were in presence in people's rooms when they had requested for staff to come and help them with something. We found staff responded to buzzers in a timely manner and support was provided as needed.

We saw the home had invested in staff training and all carers we spoke with said they had attended training recently. We saw from the training matrix that training was mostly offered to junior staff first. The provider may find it useful to note, investment in senior and managerial staff would help ensure training was implemented operationally.

The home had redeveloped the induction, all new staff received. The manager had booked all staff employed by the home including them to undertake the training. From the information provided to us all staff would have completed the new two day induction by the first week in April. Delivering training in this way would help ensure all staff had a consistent and fundamental understanding of the training provided.

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 a comprehensive and effective system to regularly assess and monitor the quality of service that people receive. 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

At a previous Care Quality Commission (CQC) inspection in September 2013 we found concerns with this outcome. The provider had responded to CQC with an action plan detailing how they would become compliant with the outcome.

A recent survey had been completed with the relatives of people living in the home. The manager had responded to the families and identified the action to be taken in response to some of the comments made on the survey. The provider may find it useful to note, comprehensive analysis of all questionnaire results may be beneficial.

New care plans had been developed. The focus of the plans was around assessment and review. The provider may find useful to note reviews undertaken at a given point in time may be beneficial. The provider had begun to audit care plans in line with the action plan provided to CQC. Audits had not been as regular and as intensive as the provider had stated on their action plan to CQC. We found when areas for improvement were picked up within the audits; actions were not always taken in a timely manner. The action plan for one audit had given a 48 hour time limit for the actions to be undertaken. On the day of the inspection, over two months later, not all the actions had been completed.

Since the last CQC inspection the home had begun to use quality monitoring and quality assurance information in a more productive manner. Audits were undertaken on a bi monthly basis on medication and care plans and begun to take place regularly as required. Action plans had been developed but, many of the completion dates remained blank. We checked to determine if the work had been completed. We checked four actions from the care plan audit undertaken by a different registered manager and found the actions had been completed.

Extra care monitoring was completed when people needed additional support or

monitoring in specific areas. We noted that some staff were not completing extra care monitoring in a timely manner. On the day of the inspection we looked at the food/fluid charts for downstairs. It was half way through dinner service and the records had not been completed for breakfast and mid-morning drinks. We spoke to the person responsible for this and they were confident they could remember what each of the eight people had eaten or drunk from when they awoke that day. Completing information in this way did not give the required assurance the information would be accurate and reflect if any one needed additional support.

We looked at the falls logs kept in people's files. We saw that in some cases falls that had been recorded in the log had not been added to the daily record or accident log for that specific month. We also found the opposite where falls had been recorded in daily records or the accident log they had not been recorded on the falls log. Extra care monitoring information is crucial for staff to be able to easily identify where additional support may be required, without it there remained a risk of people not getting the support they needed.

An external consultancy company continued to complete risk assessments for the building. The fire service had completed a fire risk assessment for the building. On the day of the inspection we spoke with the chef and kitchen staff about the kitchen risk assessment. They had not been involved with developing the assessment nor was there a copy of it in the kitchen. We spoke with the laundry staff about the laundry risk assessment. They had not been involved with developing the assessment nor did they have a copy of it. The provider may find it useful to note, including responsible staff in their respective risk assessments could help staff take ownership of them.

The action plan presented to CQC had a number of actions that remained incomplete. At the last CQC audit we were shown a new set of policies and procedures that were to be rolled out. A number of these policies had been presented to us within a CQC compliance file. Yet the policies and procedures had not been rolled out or launched with the staff team.

The CQC acknowledged a lot of work had been undertaken for the home to become compliant with the essential standards of quality and safety. The provider may not have had a comprehensive understanding of the work required within the action plan submitted to CQC. Many of the actions remained incomplete. The provider had not evaluated the completed actions to suitably ascertain if they had met the needs of the standards.

We saw that a number of professional checks had been undertaken to ensure the on-going suitability of equipment and services. This included the alarm, lift and electrical and gas equipment.

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 activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
	How the regulation was not being met: Regulation 21 (a) (ii) (iii) (b) Recruitment procedures followed could not always give assurances that people were cared for, or supported by, suitably qualified, skilled and experienced staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	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) (a) (b) (2) (a) (b) (i) (iii) (v) (c) (i) (d) (i) The provider did not have a comprehensive and effective system to regularly assess and monitor the quality of service that people receive. 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.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

CQC should be informed when compliance actions are complete.

This section is primarily information for the provider

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

This section is primarily information for the provider

✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service

Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

We have served a warning notice to be met by 15 August 2014	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	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) (a) (b) (i) (ii) (iii) (iv) (2) Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare.
We have served a warning notice to be met by 15 August 2014	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	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) (a) (2) (a0) (b) (3) (d) People who use the service were not always protected from the

This section is primarily information for the provider

	risk of abuse, because the provider had not always taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.
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For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

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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